

Medicare Part B Prior Authorization Updates

Effective 4/1/2026





Medicare Prior Authorization

List effective 4/1/2026

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 April 1st, 2026 Prior Authorization is required for the following Part B drugs:

Service	HCPC	Description of Service	Change
Medical Injectables	C9309	INJECTION ONASEMNOGENE ABEPARVOVEC-BRVE PER TX	Add PA
	C9818	SUZETRIGINE ORAL 1 MG	Add PA
	J1553	INJECTION IMMUNE GLOBULIN 100 MG	Add PA
	J3404	INJ ZOPAPOGENE IMADENOVEC-DRBA SUSP PER THR DOSE	Add PA
	J9003	LEUPROLIDE INJECTABLE 1 MG	Add PA
	J9183	GEMCITABINE INTRAVESICAL SYSTEM 225 MG	Add PA
	J9277	INJECTION PEM 1 MG AND BERAHYALURONIDASE ALFA-PMPH	Add PA
	J9278	INJECTION CARBOPLATIN AVYXA 1 MG	Add PA
	J9601	INJECTION LINVOSELTAMAB-GCPT 1 MG	Add PA
	Q5161	INJECTION DENOSUMAB-KYQQ BIOSIMILAR 1 MG	Add PA
	Q5162	INJECTION DENOSUMAB-NXXP BIOSIMILAR 1 MG	Add PA