

# Medicare Part B Prior Authorization Updates

Effective 1/1/2024





# Medicare Prior Authorization

List effective 1/1/2024

Wellcare by Health Net and Wellcare by Trillium Advantage requires prior authorization as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all Medicare products offered by Wellcare.

Wellcare is committed to delivering cost effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in network utilization, where applicable.

**It is the ordering/prescribing provider’s responsibility to determine which specific codes require prior authorization.**

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member’s eligibility at the time service is rendered. NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL HMO SERVICES EXCEPT WHERE INDICATED.

For complete CPT/HCPCS code listing, please see Online Prior Authorization Tool on Health Plan website at:

- Wellcare By Trillium Advantage: [Medicare Pre-Authorization Check](#)
- Wellcare By Health Net: [Medicare Pre-Authorization Check](#)

**Effective January 1<sup>st</sup>, 2024 Prior Authorization will be required for the following Part B drugs:**

Service	HCPC	Description of Service	Change
Medical Injectables	C9160	INJECTION DAXIBOTULINUMTOXINA-LANM 1 UNIT	Add PA
	C9161	INJECTION AFLIBERCEPT HD 1 MG	Add PA
	C9162	INJECTION AVACINCAPTAD PEGOL 0.1 MG	Add PA
	C9163	INJECTION TALQUETAMAB-TGVS 0.25 MG*	Add PA
	C9165	INJECTION ELRANATAMAB-BCMM 1 MG*	Add PA
	J0184	INJECTION AMISULPRIDE 1 MG	Add PA
	J0217	INJECTION VELMANASE ALFA-TYCV 1 MG	Add PA
	J0751	EMTRICITABINE 200MG AND TFV AF 25MG ORAL	Add PA
	J0799	FDA-APV SIG RX ONLY FOR USE HIV PRE-EXP PPX NOC	Add PA
	J1246	INJECTION DINUTUXIMAB 0.1 MG*	Add PA
	J1304	INJECTION TOFERSEN 1 MG	Add PA
	J1412	INJECTION VALOCTOCOGENE ROXAPARVOVEC-RVOX PER ML	Add PA
	J1413	INJ DELANDISTROGENE MOXEPARVOVEC-ROKL PER THR D	Add PA
	J2508	INJECTION PEGUNIGALSIDASE ALFA-IWXJ 1 MG	Add PA
	J3401	BEREMAGENE GEPERPAVEC-SVDT FOR TOPICAL ADM	Add PA
	J9052	INJECTION CARMUSTINE NOT THR EQV TO J9050 100 MG*	Add PA
	J9072	INJECTION CYCLOPHOSPHAMIDE 5 MG*	Add PA
	J9172	INJ DOCETAXEL NOT THERAPTICLLY EQV TO J9171 1 MG*	Add PA
	J9258	INJ PACLITAXEL PRT-BND PA NOT THR EQV J9264 1 MG*	Add PA
	J9286	INJECTION GLOFITAMAB-GXBM 2.5 MG*	Add PA
	J9321	INJECTION EPCORITAMAB-BYSP 0.16 MG*	Add PA
	J9324	INJECTION PEMETREXED 10 MG	Add PA
J9333	INJECTION ROZANOLIXIZUMAB-NOLI 1 MG	Add PA	
J9334	INJ EFGARTIGIMOD ALFA 2 MG AND HYALURONIDASE-QVFC	Add PA	
Q5132	INJECTION ADALIMUMAB-AFZB BIOSIMILAR 10 MG	Add PA	

\* Oncology/supportive drug-prior authorization requests are to be submitted to and reviewed by Evolvent (formerly New Century Health)