



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 [October 1 – December 31, 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	18.75%
J0401	Abilify Maintena	19.94%
J9042	Adcetris	17.94%
J9354	Ado-trastuzumab emtansine	19.87%
J8655	Akynzeo Capsule	18.35%
J7504	Atgam	11.28%
J3145	Aveed	18.58%

Healthcare Common Procedure Coding System (HCPCS)	Drug Name	Adjusted Coinsurance Percentage
J0597	Berinert	18.59%
J0558	Bicillin C-R	15.13%
J0561	Bicillin L-A	12.42%
J9039	Blincyto	18.26%
Q2054	Breyanzi	18.17%
J1741	Caldor	19.71%
J0638	Canakinumab	19.99%
Q2056	Carvykti	18.86%
J1954	Cipla	16.15%
J1833	Cresemba	19.55%
J0584	Crysvita	18.70%
J9145	Darzalex	19.81%
J9144	Darzalex Faspro	19.92%
J1162	Digifab	19.59%
J7503	Envarsus XR	19.66%
J3111	Evenity	18.91%
J9358	Fam-trastuzumab deruxtecan-nxki	19.87%
J9307	Folotyn	19.38%
J1456	Fosaprepitant	7.91%
J1645	Fragmin	12.80%
J1458	Galsulfase injection	19.84%
J9196	Gemcitabine (Accord)	18.43%
J1559	Hizentra	19.22%
J1746	Ibalizumab-uiyk, 10 mg	19.92%
J9325	Imlygic	18.75%
J9032	Injection, belinostat, 10 mg	19.74%

Healthcare Common Procedure Coding System (HCPCS)	Drug Name	Adjusted Coinsurance Percentage
J2186	Injection, meropenem and vaborbactam	19.70%
J3316	Injection, triptorelin	19.56%
J9207	Ixemptra	19.75%
J7208	Jivi	19.43%
J2425	Kepivance	16.51%
J7211	Kovaltry	19.92%
J2507	Krystexxa	19.43%
Q2042	Kymriah	17.63%
J9047	Kyprolis	17.84%
J1950	Lupron Depot-Ped	18.53%
J9353	Margenza	19.99%
J2184	Meropenem (B. Braun)	9.70%
J2265	Minocin	9.54%
J0283	Nexterone (Baxter)	11.75%
J9268	Nipent	18.54%
J2802	Nplate	18.33%
J2267	OmvoH	16.79%
J9266	Oncaspar	18.59%
J9177	Padcev	19.40%
J1640	Panhematin	18.98%
J1576	Panzyga	18.55%
J9297	Pemetrexed (Sandoz)	15.51%
J9314	Pemetrexed (Teva)	18.51%
J9306	Pertuzumab	19.50%
J0897	Prolia	17.51%
J1304	Qalsody	19.86%

Healthcare Common Procedure Coding System (HCPCS)	Drug Name	Adjusted Coinsurance Percentage
J0349	Rezzayo	19.87%
J9061	Rybrevant	18.67%
J9021	Rylaze	19.46%
J0870	Rytelo	19.84%
J2502	Signifor Lar	15.04%
J3090	Sivextro	19.78%
C9482	Sotalol (Altathera)	15.14%
J1747	Spevigo	19.73%
J2860	Sylvant	18.03%
J9269	Tagraxofusp-erzs	19.52%
J3055	Talvey	19.45%
Q2053	Tecartus	19.82%
J9380	Tecvayli	19.76%
J7197	Thrombate III	19.78%
J9273	Tivdak	19.17%
J3101	Tnkase	19.20%
J3300	Triamcinolone acetonide	3.89%
J9303	Vectibix	18.23%
J1322	Vimizim	19.87%
J2315	Vivitrol	19.88%
J3032	Vyepti	19.16%
J9153	Vyxeos	19.42%
J0122	Xerava	19.17%
J0775	Xiaflex	17.58%
J7185	Xyntha	19.50%
Q2041	Yescarta	18.19%

Healthcare Common Procedure Coding System (HCPCS)	Drug Name	Adjusted Coinsurance Percentage
J0695	Zerbaxa	17.96%

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English: Free language, auxiliary aid, and alternate format services are available. Call **1-800-794-5907 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **1-800-794-5907 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք՝ **1-800-794-5907 (TTY: 711)**:

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简体中文 Simplified Chinese: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **1-800-794-5907 (听障专线: 711)**。

繁體中文 Traditional Chinese: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **1-800-794-5907 (聽障專線: 711)**。

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ગુજરાતી Gujarati: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **1-800-794-5907 (TTY: 711)** પર ફોન કરો.

עברית Hebrew: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **1-800-794-5907 (TTY: 711)**.

Hmoob Hmong: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **1-800-794-5907 (TTY: 711)**.

This notice is available at **CarePlusHealthPlans.com/MLI**.

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Italiano Italian: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **1-800-794-5907 (TTY: 711)**.

日本語 Japanese: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**1-800-794-5907 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ Khmer: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជំនួយផ្សេងៗសម្រាប់អ្នក។
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한국어 Korean: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.
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Español Spanish: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios
en otro formato están disponibles. Llame al **1-800-794-5907 (TTY: 711)**.

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1-800-794-5907 (TTY: 711) ஐ அழைக்கவும்.

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Urdu: اردو مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال **(TTY: 711) 1-800-794-5907**

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