



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: January 1, 2026 **Revision Date:** October 17, 2025

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.

*Drugs highlighted **yellow** also are subject to step therapy, and the details can be found in a Step Therapy document posted on the website.*

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.

MEDICARE ADVANTAGE PART B PRIOR AUTHORIZATION LIST

Procedural Code	Drug Name	Code Description
90283	Carimune, Octagam, Gammagard, Gammaked, Privigen	Immune globulin (IgIV), human, for intravenous use
90284	Hizentra, Gamunex	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each
90378	Synagis	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
J9154		Injection, leuprolide acetate for depot suspension (Cipla), 7.5 mg
A9513	Lutathera	Lutetium lu 177, dotatate, therapeutic, 1 millicurie
A9543	Zevalin Y-90	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi
A9589		Insti hexaminolevulinate hcl
A9590	Azedra	Iodine i-131 iobenguane, therapeutic, 1 millicurie
A9606	Xofigo	Radium ra-223 dichloride, therapeutic, per microcurie
C9047	Cablivi	Injection, caplacizumab-yhdp, 1 mg
C9145	Aponvie	Injection, aprepitant, (Aponvie), 1 mg
C9146	Elahere	Injection, mirvetuximab soravtansine-gynx, 1 mg
C9147	Imjudo	Injection, tremelimumab-actl, 1 mg
C9148	Tecvayli	Injection, teclistamab-cqyv, 0.5 mg
C9149	Tzielid	Injection, teplizumab-mzwv, 5 mcg
C9173	Nypozi	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram
C9257	Avastin	Injection, bevacizumab, 0.25 mg
C9399		Unclassified drugs or biologicals
J0129	Orencia	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J0135	Humira	Injection, adalimumab, 20 mg
J0139	Humira	Injection, adalimumab, 20 mg
J0172	Aduhelm	Injection, aducanumab-avwa, 2 mg
J0172		Inj, aducanumab-avwa, 2 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, brolocizumab-dbll, 1 mg

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J0180	Fabrazyme	Injection, agalsidase beta, 1 mg
J0185	Emend	Injection, aprepitant, 1 mg
J0202	Lemtrada	Injection, alemtuzumab, 1 mg
J0217		Inj velmanase alfa-tycv 1 mg
J0218	Xenpozyme	Injection, olipudase alfa-rpcp, 1 mg
J0219	Nexviazyme	Injection, avalglucosidase alfa-ngpt, 4 mg
J0220	Myozyme	Injection, alglucosidase alfa, 10 mg, not otherwise specified
J0221	Lumizyme	Injection, alglucosidase alfa, (Lumizyme), 10 mg
J0222	Onpattro	Injection patisiran 0.1 mg
J0223	Givlaari	Injection givosiran 0.5 mg
J0224	Oxlumo	Injection, lumasiran, 0.5 mg
J0225	Amvuttra	Injection, vutrisiran, 1 mg
J0248		Inj, remdesivir, 1 mg
J0256	Aralast NP, Prolastin, Prolastin C, Zemaira	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
J0257	Glassia	Injection, alpha 1 proteinase inhibitor (human), (Glassia), 10 mg
J0364	Apokyn	Injection, apomorphine HCl, 1 mg
J0480		Basiliximab
J0485	Nulojix	Injection, belatacept, 1 mg
J0490	Benlysta	Injection, belimumab, 10 mg
J0491	Saphnelo	Injection, anifrolumab-fnia, 1 mg
J0517	Fasenra	Injection benralizumab 1 mg
J0565	Zinplava	Injection bezlotoxumab 10 mg
J0567	Brineura	Injection cerliponase alfa 1 mg
J0570	Probuphine	Buprenorphine implant, 74.2mg
J0571	Subutex	Buprenorphine, oral, 1 mg
J0572	Suboxone	Buprenorphine/naloxone, oral, less than or equal to 3 mg
J0573	Suboxone	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg
J0574	Suboxone	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg
J0575	Suboxone	Buprenorphine/naloxone, oral, greater than 10 mg
J0577		Inj, brixadi, 7 days or less
J0578		Inj brixadi, more than 7 day
J0584	Crysvita	Injection burosumab-twza 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
J0592		Buprenorphine hydrochloride

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J0593	Takhzyro	Injection lanadelumab-flyo 1 mg
J0595		Butorphanol tartrate 1 mg
J0596	Ruconest	Inj C-1 esterase inhib Ruconest 10 u
J0597	Berinert	Injection, C-1 esterase inhibitor (human), Berinert, 10 units
J0598	Cinryze	Injection, C-1 esterase, 10 units
J0599	Haegarda	Inj C-1 esterase inhibitor 10 units
J0600		Edetate calcium disodium inj
J0606	Parsabiv	Injection, etelcalcetide, 0.1 mg
J0614		Inj, treosulfan, 50 mg
J0638	Ilaris	Injection, canakinumab
J0640		Leucovorin calcium injection
J0641	Fusilev	Injection, levoleucovorin, 0.5 mg
J0642	Khapzory	Injection, levoleucovorin (Khapzory), 0.5 mg
J0650		Inj, levothyroxine nos 10mcg
J0651		Inj, levothyroxine, freskabi
J0652		Inj, levothyroxine, hikma
J0670		Inj mepivacaine hcl/10 ml
J0717	Cimzia	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self- administered)
J0725		Chorionic gonadotropin/1000u
J0735		Clonidine hydrochloride
J0740		Cidofovir injection
J0775	Xiaflex	Injection, collagenase, clostridium histolyticum, 0.01 mg
J0791	Adakevo	Injection crizanlizumab-tmca 1 mg
J0800	Acthar gel	Injection, corticotropin, up to 40 units
J0801		Inj. acthar gel to 40 units
J0802		Inj. (ani), up to 40 units
J0834		Inj., cosyntropin, 0.25 mg
J0840		Crotalidae poly immune fab
J0841		Inj crotalidae im f(ab')2 eq
J0850	Cytogam	Injection, cytomegalovirus immune globulin intravenous (human), per vial
J0870		Injection, imetelstat, 1 mg
J0881	Aranesp	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)
J0882	Aranesp	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)
J0883		Argatroban nonesrd use 1mg
J0884		Argatroban esrd dialysis 1mg
J0885	Epogen, Procrit	Injection, epoetin alfa, (for non-ESRD use), 1000 units

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J0887	Mircera	Injection, epoetin beta, 1 mcg, (for ESRD on dialysis)
J0888	Mircera	Injection, epoetin beta, 1 mcg, (for non-ESRD use)
J0893		Injection, decitabine (Sun Pharma) not therapeutically equivalent to J0894, 1 mg
J0894	Dacogen	Injection, decitabine, 1 mg
J0895		Deferoxamine mesylate inj
J0896	Reblozyl	Injection, luspatercept-aamt, 0.25 mg
J0897	Prolia,Xgeva	Injection, denosumab, 1 mg
J0898		Argatroban nonesrd (auromed)
J0899		Argatroban dialysis, auromed
J1000		Depo-estradiol cypionate inj
J1071		Inj testosterone cypionate
J1072		Inj, testosterone, azmiro
J1095	Dexycu	Injection, dexamethasone 9%, intraocular, 1 mcg
J1096	Dextenza	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg
J1110		Inj dihydroergotamine mesylt
J1120		Acetazolamid sodium injectio
J1160		Digoxin injection
J1162		Digoxin immune fab (ovine)
J1190		Dexrazoxane hcl injection
J1201		Inj. cetirizine hcl 0.5mg
J1203		Inj, cipaglucoasidase, 5 mg
J1205		Chlorothiazide sodium inj
J1212		Dimethyl sulfoxide 50% 50 ml
J1230		Methadone injection
J1290	Kalbitor	Injection, ecallantide, 1 mg
J1299		Inj, eculizumab, 2 mg
J1300	Soliris	Injection, eculizumab, 10 mg
J1301	Radicava	Injection, edaravone, 1 mg
J1302	Enjaymo	Injection, sutimlimab-jome, 10 mg
J1303	Utomiris	Injection, ravulizumab-cwvz, 10 mg
J1304		Inj tofersen intrathec 1 mg
J1305	Evkeeza	Injection, evinacumab-dgnb, 5 mg
J1306	Leqvio	Injection, inclisiran, 1 mg
J1322	Vimizim	Injection, elosulfase alfa, 1 mg
J1323		Inj, elranatamab-bcmm, 1 mg
J1325	Flolan	Injection, epoprostenol, 0.5 mg
J1326		Inj, zolbetuximab-clzb, 2 mg
J1364		Erythro lactobionate /500 mg
J1380		Estradiol valerate 10 mg inj
J1410		Inj estrogen conjugate 25 mg

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J1411	Hemgenix	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose
J1426	Amondys 45	Injection, casimersen, 10 mg
J1427	Viltepso	Injection, viltolarsen, 10 mg
J1428	Exondys	Injection, eteplirsen, 10 mg
J1429	Vyondys 53	Injection, golodirsen, 10 mg
J1430		Ethanolamine oleate 100 mg
J1434		Inj, focinvez, 1mg
J1437	Monoferric	Injection, ferric derisomaltose, 10 mg
J1438	Enbrel	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1439		Inj ferric carboxymaltos 1mg
J1440		Fecal microbiota jsIm 1 ml
J1442	Neupogen	Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram
J1447	Granix	Injection, tbo-filgrastim, 1 mcg
J1448		Injection, trilaciclib, 1mg
J1449	Rolvedon	Injection, eflapegrastim-xnst, 0.1 mg
J1453		Fosaprepitant injection
J1454	Akynzeo	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
J1455		Foscarnet sodium injection
J1456		Inj, fosaprepitant (teva)
J1458	Naglazyme	Injection, galsulfase, 1 mg
J1459	Privigen	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
J1460	Gamastan	Injection, gamma globulin, intramuscular, 1 cc
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	Gammplex	Injection, immune globulin, (Gammplex), intravenous, nonlyophilized (e.g., liquid), 500 mg
J1558	Xembify	Injection, immune globulin (Xembify), 100 mg
J1559	Hizentra	Injection, immune globulin (Hizentra), 100 mg
J1560	Gamastan	Injection, gamma globulin, intramuscular, over 10 cc
J1561	Gamunex, Gammunex-C, Gammaked	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg

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J1562	Vivaglobin	Injection, immune globulin (Vivaglobin), 100 mg
J1566	Gammagard SD Carimune NF	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
J1568	Octagam	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg
J1569	Gammagard liquid	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg
J1571		Hepagam b im injection
J1572	Flebogamma	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg
J1573		Hepagam b intravenous, inj
J1575	Hyqvia	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin
J1576		Inj, panzyga, 500 mg
J1599	Panzyga	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg
J1602	Simponi Aria	Injection, golimumab, 1 mg, for intravenous use
J1610		Glucagon hydrochloride/1 mg
J1611		Inj glucagon hcl, fresenius
J1626		Granisetron hcl injection
J1627		Inj, granisetron, xr, 0.1 mg
J1628	Tremfya	Injection, guselkumab, 1 mg
J1632	Zulresso	Injection, brexanolone, 1 mg
J1640		Hemin, 1 mg
J1643		Inj heparin, pfizer, 1000u
J1645		Dalteparin sodium
J1726	Makena	Injection, hydroxyprogesterone caproate, (Makena), 10 mg
J1729		Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg
J1743	Elapraxe	Injection, idursulfase, 1 mg
J1744	Firazyr	Injection, icatibant, 1 mg
J1745	Remicade	Injection, infliximab, excludes biosimilar, 10 mg
J1746	Trogarzo	Injection, ibalizumab-uiyk, 10 mg
J1747	Spevigo	Injection, spesolimab-sbzo, 1 mg
J1749		Inj, iloprost, 0.1 mcg
J1750		Inj iron dextran
J1786	Cerezyme	Injection, imiglucerase, 10 units

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J1809		Inj, fosdenopterin, 0.1mg
J1823	Uplizna	Injection, inebilizumab-cdon, 1 mg
J1830	Betaseron, Extavia	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1930	Somatuline Depot	Injection, lanreotide, 1 mg
J1931	Aldurazyme	Injection, laronidase, 0.1 mg
J1932		Injection, lanreotide, (Cipla), 1 mg
J1950	Lupron	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
J1951	Fensolvi	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg
J1952	Camcevi	Leuprolide injectable, Camcevi, 1 mg
J1954		Inj leu acet lutr dpt 7.5 mg
J1955		Inj levocarnitine per 1 gm
J2182	Nucala	Injection, mepolizumab, 1 mg
J2212	Relistor	Injection, methylnaltrexone, 0.1 mg
J2267		Inj, mirikizumab-mrkz, 1 mg
J2272		Inj, morphine (fresenius)
J2274		Inj morphine pf epid ithc
J2277		Inj, motixafortide, 0.25 mg
J2278		Ziconotide injection
J2323	Tysabri	Injection, natalizumab, 1 mg
J2326	Spinraza	Injection, nusinersen, 0.1 mg
J2327	Skyrizi	Injection, risankizumab-rzaa, intravenous, 1 mg
J2329		Inj ublituximab-xiyy, 1 mg
J2350	Ocrevus	Injection, ocrelizumab, 1 mg
J2351		Inj ocrelizumab 1mg hya-ocsq
J2353	Sandostatin LAR	Injection, octreotide, depot form for intramuscular injection, 1 mg
J2354		Octreotide inj, non-depot
J2356	Tezspire	Injection, 5ezepelumab-ekko, 1 mg
J2357	Xolair	Injection, omalizumab, 5 mg
J2406		Injection, oritavancin 10 mg
J2407		Injection, oritavancin
J2425		Palifermin injection
J2428		Inj, erzoferi, 1 mg
J2468		Inj, palonosetron (posfrea)
J2502	Signifor LAR	Injection, pasireotide long acting, 1 mg
J2503	Macugen	Injection, pegaptanib sodium, 0.3 mg
J2504	Adagen	Injection, pegademase bovine, 25 IU
J2506	Neulasta	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg

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J2507	Krystexxa	Injection, pegloticase, 1 mg
J2508		Pegunigalsidase alfa-iwxj
J2545		Pentamidine non-comp unit
J2562	Mozobil	Injection, plerixafor, 1 mg
J2690		Procainamide hcl injection
J2724	Ceprotrin	Injection, protein C concentrate, intravenous, human, 10 IU
J2760		Phentolaine mesylate inj
J2777	Vabysmo	Injection, faricimab-svoa, 0.1 mg
J2778	Lucentis	Injection, ranibizumab, 0.1 mg
J2779	Susvimo	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg
J2781		Inj, pegcetacoplan, 1mg
J2782		Inj avacincaptad pegol 0.1mg
J2783		Rasburicase
J2785		Regadenoson injection
J2786	Cinqair	Injection, reslizumab, 1 mg
J2787	Photextra Viscous	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml
J2788		Rho d immune globulin 50 mcg
J2790		Rho d immune globulin inj
J2791		Rhophylac injection
J2792		Rho(d) immune globulin h, sd
J2793	Arcalyst	Injection, rilonacept, 1 mg
J2796	Nplate	Injection, romiplostim, 10 mcg
J2797	Varubi	Injection, rolapitant, 0.5 mg
J2798		Inj., perseris, 0.5 mg
J2799		Inj, uzedy, 1 mg
J2805		Sincalide injection
J2820	Leukine	Injection, sargramostim (GM-CSF), 50 mcg
J2840	Kanuma	Injection, sebelipase alfa, 1 mg
J2860	Sylvant	Injection, siltuximab, 10 mg
J2941	Genotropin, Humatrope, Norditropin, Nutropin, Omnitrope, Saizen, Serostim, Tev-Tropin, Zomacton, Zorbtive	Injection, somatropin, 1 mg
J2997		Alteplase recombinant
J2998	Ryplazim	Injection, plasminogen, human-tvmh, 1 mg
J3031	Ajovy	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J3032	Vyepto	Injection, eptinezumab-jjmr, 1 mg
J3055		Inj talquetamab-tgvs 0.25 mg
J3060	Elelyso	Injection, taliglucerase alfa, 10 units

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J3101		Tenecteplase injection
J3111	Evenity	Injection, romosozumab-aqqg, 1 mg
J3240	Thyrogen	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial
J3241	Tepezza	Injection, teprotumumab-trbw, 10 mg
J3245	Ilumya	Injection, tildrakizumab, 1 mg
J3247		Inj secukinumab intrav 1mg
J3250		Trimethobenzamide hcl inj
J3262	Actemra	Injection, tocilizumab, 1 mg
J3263		Inj, toripalimab-tpzi, 1 mg
J3285	Remodulin	Injection, Gzacytidine6, 1 mg
J3299		Inj xipere 1 mg
J3300		Triamcinolone a inj prs-free
J3304	Zilretta	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
J3315	Trelstar	Injection, triptorelin pamoate, 3.75 mg
J3316	Triptodur	Injection, triptorelin, extended-release, 3.75 mg
J3357	Stelara	Ustekinumab, for subcutaneous injection, 1 mg
J3358	Stelara	Ustekinumab, for intravenous injection, 1 mg
J3380	Entyvio	Injection, vedolizumab, 1 mg
J3385	Vpriv	Injection, velaglucerase alfa, 100 units
J3396	Visudyne	Injection, verteporfin, 0.1 mg
J3397	Mepsevii	Injection, vestronidase alfa-vjbk, 1 mg
J3398	Luxturna	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes
J3399	Zolgensma	Injection, onasemnogene abeparvovec-xioi, per treatment, up to
J3401		Vyjuvek 5x10 ⁹ pfu/ml, 0.1 ml
J3402		Inj. remestemcel-l-rknd/ td
J3470		Hyaluronidase injection
J3471		Ovine, up to 999 usp units
J3473		Hyaluronidase recombinant
J3489	Zometa	Injection, zoledronic acid, 1 mg
J3490		Unclassified drugs
J3590		Unclassified biologics
J7168	Kcentra	Prothrombin complex concentrate (human), Kcentra, per i.u. of factor ix activity
J7169	Andexxa	Injection, coagulation factor xa (recombinant), inactivated-zhzo (Andexxa), 10 mg
J7170	Hemlibra	Injection, emicizumab-kxwh, 0.5 mg
J7171		Inj, adzynma, 10 iu
J7172		Inj marstacim-hncq, 0.5 mg
J7173		Inj. concizumab-mtci, 0.5 mg

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J7175	Coagadex	Injection, factor x, (human), 1 IU
J7177	Fibryga	Injection, human fibrinogen concentrate (Fibryga), 1 mg
J7178	Riastap	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg
J7179	Vonvendi	Injection, von 7zacytidin factor (recombinant), (Vonvendi), 1 i.u. vwf:rco
J7180	Corifact	Injection, factor XIII (antihemophilic factor, human), 1 IU
J7181	Tretten	Injection, factor XIII A-subunit, (recombinant), per IU
J7182	Novoeight	Injection, factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU
J7183	Wilate	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:Rco
J7185	Xyntha	Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU
J7186	Alphanate	Injection, antihemophilic factor VIII/von Willebrand factor complex
J7187	Humate-P	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO
J7188	Obizur	Injection, Factor VIII (antihemophilic factor, recombinant) (Obizur), per IU
J7189	Novoseven RT	Factor 7za (antihemophilic factor, recombinant), (Novoseven rt), 1 microgram
J7190	Alphanate, Hemofil, Koate, Melate, Monarc, Monoclalte, Profilate	Factor VIII (antihemophilic factor, human) per IU
J7191	Hyate	Factor VIII (antihemophilic factor (porcine)), per IU
J7192	Advate, Bioclalte, Helixate, Recombinate, Refacto, Xyntha	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified
J7193	Alphanine, mononine	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU
J7194	Bebulin, Konyne, Profilnine, Proplex	Factor IX complex, per IU
J7195	Benefix, Ixinity	Injection, factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified
J7197		Antithrombin iii injection
J7198	Autoplex, Feiba	Antiinhibitor, per IU
J7199		Hemophilia clotting factor, not otherwise classified
J7200	Rixubis	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU
J7201	Alprolix	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 IU
J7202	Idelvion	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 IU

MEDICARE ADVANTAGE PART B PRIOR AUTHORIZATION LIST

J7203	Rebinyn	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (Rebinyn), 1 iu
J7204	Esperoct	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU
J7205	Eloctate	Injection, factor VIII Fc fusion protein (recombinant), per IU
J7207	Adynovate	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 IU
J7208	Jivi	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (Jivi), 1 i.u.
J7209	Nuwiq	Injection, factor viii, (antihemophilic factor, recombinant), (Nuwiq), 1 IU
J7210	Afstyla	Injection, factor viii, (antihemophilic factor, recombinant), (Afstyla), 1 i.u.
J7211	Kovaltry	Injection, factor viii, (antihemophilic factor, recombinant), (Kovaltry), 1 i.u.
J7212	Sevenfact	Factor 8za (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 microgram
J7213		Inj, ixinity, 1 i.u.
J7214		Altuviiiio per factor viii iu
J7308	Levulan Kerastick	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)
J7309		Methyl aminolevulinate (mal) for topical administration, 16.8%, 1 gram
J7311	Retisert	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg
J7312	Ozurdex	Injection, dexamethasone, intravitreal implant, 0.1 mg
J7313	Iluvien	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg
J7314	Yutiq	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg
J7316	Jetrea	Injection, ocriplasmin, 0.125 mg
J7318	Durolane	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg
J7320	Genvisc	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg
J7321	Hyalgan, Supartz, Visco-3	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose
J7322	Hymovis	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg
J7323	Euflexxa	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose

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J7324	Orthovisc	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
J7325	Synvisc, Synvisc One	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg
J7326	Gel-One	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose
J7327	Monovisc	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose
J7328	Gelsyn-3	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg
J7329	Trivisc	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg
J7331	Synjoynt	Hyaluronan or derivative, Synjoynt, for intra-articular injection, 1 mg
J7332	Triluron	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg
J7336	Qutenza	Capsaicin 8% patch, per sq cm
J7340		Carbidopa levodopa ent 100ml
J7345	Ameluz	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg
J7351	Durysta	Injection, bimatoprost, intracameral implant, 1 mcg
J7352	Scenesse	Afamelanotide implant, 1 mg
J7354		Cantharidin top, applicator
J7355		Inj travoprost intra impl
J7402	Sinuva	Mometasone furoate sinus implant, (Sinuva), 10 micrograms
J7504		Lymphocyte immune globulin
J7511		Antithymocyte globuln rabbit
J7601		Ensifentrine inh 3 mg
J7639	Pulmozyme	Dornase alfa, inhalation solution, FDA-approved final product,
J7686	Tyvaso	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg
J8562	Oforta	Fludarabine phosphate, oral, 10 mg
J8611		Oral methotrexate (jylamvo)
J8612		Oral methotrexate (xatmep)
J8655	Akynzeo	Netupitant 300 mg and palonosetron 0.5 mg, oral
J8670		Rolapitant, oral, 1mg
J8705		Topotecan oral
J9000		Injection, doxorubicin HCl, 10 mg
J9015	Proleukin	Injection, aldesleukin, per single use vial
J9017	Trisenox	Injection, arsenic trioxide, 1 mg

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J9019	Erwinaze	Injection, asparaginase (Erwinaze), 1,000 IU
J9020		Injection, asparaginase, not otherwise specified, 10,000 units
J9021		Inj, aspara, rylaze, 0.1 mg
J9022	Tecentriq	Injection, atezolizumab, 10 mg
J9023	Bavencio	Injection, avelumab, 10 mg
J9024		Inj atezolizumb 5mg hya-tqjs
J9025	Vidaza	Injection, azacytidine, 1 mg
J9026		Inj, tarlatamab-dlle, 1 mg
J9027	Clolar	Injection, clofarabine, 1 mg
J9028		Inj, nogapendekin pmln, 1mcg
J9029		Instill adstiladrin, tx dose
J9032	Beleodaq	Injection, belinostat, 10 mg
J9033	Treanda	Injection, bendamustine hcl (Treanda), 1 mg
J9034	Bendeka	Injection, bendamustine hcl (Bendeka), 1 mg
J9035	Avastin	Injection, bevacizumab, 10 mg
J9036	Belrapzo	Injection, bendamustine HCl, (Belrapzo/bendamustine), 1 mg
J9037	Blenrep	Injection, belantamab mafodotin-blmf, 0.5 mg
J9038		Inj axatilimab-csfr 0.1 mg
J9039	Blinicyto	Injection, blinatumomab, 1 microgram
J9040		Injection, bleomycin sulfate, 15 units
J9041	Velcade	Injection, bortezomib, 0.1 mg
J9042	Adcetris	Injection, brentuximab vedotin, 1 mg
J9043	Jevtana	Injection, cabazitaxel, 1 mg
J9045		Injection, carboplatin, 50 mg
J9046		Injection, bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg
J9047	Kyprolis	Injection, carfilzomib, 1 mg
J9048		Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg
J9049		Injection, bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg
J9050		Injection, carmustine, 100 mg
J9054		Inj bortezomib boruzu 0.1 mg
J9055	Erbix	Injection, cetuximab, 10 mg
J9056		Inj, vivimusta, 1 mg
J9057	Aliqopa	Injection, copanlisib, 1 mg
J9060		Injection, cisplatin, powder or solution, 10 mg
J9061	Rybrevant	Injection, amivantamab-vmjw, 2 mg
J9063		Inj, elahere, 1 mg
J9065		Injection, cladribine, per 1 mg
J9070		Cyclophosphamide, 100 mg
J9072		Inj cyclophos frindovyx 5 mg
J9074		Inj, cyclophosphamd, sandoz

MEDICARE ADVANTAGE PART B PRIOR AUTHORIZATION LIST

J9076		Inj, cyclophos (baxter) 5mg
J9098	Depocyt	Injection, cytarabine liposome, 10 mg
J9100		Injection, cytarabine, 100 mg
J9118	Asparlas	Injection, calaspargase pegol-mknl, 10 units
J9119	Libtayo	Injection, cemiplimab-rwlc, 1 mg
J9120		Injection, dactinomycin, 0.5 mg
J9130		Dacarbazine, 100 mg
J9144	Darzalex Faspro	Injection, daratumumab, 10 mg and hyaluronidase-fihj
J9145	Darzalex	Injection, daratumumab, 10 mg
J9150		Injection, daunorubicin, 10 mg
J9151	Daunoxome	Injection, daunorubicin citrate, liposomal formulation, 10 mg
J9153	Vyxeos	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine
J9155	Firmagon	Injection, degarelix, 1 mg
J9160	Ontak	Injection, denileukin diftitox, 300 mcg
J9165	Stilphostrol	Injection, diethylstilbestrol diphosphate, 250 mg
J9172		Docetaxel (docivyx), 1 mg
J9173	Imfinzi	Injection, durvalumab, 10 mg
J9175		Injection, Elliotts' B solution, 1 ml
J9176	Empliciti	Injection, elotuzumab, 1 mg
J9177	Padcev	Injection, enfortumab vedotin-ejfv, 0.25 mg
J9178		Injection, epirubicin HCl, 2 mg
J9179	Halaven	Injection, eribulin mesylate, 0.1 mg
J9181		Injection, etoposide, 10 mg
J9185		Injection, fludarabine phosphate, 50 mg
J9190		Injection, fluorouracil, 500 mg
J9196		Injection, gemcitabine hydrochloride (Accord), not therapeutically equivalent to J9201, 200 mg
J9198	Infugem	Injection, gemcitabine HCl, (Infugem), 100 mg
J9200		Injection, floxuridine, 500 mg
J9201		Injection, gemcitabine HCl, not otherwise specified, 200 mg
J9202	Zoladex	Goserelin acetate implant, per 3.6 mg
J9203	Mylotarg	Injection, gemtuzumab ozogamicin, 0.1 mg
J9204	Poteligeo	Injection, mogamulizumab-kpkc, 1 mg
J9205	Onivyde	Injection, irinotecan liposome, 1 mg
J9206		Injection, irinotecan, 20 mg
J9207	Ixempra	Injection, ixabepilone, 1 mg
J9208		Injection, ifosfamide, 1 g
J9209		Injection, mesna, 200 mg
J9210	Gamifant	Injection emapalumab-lzsg 1 mg
J9211		Injection, idarubicin HCl, 5 mg

MEDICARE ADVANTAGE PART B PRIOR AUTHORIZATION LIST

J9212	Infergen	Injection, interferon alfacon-1, recombinant, 1 mcg
J9213	Roferon-A	Injection, interferon, alfa-2a, recombinant, 3 million units
J9214	Intron A	Injection, interferon, alfa-2b, recombinant, 1 million units
J9215	Alferon-N	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU
J9216	Actimmune	Injection, interferon, gamma 1-b, 3 million units
J9217	Eligard, Lupron-Depot	Leuprolide acetate (for depot suspension), 7.5 mg
J9218	Lupron	Leuprolide acetate, per 1 mg
J9219		Leuprolide acetate implant, 65 mg
J9223	Zepzelca	Injection, lurbinectedin, 0.1 mg
J9225	Vantas	Histrelin implant (Vantas), 50 mg
J9226	Supprelin LA	Histrelin implant (Supprelin LA), 50 mg
J9227	Sarclisa	Injection, isatuximab-irfc, 10 mg
J9228	Yervoy	Injection, ipilimumab, 1 mg
J9229	Besponsa	Injection, inotuzumab ozogamicin, 0.1 mg
J9230	Mustargen	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg
J9245		Injection, melphalan HCl, not otherwise specified, 50 mg
J9246	Evomela	Injection, melphalan (Evomela), 1 mg
J9247	Pepaxto	Injection, melphalan flufenamide, 1 mg
J9248		Inj melphalan (hepzato) 1 mg
J9261	Arranon	Injection, nelarabine, 50 mg
J9262	Synribo	Injection, omacetaxine mepesuccinate, 0.01 mg
J9264	Abraxane	Injection, paclitaxel protein-bound particles, 1 mg
J9266	Oncaspar	Injection, pegaspargase, per single dose vial
J9268	Nipent	Injection, pentostatin, 10 mg
J9269	Elzonris	Injection, tagraxofusp-erzs 10 mcg
J9270	Mithracin	Injection, plicamycin, 2.5 mg
J9271	Keytruda	Injection, pembrolizumab, 1 mg
J9272	Jemperli	Injection, dostarlimab-gxly, 10 mg
J9273	Tivdak	Injection, tisotumab vedotin-tftv, 1 mg
J9274	Kimtrak	Injection, tebentafusp-tebn, 1 mcg
J9276		Inj zanidatamab-hrii, 2 mg
J9280		Injection, mitomycin, 5 mg
J9281	Jelmyto	Mitomycin pyelocalyceal instillation, 1 mg
J9285	Lartruvo	Injection, olaratumab, 10 mg
J9286		Inj glofitamab gxbm, 2.5 mg
J9289		Inj nivolumab 2 mg hyaluron

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J9292		Inj, pemetrexed dipotassium
J9293	Novantrone	Injection, mitoxantrone HCl, per 5 mg
J9294		Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg
J9295	Portrazza	Injection, necitumumab, 1 mg
J9296		Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg
J9297		Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg
J9298	Opdualag	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
J9299	Opdivo	Injection, nivolumab, 1 mg
J9301	Gazyva	Injection, 11acituzumab11, 10 mg
J9302	Arzerra, Kesimpta	Injection, ofatumumab, 10 mg
J9303	Vectibix	Injection, panitumumab, 10 mg
J9304	Pemfexy	Injection, pemetrexed (Pemfexy), 10 mg
J9305	Alimta	Injection, pemetrexed, not otherwise specified, 10 mg
J9306	Perjeta	Injection, pertuzumab, 1 mg
J9307	Folotyn	Injection, pralatrexate, 1 mg
J9308	Cyramza	Injection, ramucirumab, 5 mg
J9309	Polivy	Injection, polatuzumab vedotin-piiq, 1 mg
J9311	Rituxan Hycela	Injection, rituximab 10 mg and hyaluronidase
J9312	Rituxan	Injection, rituximab, 10 mg
J9313	Lumoxiti	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
J9314		Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg
J9316	Phesgo	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
J9317	Trodelyv	Injection, 11acituzumab govitecan-hziy, 2.5 mg
J9318		Injection, romidepsin, nonlyophilized, 0.1 mg
J9319	Istodax	Injection, romidepsin, lyophilized, 0.1 mg
J9323		Inj pemetrexed ditromethamin
J9324	Pemrydi RTU	Injection, pemetrexed (pemrydi rtu), 10 mg
J9325	Imlygic	Injection, talimogene laherparepvec, per 1 million plaque forming units
J9328	Temodar	Injection, temozolomide, 1 mg
J9329		Inj, tislelizumab-jsgr
J9330	Torisel	Injection, temsirolimus, 1 mg
J9331	Fyarro	Injection, sirolimus protein-bound particles, 1 mg
J9332	Vyvgart	Injection, efgartigimod alfa-fcab, 2 mg
J9333		Inj rozanolixizum-noli 1 mg
J9334		Inj efgart-alfa 2mg hya-qvfc
J9340	Tepadina, Thiotepa	Injection, thiotepa, 15 mg

MEDICARE ADVANTAGE PART B PRIOR AUTHORIZATION LIST

J9342		Inj thiotepa nos 1 mg
J9345		Inj, retifanlimab-dlwr, 1 mg
J9347		Inj, tremelimumab-actl, 1 mg
J9348	Danyelza	Injection, naxitamab-gqgk, 1 mg
J9349	Monjuvi	Injection, tafasitamab-cxix, 2 mg
J9350		Inj mosunetuzumab-axgb, 1 mg
J9351	Hycamtin	Injection, topotecan, 0.1 mg
J9352	Yondelis	Injection, trabectedin, 0.1 mg
J9353	Margenza	Injection, margetuximab-cmkb, 5 mg
J9354	Kadcyla	Injection, ado-trastuzumab emtansine, 1 mg
J9355	Herceptin	Injection, trastuzumab, excludes biosimilar, 10 mg
J9356	Herceptin-Hycela	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk
J9357	Valstar	Injection, valrubicin, intravesical, 200 mg
J9358	Enhertu	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
J9359	Zynlonta	Injection, loncastuximab tesirine-lpyl, 0.075 mg
J9361	Ryzneuta	Injection, efbemalenograstim alfa-vuxw, 0.5 mg
J9371	Marqibo	Injection, vincristine sulfate liposome, 1 mg
J9380		Inj teclistamab cqyv 0.5 mg
J9381		Inj teplizumab mzwv 5 mcg
J9382		Inj zenocutuzumab-zbco 1 mg
J9393		Injection, fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg
J9394		Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to
J9395	Faslodex	Injection, fulvestrant, 25 mg
J9400	Zaltrap	Injection, ziv-aflibercept, 1 mg
J9600	Photofrin	Injection, porfimer sodium, 75 mg
J9999		Not otherwise classified, antineoplastic drugs
Q2017	Vumon	Injection, teniposide, 50 mg
Q2041	Yescarta	Axicabtagene Ciloleucel, up to 200 million autologous Anti-CD19 CAR T Cells, including leukapheresis and dose preparation procedures, per infusion
Q2042	Kymriah	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2043	Provenge	Sipuleucel-T, minimum of 50 million autologous cd54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion

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Q2049	Lipodox	Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg
Q2050	Doxil	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified,
Q2053	Tecartus	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 carpositive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2054	Breyanzi	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR- positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2055	Abecma	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2056	Carvykti	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2057		Afamitresgene autoleucel
Q3028	Rebif	Injection, interferon beta-1a, 1 mcg for subcutaneous use
Q4074	Ventavis	compounded, administered through DME, unit dose form, up to 20 micrograms
Q4081	Epogen, Procrit	Injection, epoetin alfa, 100 units (for ESRD on dialysis)
Q4101		Apligraf
Q4102		Oasis wound matrix
Q4103		Oasis burn matrix
Q4104		Integra bmwd
Q4105		Integra drt or omnigraft
Q4108		Integra matrix
Q4110		Primatrix
Q4111		Gammagraft
Q4114		Integra flowable wound matri
Q4115		Alloskin
Q4118		Matristem micromatrix
Q4121		Theraskin
Q4123		Alloskin
Q4124		Oasis tri-layer wound matrix
Q4126		Memoderm/derma/tranz/integup
Q4127		Talymed
Q4128		Flexhd/allopatchhd/sq cm

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Q4132	Grafix core, grafixpl core
Q4133	Grafix stravax prime pl sqcm
Q4137	Amnioexcel biodexcel 1sq cm
Q4138	Biodfence dryflex, 1cm
Q4140	Biodfence 1cm
Q4141	Alloskin ac, 1 cm
Q4143	Repriza, 1cm
Q4145	Epifix, inj, 1mg
Q4148	Neox neox rt or clarix cord
Q4150	Allowrap ds or dry 1 sq cm
Q4151	Amnioband, guardian 1 sq cm
Q4152	Dermapure 1 square cm
Q4153	DermaVest, plurivest sq cm
Q4154	Biovance 1 square cm
Q4155	Neoxflo or clarixflo 1 mg
Q4156	Neox 100 or clarix 100
Q4158	Kerecis omega3, per sq cm
Q4159	Affinity1 square cm
Q4160	Nushield 1 square cm
Q4161	Bio-connekt per square cm
Q4163	Woundex, bioskin, per sq cm
Q4164	Helicoll, per square cm
Q4166	Cytal, per square centimeter
Q4169	Artacent wound, per sq cm
Q4170	Cygnus, per sq cm
Q4171	Interfyl, 1 mg
Q4173	Palingen or palingen xplus
Q4175	Miroderm
Q4178	Floweramniopatch, per sq cm
Q4180	Revita, per sq cm
Q4184	Cellesta or duo per sq cm
Q4186	Epifix 1 sq cm
Q4187	Epicord 1 sq cm
Q4188	Amnioarmor 1 sq cm
Q4190	Artacent ac 1 sq cm
Q4191	Restorigin 1 sq cm
Q4193	Coll-e-derm 1 sq cm
Q4194	Novachor 1 sq cm
Q4195	Puraply 1 sq cm
Q4196	Puraply am 1 sq cm
Q4197	Puraply xt 1 sq cm
Q4199	Cygnus matrix, per sq cm
Q4201	Matrion 1 sq cm
Q4203	Derma-gide, 1 sq cm
Q4204	Xwrap 1 sq cm
Q4205	Membrane graft or wrap sq cm

MEDICARE ADVANTAGE PART B PRIOR AUTHORIZATION LIST

Q4217	Woundfix biowound plus xplus
Q4221	Amniowrap2 per sq cm
Q4222	Progenamatrix, per sq cm
Q4225	Amnio or derma tl, per sq cm
Q4227	Amniocore per sq cm
Q4229	Cogenex amnio memb per sq cm
Q4232	Corplex, per sq cm
Q4234	Xcellerate, per sq cm
Q4235	Amniorepair or altiPLY sq cm
Q4236	Carepatch per sq cm
Q4238	Derm-maxx, per sq cm
Q4239	Amnio-maxx or lite per sq cm
Q4248	Dermacyte amn mem allo sq cm
Q4249	AmniPLY, per sq cm
Q4250	Amnioamp-mp per sq cm
Q4252	Vendaje, per square centimet
Q4253	Zenith amniotic membrane psc
Q4256	Mlg complet, per sq cm
Q4257	Relese, per sq cm
Q4258	Enverse, per sq cm
Q4259	Celera per sq cm
Q4262	Dual layer impax, per sq cm
Q4263	Surgraft tl, per sq cm
Q4264	Cocoon membrane, per sq cm
Q4265	Neostim tl per sq cm
Q4266	Neostim per sq cm
Q4267	Neostim dl per sq cm
Q4268	Surgraft ft per sq cm
Q4269	Surgraft xt per sq cm
Q4270	Complete sl per sq cm
Q4271	Complete ft per sq cm
Q4274	Esano ac, per sq cm
Q4275	Esano aca, per sq cm
Q4276	Orion, per sq cm
Q4278	Epieffect, per sq cm
Q4279	Vendaje ac, per sq cm
Q4280	Xcell amnio matrix per sq cm
Q4281	Barrera slor dl per sq cm
Q4282	Cygnus dual per sq cm
Q4283	Biovance tri or 3l, sq cm
Q4289	Revoshield+ amnio, per sq cm
Q4290	Membrane wrap hydr per sq cm
Q4293	Acesso dl, per sq cm
Q4294	Amnio quad-core, per sq cm
Q4295	Amnio tri-core, per sq cm
Q4296	Rebound matrix, per sq cm

MEDICARE ADVANTAGE PART B PRIOR AUTHORIZATION LIST

Q4297	Emerge matrix, per sq cm
Q4298	Amnicore pro, per sq cm
Q4299	Amnicore pro+, per sq cm
Q4300	Acesso tl, per sq cm
Q4301	Activate matrix, per sq cm
Q4302	Complete aca, per sq cm
Q4303	Complete aa, per sq cm
Q4304	Grafix plus, per sq cm
Q4309	Via matrix, per sq cm
Q4310	Procenta, per 100 mg
Q4312	Acesso ac, per sq cm
Q4313	Dermabind fm, per sq cm
Q4314	Reeva, per sq cm
Q4316	Amchoplast, per sq cm
Q4317	Vitograft, per sq cm
Q4319	Sanograft, per sq cm
Q4320	Pellograft, per sq cm
Q4321	Renograft, per sq cm
Q4322	Caregraft, per sq cm
Q4323	Alloply, per sq cm
Q4325	Acapatch, per sq cm
Q4326	Woundplus, per sq cm
Q4328	Most, per sq cm
Q4331	Axolotl graft, per sq cm
Q4332	Axolotl dualgraft, per sq cm
Q4339	Artacent vericlen, per sq cm
Q4340	Simpligraft, per sq cm
Q4341	Simplimax, per sq cm
Q4342	Theramend, per sq cm
Q4343	Dermacyte ac matr per sq cm
Q4344	Tri membrane wrap, per sq cm
Q4345	Matrix hd allogrft per sq cm
Q4346	Shelter dm matrix per sq cm
Q4347	Rampart dl matrix per sq cm
Q4348	Sentry sl matrix per sq cm
Q4350	Palisade dm matrix per sq cm
Q4353	Xceed tl matrix per sq cm
Q4355	Abio xpl abio xpl hy p sq cm
Q4357	Xwrap plus, per sq cm
Q4358	Xwrap dual, per sq cm
Q4359	Choripty, per sq cm
Q4361	Epixpress, per sq cm
Q4367	Amniocore sl, per sq cm
Q5099	Inj ustekinumab-stba, 1 mg
Q5100	Inj ustekinumab-kfce, 1 mg

MEDICARE ADVANTAGE PART B PRIOR AUTHORIZATION LIST

Q5101	Zarxio	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 microgram
Q5103	Inflectra	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg
Q5104	Renflexis	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg
Q5105	Retacrit	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units
Q5106	Retacrit	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1,000 units
Q5107	Mvasi	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Q5108	Fulphila	Injection, pegfilgrastim-jmdb (Fulphila), biosimilar, 0.5 mg
Q5109	Ixifi	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg
Q5110	Nivestym	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram
Q5111	Udenyca	Injection, pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg
Q5112	Ontruzant	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Q5113	Herzuma	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg
Q5114	Ogivri	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
Q5115	Truxima	Injection, rituximab-abbs, biosimilar, 10 mg
Q5116	Trazimera	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg
Q5117	Kanjinti	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg
Q5118	Zirabev	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg
Q5119	Ruxience	Injection, rituximab-pvvr, biosimilar, (Ruxience), 10 mg
Q5120	Ziextenzo	Injection, pegfilgrastim-bmez (ZIEXTENZO), biosimilar, 0.5 mg
Q5121	Avsola	Injection, infliximab-axxq, biosimilar, (Avsola), 10 mg
Q5122	Nyvepria	Injection, pegfilgrastim-apgf (Nyvepria), biosimilar, 0.5 mg
Q5123	Riabni	Injection, rituximab-arrx, biosimilar, (Riabni), 10mg
Q5124	Byooviz	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg

MEDICARE ADVANTAGE PART B PRIOR AUTHORIZATION LIST

Q5125	Releuko	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg
Q5126	Alymsys	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg
Q5127	Stimufend	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg
Q5128	Cimerli	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg
Q5129	Vegzelma	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg
Q5130	Fylnetra	Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg
Q5133		Inj, tofidence, 1 mg
Q5135		Inj, tyenne, 1 mg
Q5138		Inj, wezlana, iv, 1 mg
Q5146	Hercessi	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg
Q5147		Inj, aflibercept-ayyh, 1 mg
Q9950		Inj sulf hexa lipid microsph
Q9956		Inj octafluoropropane mic,ml
Q9957		Inj perflutren lip micros,ml
Q9991		Buprenorph xr 100 mg or less
Q9992		Buprenorphine xr over 100 mg
Q9997		Ustekinumab-ttwe iv inj 1 mg
Q9998		Inj ustekinumab-aekn, 1 mg
Q9999		Inj ustekinumab-aauz 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.