



Providence

Medicare Advantage Plans

PROVIDENCE MEDICARE ADVANTAGE PLANS

2025 PRIOR AUTHORIZATION CRITERIA FOR PART B DRUGS

Effective 1/1/2025

For more recent information or other questions, please contact Providence Health Assurance Customer Service at 503-574-8000 or 1-800-603-2340 or, for TTY users, 711, seven days a week, between 8 a.m. and 8 p.m. (Pacific Time), or visit [ProvidenceHealthAssurance.com](https://www.ProvidenceHealthAssurance.com).

H9047_2025RX_PHA1035_C

Medicare Part B Drug Prior Authorization

Our job as your health plan is to make sure that you receive the right care at the right time and at the most affordable price. Providence Medicare Advantage Plans requires you (or your physician) to get approval for certain medical services, including administration of certain medications, before we will agree to cover the drug for you. This is called “prior authorization.” Sometimes the requirement for getting approval in advance helps guide appropriate use of certain drugs including specialty drugs injected or infused by your provider. If you do not get this approval, your drug might not be covered by the plan.

This document contains the Prior Authorization requirements for certain Part B eligible drugs.

For more recent information or other questions, please contact Providence Health Assurance Customer Service at 503-574-8000 or 1-800-603-2340 (TTY users should call 711), seven days a week, between 8 a.m. and 8 p.m. (Pacific Time), or visit ProvidenceHealthAssurance.com.

2025 Medicare Part B Prior Authorization Criteria

Procedure Code(s)	Medication Name (click the name to view the policy criteria)	Effective Date (if after 1/1/2025)
Q2055	Abecma (Idecabtagene vicleucel)	
J9264	Abraxane (Paclitaxel protein-bound particles)	
J3262	Actemra (Tocilizumab)	
J0791	Adakveo (Crizanlizumab-tmca)	
J9042	Adcetris (Brentuximab vedotin)	
J0172	Aduhelm (Aducanumab-avwa)	
J7171	Adzynma (ADAMTS13, recombinant-krhn)	
J1931	Aldurazyme (Laronidase)	
J9057	Aliqopa (Copanlisib)	
J9245	Alkeran (Melphalan hydrochloride)	
J7214	Altuviiio (Factor viii/von willebrand factor complex, recombinant)	
J1552	Alyglo (Immune globulin, gamma(IGG)-stwk)	
Q5126	Alymsys (Bevacizumab-maly)	
J1426	Amondys-45 (Casimersen)	
C9399, J9999	Amtagvi (Lifileucel)	
J0225	Amvuttra (Vutrisiran)	
J9028	Anktiva (Nogapendekin alfa inbakic-pmln)	
J2277	Aphexda (Motixafortide)	
J0256	Aralast, Prolastin-C, Zemaira (Alpha 1-proteinase inhibitor)	
J0881	Aranesp (Darbepoetin alfa), non-ESRD use	
J2793	Arcalyst (Riloncept)	
J9261	Arranon (Nelarabine)	
J9302	Arzerra (Ofatumumab)	
J1554	Asceniv (Immune globulin)	
J9118	Asparlas (Calaspargase pegol-mknl)	
J9029	Astiladrin (Nadofaragene firadenovec-vncg)	
J9035	Avastin (Bevacizumab)	
J3145	Aveed (Testosterone undecanoate)	
Q5121	Avsola (Infliximab-axxq)	
A9590	Azedra (Iobenguane iodine-131)	
J9023	Bavencio (Avelumab)	
J9032	Beleodaq (Belinostat)	
J9036	Belrapzo (Bendamustine hydrochloride)	
J9058	Bendamustine hydrochloride (apotex)	
J9034	Bendeka (Bendamustine HCl)	
J0490	Benlysta (Belimumab)	
J0179	Beovu (Brolucizumab-dbli)	
J1414	Beqvez (Fidanacogene elaparovvec-dzkt)	

2025 Medicare Part B Prior Authorization Criteria

Procedure Code(s)	Medication Name (click the name to view the policy criteria)	Effective Date (if after 1/1/2025)
J0597	Berinert (C1 esterase inhibitor)	
J9229	Besponsa (Inotuzumab ozogamicin)	
J1556	Bivigam (Immune globulin)	
J9037	Blenrep (Belantamab mafodotin-blmf)	
J9039	Blincyto (Blinatumomab)	
J9046	Bortezomib (Dr. Reddy's)	
J9048	Bortezomib (fresenius kabi)	
J9049	Bortezomib (hospira)	
J9051	Bortezomib (maia)	
J0585	Botox (OnabotulinumtoxinA)	
Q2054	Breyanzi (Lisocabtagene maraleucel)	
J0567	Brineura (Cerliponase alfa)	
J2329	Briumvi (Ublituximab)	
J9064	Cabazitaxel (sandoz)	
J1952	Camcevi (Leuprolide)	
Q2056	Carvykti (Ciltacabtagene autoleucely)	
J3392	Casgevvy (Exagamglogene autotemcel)	
J1786	Cerezyme (Imiglucerase)	
J3490	Cetrotide (Cetrotide acetate)	
Q5128	Cimerli (Ranibizumab-eqrn)	
J0717	Cimzia IV (Certolizumab)	
J2786	Cinqair (Reslizumab)	
J0598	Cinryze (C1 esterase inhibitor)	
J9286	Columvi (Glofitamab-gxbm)	
J1448	Cosela (Trilaciclib)	
J3247	Cosentyx IV (Secukinumab)	
J0584	Crysvita (Burosumab-twza)	
J1551	Cutaquig (Immune globulin)	
J1555	Cuvitru (Immune globulin)	
J9308	Cyramza (Ramucirumab)	
J0894	Dacogen (Decitabine)	
J9348	Danyelza (Naxitamab-ggk)	
J9145	Darzalex (Daratumumab)	
J9144	Darzalex Faspro (Daratumumab/hyaluronidase-fihj)	
J0589	Daxxify (DaxibotulinumtoxinA-lanm)	
J0893	Decitabine (Sun Pharma)	
E0607	Diabetic Durable Medical Equipment (DME) - Glucose Meters	
A4253	Diabetic Durable Medical Equipment (DME) - Test Strips	
J9172	Docivyx (Docetaxel)	
J7351	Durstya (Bimatoprost intracameral implant)	
J0586	Dysport (AbobotulinumtoxinA)	

2025 Medicare Part B Prior Authorization Criteria

Procedure Code(s)	Medication Name (click the name to view the policy criteria)	Effective Date (if after 1/1/2025)
J9063	Elahere (Mirvetuximab soravtansine-gynx)	
J1743	Elaprase (Idursulfase)	
J3060	Elelyso (Taliglucerase alfa)	
J1413	Elevidys (Delandistrogene moxeparvovec-rokl)	
J2508	Elfabrio (Pegunigalsidase alfa-iwxj)	
J1950	Eligard, Lupron Depot (Leuprolide acetate)	
J1323	Elrexio (Elranatamab-bcmm)	
J9269	Elzonris (Tagraxofusp-erzs)	
J3490	Empaveli (Pegcetacoplan)	
J9176	Empliciti (Elotuzumab)	
J9358	Enhertu (Fam-trastuzumab deruxtecan-nxki)	
J1302	Enjaymo (Sutimlimab-jome)	
J3380	Entyvio (Vedolizumab), intravenous	
J9321	Epkiny (Epcoritamab-bysp)	
J0885	Epogen, Procrit (Epoetin alfa), non-ESRD use	
J9055	Erbix (Cetuximab)	
J7999	Estradiol Pellet	
J3111	Evenity (Romosozumab-aqqg)	
J1305	Evkeeza (Evinacumab-dgnb)	
J9246	Evomela (Melphalan hcl/betadex sulfobutyl ether sodium)	
J1428	Exondys-51 (Eteplirsen)	
J0177	Eylea HD (Aflibercept)	
J0180	Fabrazyme (Agalsidase beta)	
J0517	Fasenra (Benralizumab)	
J9395	Faslodex (Fulvestrant)	
J1951	Fensolvi (Leuprolide acetate)	
J1572	Flebogamma (Immune globulin)	
J1325	Flolan, Veletri (Epoprostenol)	
J3590	Follistim AQ (Follitropin b)	
J9307	Foloty (Pralatrexate)	
J9394	Fulvestrant (fresenius kabi)	
J9393	Fulvestrant (teva)	
J9331	Fyarro (Sirolimus protein-bound particles)	
Q5130	Fylnetra (Pegfilgrastim-pbbk)	
S0132	Fyremadel (Ganirelix acetate)	
J1460	GamaSTAN S/D (Immune globulin)	
J9210	Gamifant (Emapalumab-lzsg)	
J1569	Gammagard Liquid (Immune globulin)	
J1566	Gammagard S-D (Immune globulin)	
J1561	Gammaked (Immune globulin)	
J1557	Gammaplex (Immune globulin)	

2025 Medicare Part B Prior Authorization Criteria

Procedure Code(s)	Medication Name (click the name to view the policy criteria)	Effective Date (if after 1/1/2025)
J1561	Gamunex-C (Immune globulin)	
J0223	Givlaari (Givosiran)	
J0257	Glassia (Alpha 1 proteinase inhibitor (human))	
J3490, S0126	Gonal-F (Follitropin alfa)	
J9179	Halaven (Eribulin mesylate)	
J1411	Hemgenix (Etranacogene dezaparvovec-drlb)	
J7170	Hemlibra (Emicizumab-kxwh)	
J9248	Hepzato (Melphalan)	
J9355	Herceptin (Trastuzumab)	
J9356	Herceptin Hylecta (Trastuzumab/hyaluronidase-oysk)	
Q5146	Hercessi (Trastuzumab-strf)	
Q5113	Herzuma (Trastuzumab-pkrb)	
J1559	Hizentra (Immune globulin)	
J1575	Hyqvia (Immune globulin)	
J7355	iDose TR (Travoprost intracameral implant)	
J0638	Ilaris (Canakinumab/pf)	
J3245	Ilumya (Tildrakizumab-asmn)	
J9026	Imdelltra (Tarlataamab-dlle)	
J9173	Imfinzi (Durvalumab)	
J9347	Imjudo (Tremelimumab-actl)	
J9325	Imlygic (Talimogene laherparepvec)	
J1599	immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified	
Q5103	Inflectra (Infliximab-dyyb)	
J9319	Istodax (Romidepsin, lyophilized)	
J9207	Ixempra (Ixabepilone)	
J2782	Izervay (Avacincaptad pegol sodium)	
J9281	Jelmyto (Mitomycin pyelocalyceal instillation)	
J9272	Jemperli (Dostarlimab-gxly)	
J0889	Jesduvroq (Daprodustat)	
J9043	Jevtana (Cabazitaxel)	
J9354	Kadcyla (Ado-trastuzumab emtansine)	
J1290	Kalbitor (Ecallantide)	
Q5117	Kanjinti (Trastuzumab-anns)	
J2840	Kanuma (Sebelipase alfa)	
J9271	Keytruda (Pembrolizumab)	
J9274	Kimmtrak (Tebentafusp-tebn)	
J2507	Krystexxa (Pegloticase)	
Q2042	Kymriah (Tisagenlecleucel)	
J9047	Kyrpolis (Carfilzomib)	
J0217	Lamzede (Velmanase alfa-tycv)	

2025 Medicare Part B Prior Authorization Criteria

Procedure Code(s)	Medication Name (click the name to view the policy criteria)	Effective Date (if after 1/1/2025)
J3590	Lantidra (Donislecel-jujn)	
J0202	Lemtrada (Alemtuzumab)	
J3590/C9399	Lenmeldy (Atidarsagene autotemcel)	
J0174	Legembi (Lecanemab-irmb)	
J1306	Leqvio (Inclisiran)	
J1954	Leuprolide acetate for depot suspension (cipl)	
J9218	Leuprolide acetate, per 1 mg	
J9119	Libtayo (Cemiplimab-rwlc)	
J3263	Loqtorzi (Toripalimumab-tpzi)	
J0221	Lumizyme (Alglucosidase alfa)	
J9313	Lumoxiti (Moxetumomab pasudotox-tdfk)	
J9350	Lunsumio (Mosunetuzumab-axgb)	
J9217	Lupron Depot (Leuprolide acetate)	
A9513	Lutathera (Luteium lu177 dotatate)	
J3398	Luxturna (Voretigene neparvovec-rzyl)	
J3394	Lyfgenia (Lovotibeglogene autotemcel)	
J9353	Margenza (Margetuximab-cmkb)	
B4104, B4105, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162	Medical Nutrition (Enteral) - Medicare Part B	
J3590	Menopur (Menotropins)	
J3397	Mepsevii (Vestronidase alfa-vjvk)	
J0888	Mircera (Epoetin beta), non-ESRD use	
J9349	Monjuvi (Tafasitamab-cxix)	
Q5107	Mvasi (Bevacizumab-awwb)	
J9203	Mylotarg (Gemtuzumab ozogamicin)	
J0587	Myobloc (RimabotulinumtoxinB)	
J1458	Naglazyme (Galsulfase)	
J0219	Nexviazyme (Avalglucosidase alfa)	
J0725	Novarel, Pregnyl (Chorionic gonadotropin)	
J2802	Nplate (Romiplostim)	
J2182	Nucala (Mepolizumab)	
C9399, J3490	Nulibry (Fosdenopterin hydrobromide)	
Q5122	Nyvepria (Pegfilgrastim-apgf)	
J2350	Ocrevus (Ocrelizumab)	
J1568	Octagam (Immune globulin)	
Q5114	Ogivri (Trastuzumab-dkst)	
J7601	Ohtuvayre (Ensifentrine)	
J2267	Omvoh (Mirikizumab-mrkz)	
J9205	Onivyde (Irinotecan liposome)	

2025 Medicare Part B Prior Authorization Criteria

Procedure Code(s)	Medication Name (click the name to view the policy criteria)	Effective Date (if after 1/1/2025)
J0222	Onpattro (Patisiran)	
Q5112	Ontruzant (Trastuzumab-dttb)	
J9299	Opdivo (Nivolumab)	
J9298	Opdualag (Nivolumab/relatlimab-rmbw)	
J0129	Orencia (Abatacept/maltose) intravenous solution	
J3490	Ovidrel (chrionic gonadotropin)	
J0224	Oxlumo(Lumasiran sodium)	
J9258	Paclitaxel protein-bound particles (american regent)	
J9259	Paclitaxel protein-bound particles (teva)	
J9177	Padcev (Enfortumab vedotin-ejfv)	
J1576	Panzyga (Immune globulin)	
J0208	Pedmark (Sodium thiosulfate)	
J9306	Perjeta (Pertuzumab)	
J9316	Phesgo (Pertuzumab/trastuzumab/hyaluronidase-zzxf)	
J1307	PiaSky (Crovalimab-akkz)	
A9607	Pluvicto (Luteium lu-177 vipivotide tetraxetan)	
J9309	Polivy (Polatuzumab vedotin-piiq)	
J1203	Pombiliti (Cipaglucoisidase alfa-atga)	
J9295	Portrazza (Necitumumab)	
J9204	Poteligeo (Mogamulizumab-kpkc)	
J3490	Prevymis (Letermovir)	
J1459	Privigen (Immune globulin)	
Q2043	Provenge (Sipuleucel-T)	
J1304	Qalsody (Tofersen)	
J1301	Radicava (Edaravone)	
J0896	Reblozyl (Luspatercept-aamt)	
J1440	Rebyota (Fecal microbiota, live - jslm)	
J1745	Remicade (Infliximab)	
J3285	Remodulin (Treprostinil)	
Q5104	Renflexis (Infliximab-abda)	
Q5106	Retacrit (Epoetin alfa-epbx), non-esrd use	
J3590	Rethymic (Allogenic processedthymus tissue-agdc)	
J3490	Revatio (Sildenafil), pulmonary hypertension	
Q5123	Riabni (Rituximab-arrx)	
J9312	Rituxan (Rituximab)	
J9311	Rituxan Hycela (Rituximab/hyaluronidase, human recombinant)	
J3490	Rivfloza (Nedosiran sodium)	
J1412	Roctavian (Valoctocogene roxaparvovec-rvox)	
J9318	Romidepsin, non-lyophilized	
J0596	Ruconest (C1 esterase inhibitor, recombinant)	
Q5119	Ruxience (Rituximab-pvvr)	

2025 Medicare Part B Prior Authorization Criteria

Procedure Code(s)	Medication Name (click the name to view the policy criteria)	Effective Date (if after 1/1/2025)
J9061	Rybrevant (Amivantamab-vmjw)	
J9021	Rylaze (Asparaginase, recombinant)	
J2998	Ryplazim (Plasminogen, human-tvmh)	
J9333	Rystiggo (Rozanolixizumab-noli)	
J0870	Rytelo (Imetelstat)	
J2353	Sandostatin LAR Depot (Octreotide acetate, microspheres)	
J0491	Saphnelo (Anifrolumab-fnia)	
J9227	Sarclisa (Isatuximab-irf)	
J7352	Scenesse (Afamelanotide implant)	
J2502	Signifor LAR (Pasireotide pamoate)	
J1602	Simponi ARIA (Golimumab)	
J2327	Skyrizi Risankizumab-rzaa) intravenous solution	
J3590/C9399	Skysona (Elivaldogene autotemcel)	
J1300	Soliris (Eculizumab)	
J1930	Somatuline Depot (Lanreotide)	
J1747	Spevigo (Spesolimab-sbzo)	
J2326	Spinraza (Nusinersen)	
G2082, G2083, S0013	Spravato (Esketamine)	
J3358	Stelara (Ustekinumab) intravenous solution	
Q5127	Stimufend (Pegfilgrastim-fpgk)	
J9226	Supprelin LA (Histrelin implant)	
J2779	Susvimo (Ranibizumab injection/implant)	
J2781	Syfovre (Pegcetacoplan)	
J2860	Sylvant (Siltuximab)	
J3055	Talvey (Talquetamab-tgvs)	
Q2053	Tecartus (Brexucabtagene autoleucel)	
J9022	Tecentriq (Atezolizumab)	
J9380	Tecvayli (Teclistamab-cqyv)	
J3241	Tepezza (Teprotumumab-trbw)	
J3490, J7999, S0189	Testopel (Testosterone pellet)	
J2356	Tezspire (Tezepelumab-ekko)	
J9273	Tivdak (Tisotumab vedotin-tftv)	
Q5133	Tofidence (Tocilizumab-bavi)	
J9330	Torisel (Temsirolimus)	
B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4187, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200	Total Parenteral Nutrition (TPN) - Medicare Part B	
Q5116	Trazimera (Trastuzumab-qyyp)	

2025 Medicare Part B Prior Authorization Criteria

Procedure Code(s)	Medication Name (click the name to view the policy criteria)	Effective Date (if after 1/1/2025)
J9033	Treanda (Bendamustine HCl)	
J3315	Trelstar (Triptorelin pamoate)	
J3316	Triptodur (Triptorelin)	
J9317	Trodelvy (Sacituzumab govitecan-hziy)	
Q5115	Truxima (Rituximab-abbs)	
Q5135	Tyenne (Tocilizumab-aazg)	
J2323	Tysabri (Natalizumab)	
J7686	Tyvaso (Treprostinil, inhalation solution)	
J9381	Tzield (Teplizumab-mzvv)	
Q5111	Udenyca (Pegfilgrastim-cbqv)	
J1303	Ultomiris (Ravulizumab-cwvz)	
J1823	Uplizna (Inebilizumab-cdon)	
C9399, J3490	Upravi (Selexipag)	
J2777	Vabysmo (Faricimab)	
J0901	Vafseo (Vadadustat)	
J9303	Vectibix (Panitumumab)	
Q5129	Vegzelma (Bevacizumab-adcd)	
J9041	Velcade (Bortezomib)	
Q4074	Ventavis (Iloprost)	
J9376	Veopoz (Pozelimab-bbfg)	
J9025	Vidaza (Azacitidine)	
J1427	Viltepso (Viltolarsen)	
J1322	Vimizim (Elosulfase alfa)	
J9056	Vivimusta (Bendamustine hydrochloride)	
J3385	VPRIV (Velaglucerase alfa)	
J3032	Vyepiti (Eptinezumab-jjmr)	
J3401	Vyjuvek (Beremagene geperpavec-svdt)	
J1429	Vyondys-53 (Golodirsen)	
J9332	Vyvgart (Efgartigimod alfa)	
J9334	Vyvgart Hytrulo (Efgartigimod alfa/hyaluronidase)	
J9153	Vyxeos (Daunorubicin/cytarabine liposomal)	
J3490/C9399	Winrevair (Sotatercept-csrk)	
J1558	Xembify (Immune globulin)	
J0218	Xenpozyme (Olipudase alfa-rpcp)	
J0588	Xeomin (IncobotulinumtoxinA)	
J0775	Xiaflex (Collagenase, clostridium histolyticum)	
A9606	Xofigo (Radium-223)	
J2357	Xolair (Omalizumab)	
J9228	Yervoy (Ipilimumab)	
Q2041	Yescarta (Axicabtagene ciloleuce)	
J9352	Yondelis (Trabectedin)	

2025 Medicare Part B Prior Authorization Criteria

Procedure Code(s)	Medication Name (click the name to view the policy criteria)	Effective Date (if after 1/1/2025)
J9400	Zaltrap (Ziv-aflibercept)	
J9223	Zepzelca (Lurbinectedin)	
Q5120	Ziextenzo (Pegfilgrastim-bmez)	
J0565	Zinplava (Bezlotoxumab, 10 mg)	
Q5118	Zirabev (Bevacizumab-bvzr)	
J9202	Zoladex (Goserelin acetate implant)	
J3399	Zolgensma (Onasemnogene abeparvovec-xioi)	
J9359	Zynlonta (Loncastuximab tesirine-lpyl)	
J3393	Zynteglo (Betibeglogene autotemcel)	
J9345	Zynyz (Retifanlimab-dlwr)	