Part B Drug Inflation Rebates

From time to time, Annual Sales Price (ASP) public files need to be corrected or updated, generally referred to as a restatement, based on feedback received after the files are published. If CMS receives feedback that necessitates updates to this list of drugs with adjusted coinsurance amounts, CMS will update the list. The [April 1 – June 30, 2025] files may be subject to updates either before the start of the quarter or after in the event updated data becomes available. For more information on the adjusted co-insurance percentages, you may refer to the Quarterly Updates to Part B Coinsurance Adjustment section here.

How to use this list:

We are providing a list of impacted Part B drugs as well as the adjusted coinsurance percentage. **The standard coinsurance for Part B drugs for Medicare members is 20%.** The coinsurance percentage shown in this list has been adjusted for inflation and will be applied to your share of the Rx cost after you meet your deductible. If you have questions about the lower cost or feel this has not been applied, please call the number on the back of your CarePlus ID card. Please note, these changes do not apply to Medicare Part D Prescription Drug Coverage.

This list is in alphabetical order and searchable. Click CTRL+F to type in your drug name to search.

Healthcare Common Procedure Coding System (HCPCS)	Drug Name	Adjusted Coinsurance Percentage
Q2055	Abecma	19.49%
J9042	Adcetris	18.34%
J8655	Akynzeo Capsule	18.67%
J7504	Atgam	13.02%
J3145	Aveed	18.70%
J0597	Berinert	19.20%
J0558	Bicillin C-R	16.73%

Healthcare Common Procedure Coding System (HCPCS)	Drug Name	Adjusted Coinsurance Percentage
J0561	Bicillin L-A	13.58%
J9039	Blincyto	19.37%
Q2054	Breyanzi	19.47%
J0578	Brixadi (Monthly Dosing)	19.49%
J0577	Brixadi (Weekly Dosing)	19.49%
Q2056	Carvykti	18.98%
J2850	Chirhostim	19.72%
J1833	Cresemba	19.86%
J0584	Crysvita	18.96%
J2508	Elfabrio	19.81%
J7503	Envarsus XR	19.64%
J3111	Evenity	19.54%
J1456	Fosaprepitant	6.60%
J1645	Fragmin	12.98%
J9331	Fyarro	19.40%
J9196	Gemcitabine (Accord)	11.08%
J1559	Hizentra	19.87%
J9325	Imlygic	19.38%
J9207	Ixempra	19.86%
J2425	Kepivance	16.99%
J2507	Krystexxa	19.63%
Q2042	Kymriah	17.73%
J9047	Kyprolis	18.84%
J0217	Lamzede	19.67%
J2820	Leukine	19.95%
J1950	Lupron Depot-Ped	18.89%

Healthcare Common Procedure Coding System (HCPCS)	Drug Name	Adjusted Coinsurance Percentage
J2184	Meropenem (B. Braun)	9.48%
J2265	Minocin	18.63%
J0283	Nexterone (Baxter)	11.61%
J9268	Nipent	17.79%
J2802	Nplate	18.88%
J2267	Omvoh	14.95%
J9266	Oncaspar	19.20%
J9177	Padcev	19.14%
J1640	Panhematin	19.29%
J0897	Prolia	18.20%
J0349	Rezzayo	19.94%
J9061	Rybrevant	19.25%
J9021	Rylaze	19.53%
J2502	Signifor Lar	16.09%
C9482	Sotalol (Altathera)	18.63%
J2860	Sylvant	18.01%
J3055	Talvey	19.85%
Q2053	Tecartus	19.49%
J9273	Tivdak	18.86%
J9303	Vectibix	18.81%
J3032	Vyepti	19.49%
J9153	Vyxeos	19.65%
J0775	Xiaflex	17.89%
Q2041	Yescarta	18.97%
J0695	Zerbaxa	19.92%

Multi-Language Insert

Multi-language Interpreter Services

Form Approved
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English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-794-5907 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-794-5907 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-794-5907 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-794-5907 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-794-5907 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-794-5907 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-794-5907 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-794-5907 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고있습니다 . 통역 서비스를 이용하려면 전화 1-800-794-5907 (TTY: 711) 번으로 문의해 주십시오 . 한국어를 하는 담당자가 도와 드릴 것입니다 . 이 서비스는 무료로 운영됩니다 .

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-794-5907 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (برقياً: 711) 1-800-794-5907. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه هي خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-794-5907 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिंदी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-794-5907 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-794-5907
(TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-794-5907 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-794-5907 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-794-5907 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。