

Medicare Part B Prior Authorization Updates

Effective 1/1/2026





Medicare Prior Authorization

List effective 1/1/2026

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

Service	HCPC	Description of Service	Change
Medical Injectables	C9307	INJECTION LIVOSELTAMAB-GCPT 1 MG	Add PA
	C9308	INJECTION CARBOPLATIN AVYXA 1 MG	Add PA
	J0013	ESKETAMINE NASAL SPRAY 1 MG	Add PA
	J1073	TESTOSTERONE PELLETT IMPLANT 75 MG	Add PA
	J3387	INJECTION ELIVALDOGENE AUTOTEMCEL PER TREATMENT	Add PA
	J3389	TOPICAL ADMIN PRADEMAGENE ZAMIKERACEL PER TX	Add PA
	J7528	MYCOPHENOLATE MOFETIL FOR SUSPENSION ORAL 100 M	Add PA
	J9184	INJECTION GEMCITABINE HCL AVYXA 200 MG	Add PA
	J9256	INJECTION NIPOCALIMAB-AAHU 3 MG	Add PA
	J9282	MITOMYCIN INTRAVESICAL INSTILLATION 1 MG	Add PA
	J9326	INJECTION TELISOTUZUMAB VEDOTIN-TLLV 1 MG	Add PA
	Q5160	INJECTION BEVACIZUMAB-NWGD JOBEVNE BS 10 MG	Add PA