

Medicare Part B Prior Authorization Updates

Effective 4/1/2024





Medicare Prior Authorization

List effective 4/1/2024

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 April 1st, 2024 Prior Authorization will be required for the following Part B drugs:

Service	HCPC	Description of Service	Change
Medical Injectables	C9166	INJECTION SECUKINUMAB INTRAVENOUS 1 MG	Add PA
	C9167	INJECTION APADAMTASE ALFA 10 UNITS	Add PA
	C9168	INJECTION MIRIKIZUMAB-MRKZ 1 MG	Add PA
	J0177	INJECTION AFLIBERCEPT HD 1 MG	Add PA
	J0577	INJECTION BUPRENORPHINE ER <=/ TO 7 DAYS TX	Add PA
	J0578	INJECTION BUPRENORPHINE ER > 7 TO 28 DAYS TX	Add PA
	J0589	INJECTION DAXIBOTULINIUMTOXINA-LANM 1 UNIT	Add PA
	J1203	INJECTION CIPAGLUCOSIDASE ALFA-ATGA 5 MG	Add PA
	J1323	INJECTION ELRANATAMAB-BCMM 1 MG	Add PA
	J1434	INJECTION FOSAPREPITANT 1 MG	Add PA
	J2277	INJECTION MOTIXAFORTIDE 0.25 MG	Add PA
	J2782	INJECTION AVACINCAPTAD PEGOL 0.1 MG	Add PA
	J2801	INJECTION RISPERIDONE 0.5 MG	Add PA
	J3055	INJECTION TALQUETAMAB-TGVS 0.25 MG	Add PA
	J9073	INJECTION CYCLOPHOSPHAMIDE INGENUS 5 MG*	Add PA
	J9074	INJECTION CYCLOPHOSPHAMIDE SANDOZ 5 MG*	Add PA
	J9075	INJECTION CYCLOPHOSPHAMIDE NOS 5 MG*	Add PA
	J9248	INJECTION MELPHALAN HEPZATO 1 MG*	Add PA
	J9249	INJECTION MELPHALAN APOTEX 1 MG*	Add PA
	J9376	INJECTION POZELIMAB-BBFG 1 MG	Add PA
Q5133	INJECTION TOCILIZUMAB-BAVI BIOSIMILAR 1 MG	Add PA	
Q5134	INJECTION NATALIZUMAB-SZTN BIOSIMILAR 1 MG	Add PA	

* Oncology/supportive drug-prior authorization requests are to be submitted to and reviewed by Evolvent (formerly New Century Health) starting on 7.1.2024