

Medicare Part B Prior Authorization Updates

Effective 4/1/2025





Medicare Prior Authorization

List effective 4/1/2025

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, 2025 Prior Authorization is required for the following Part B drugs:

Service	HCPC	Description of Service	Change
Medical Injectables	C9301	OBECABTAGENE AUTOLEUCEL POS T CELLS Q THER D	Add PA
	C9302	INJECTION ZANIDATAMAB HR11 2 MG	Add PA
	C9303	INJECTION ZOLBETUXIMAB CLZB 1 MG	Add PA
	C9304	INJECTION MARSTACIMAB HNCQ 0.5 MG	Add PA
	J1072	INJECTION TESTOSTERONE CYPIONATE AZMIRO 1 MG	Add PA
	J1299	INJECTION ECULIZUMAB 2 MG	Add PA
	J2351	INJECTION OCRELIZUMAB 1 MG AND HYALURONIDASE OCSQ	Add PA
	J2428	INJECTION PALIPERIDONE PAL EXT REL ERZOFRI 1 MG	Add PA
	J7521	TACROLIMUS GRANULES ORAL SUSPENSION 0.1 MG	Add PA
	J9024	INJECTION ATEZOLIZUMAB 5 MG AND HYALURONIDASE TQJS	Add PA
	J9038	INJECTION AXATILIMAB CSFR 0.1 MG	Add PA
	J9054	INJECTION BORTEZOMIB BORUZU 0.1 MG	Add PA
	J9161	INJECTION DENILEUKIN DIFTITOX CXDL 1 MCG	Add PA
	Q2057	AFAMITRESGENE AUTOLEUCEL PER THERAPEUTIC DOSE	Add PA
	Q5147	INJECTION AFLIBERCEPT AYYH PAVBLU BS 1 MG	Add PA
	Q5148	INJECTION FILGRASTIM TXID NYPOZI BS 1 MCG	Add PA
	Q5149	INJECTION AFLIBERCEPT ABZV ENZEEVU BS 1 MG	Add PA
	Q5150	INJECTION AFLIBERCEPT MRBB AHZANTIVE BS 1 MG	Add PA
	Q5151	INJECTION ECULIZUMAB AAGH EPYSQLI BS 2 MG	Add PA
	Q5152	INJECTION ECULIZUMAB AEED BKEMV BIOSIMILAR 2 MG	Add PA
	Q9999	INJECTION USTEKINUMAB AAUZ OTULFI BS 1 MG	Add PA