

## Medicare Advantage and Dual Eligible Special Needs Plans prior authorization and notification list

**Effective date:** 01/01/2026

**Revision Date:** 01/28/2026

We have updated our prior authorization and notification list for Humana Medicare Advantage and Dual Eligible Special Needs (D-SNP) plans.

Please note the term “prior authorization” (preauthorization, precertification), when used in this communication, is defined as a process through which the physician or other healthcare provider is required to obtain advance approval from the plan as to whether an item or service will be covered.

The list details medications (i.e., medications that are delivered in the physician’s office, clinic, outpatient or home setting) that require prior authorization before being provided or administered. Services must be provided according to Medicare coverage guidelines established by the Centers for Medicare & Medicaid Services (CMS). According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You can review Medicare coverage guidelines [on the CMS website](#).

To view Humana’s Medical and Pharmacy Coverage Policies, please visit [Humana's Medical and Pharmacy Coverage Policies website](#).

Investigational and experimental procedures and devices usually are not covered benefits. Please consult the patient’s Evidence of Coverage or contact Humana for confirmation of coverage.

**Please note that certain services may not be covered under the member’s plan.**

### Important notes:

**Humana Medicare Advantage (MA) health maintenance organization (HMO):** The full list of prior authorization requirements applies to patients with Humana MA HMO and HMO point-of-service (HMO POS) coverage. Healthcare providers who participate in an independent practice association (IPA) or other risk network with delegated services are subject to the PAL and should refer to their IPA or risk network for guidance on processing their requests. Exclusions may change, so please refer to [Humana's provider website](#) for the most up-to-date information.

**Florida MA HMO:** The full list of prior authorization requirements applies to Florida MA HMO-covered patients. Healthcare providers should submit requests directly to Humana for medications listed on the MA and D-SNP medication PAL for all patients with Humana MA HMO coverage in Florida. If Humana does not receive a prior authorization request, the claim may be reviewed retrospectively for medical necessity, and the healthcare provider may be contacted for clinical information. See “How to Request



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† New-to-market drug addition

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†† Preauthorization requests will be reviewed by the Humana National Transplant Network and can be submitted by fax to 502-508-9300, by phone at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to [transplant@humana.com](mailto:transplant@humana.com).

Prior authorization” for instructions on how to submit prior authorization requests for medications on the MA and D-SNP Medication PAL.

**Humana MA private fee-for-service (PFFS):** Prior authorization is not required for MA PFFS plans. However, notification is requested because it helps coordinate care for Humana-covered patients. Physicians and healthcare providers can request an advance coverage determination (ACD) for review and determination of coverage in advance of the services being provided (on behalf of the patient for any service not on our PAL). See “Advance Coverage Determinations” for instructions.

**Humana MA preferred provider organization (PPO):** The full list of prior authorization requirements applies to patients with Humana MA PPO coverage.

**Humana Medicare Supplement Insurance Plan:** This list does not apply to policyholders of a Humana Medicare Supplement Insurance Plan.

**All Humana MA plans:** For procedures or services that are investigational or experimental (or that may have limited benefit coverage), or to learn if Humana will pay for a service, you can request an ACD on behalf of the patient prior to providing the service. You may be contacted if additional information is needed.

ACDs for medications on the list can be initiated by submitting a fax or phone request: Submit by phone at 866-461-7273 (TTY: 711), Monday – Friday, 8 a.m. – 11 p.m., Eastern time, or by fax to 888-447-3430.

To prevent disruption of care, Humana does not require prior authorization for basic Medicare benefits during the first 90 days of a new member’s enrollment for active courses of treatment that started prior to enrollment. Humana may review services furnished during an active course of treatment against permissible coverage criteria when determining payment. To ensure appropriate claim payment, please include the modifier based on Humana’s Medicare Advantage Payment Policy (CP2023011), which can be found on [Humana's claims payment policies website](#), or include medical records with evidence that the member is in an active course of treatment.

**Additional information related to step therapy for Medicare Part B medications:**

Humana’s Medicare Part B Step Therapy Preferred Drug List (PDL), which includes background information about the program and a comprehensive list of preferred and nonpreferred medications, is available at [Humana's provider prior authorization notification lists website](#).

Some step therapy strategies for Medicare Advantage prescription drug plans may require a trial of a preferred medication across different benefits, such as Medicare Part B and Part D. Details regarding these cross-benefit strategies can be found on Humana’s Part B Step Therapy PDL, which is available on [Humana's provider prior authorization notification lists website](#).

Humana’s Part B Step Therapy PDL should be reviewed in conjunction with Humana's coverage policies, which are



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accessible on Humana's [Medical and Pharmacy Coverage Policies website](#).

The designation of preferred status does not guarantee exemption from step therapy requirements. Please refer to the specific criteria contained in our coverage criteria policies, which is available on Humana's [Medical and Pharmacy Coverage Policies website](#). Affected medications are noted with a step therapy indicator on the Medicare PAL at [Humana's provider prior authorization notification lists website](#).

If providers do not stock a preferred medication, they may be able to obtain the preferred medication from a pharmacy (e.g., a pharmacy can ship the medication to the office). Please review our list of specialty and mail-order pharmacies at [Humana's mail-order webpage](#) to select a pharmacy that can provide the medication. A full list of pharmacies also is available on the [pharmacy finder tool](#).

If you have questions, please call us at 800-457-4708 (TTY: 711), daily, 8 a.m. – 8 p.m., Eastern time. However, please note that our automated phone system may answer your call during weekends and holidays from April 1 to Sept. 30. Please leave your name and phone number and we'll call you back by the end of the next business day. For 24-hour service, please visit [Humana's website](#).

**Please note that urgent/emergent services do not require referrals or prior authorizations.**

Not obtaining prior authorization for a service could result in financial penalties for the practice and reduced benefits for the patient based on the healthcare provider's contract and the patient's Evidence of Coverage. Services or medications provided without prior authorization may be subject to retrospective medical necessity review. We recommend that an individual practitioner making a specific request for services or medications verify benefits and prior authorization requirements with Humana prior to providing services.

**Information required for a prior authorization request or notification may include, but is not limited to, the following:**

- Patient name, date of birth and Humana member ID number
- Date of actual service or hospital admission
- Healthcare Common Procedure Coding System (HCPCS) code(s) and diagnosis codes (primary and secondary) (up to a maximum of 6 per authorization request)
- Service location
  - Inpatient (acute hospital, skilled nursing or hospice)
  - Outpatient (telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital or ambulatory surgery center)
- Tax Identification Number (TIN), National Provider Identifier (NPI) of facility where service is being rendered, and TIN and NPI number of the provider performing the service
- Caller/requester's name and phone number and attending physician's phone number
- Relevant clinical information



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Submitting all relevant clinical information at the time of the request will help expedite determination. If additional clinical information is required, a Humana representative will request the specific information needed to complete the authorization process.

#### How to request prior authorization:

Except where noted in the list below, prior authorization for medications may be initiated in one of 3 ways:

- Online: [CoverMyMeds](#)
- Phone number: 866-461-7273 (TTY: 711), Monday – Friday, 8 a.m. – 11 p.m., Eastern time
- Fax number: 888-447-3430 (request forms available on Humana’s [prior authorization for professionally administered drugs website](#))

The list below is subject to change with notification and may be modified throughout the year for additions of new-to-market medications or step therapy requirements for medications without notification by United States Postal Service mail.

<b>MA and D-SNP prior authorization and notification list</b> <b><a href="#">Access the fax forms</a> to request preauthorization or provide notification.</b>		
Brand medication name	Generic medication name	Billing codes
<b>Abecma intravenous suspension ††</b>	idecabtagene vicleucel ††	<b>Q2055</b>
<b>Abraxane ** ‡</b>	paclitaxel-nab ** ‡	<b>J9264</b>
<b>Actemra IV **</b>	tocilizumab **	<b>J3262</b>
<b>Adakveo</b>	crizanlizumab-tmca	<b>J0791</b>
<b>Adcetris</b>	brentuximab vedotin	<b>J9042</b>
<b>Adstiladrin</b>	nadofaragene firadenovec-vncg	<b>J9029</b>
<b>Aduhelm</b>	aducanumab-avwa	<b>J0172</b>
<b>Adzynma</b>	ADAMTS13, recombinant-krhn	<b>J7171</b>
<b>Akynzeo IV</b>	fosnetupitant and palonosetron	<b>J1454</b>
<b>Aldurazyme</b>	laronidase	<b>J1931</b>
<b>Alimta ‡</b>	pemetrexed ‡	<b>J9305</b>



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<b>Alyglo **</b>	immune globulin intravenous, human-stwk **	<b>J1552</b>
<b>Alymsys **</b>	bevacizumab-maly **	<b>Q5126</b>
<b>Amondys-45</b>	casimersen	<b>J1426</b>
<b>Amtagvi †† ‡</b>	lifileucel †† ‡	<b>C9399, J3490, J9999</b>
<b>Amvuttra</b>	vutrisiran	<b>J0225</b>
<b>Anktiva</b>	nogapendekin alfa inbakicept-pmln	<b>J9028</b>
<b>Aphexda</b>	motixafortide	<b>J2277</b>
<b>Aralast NP ** ‡</b>	alpha 1-proteinase inhibitor ** ‡	<b>J0256</b>
<b>Aranesp **</b>	darbepoetin alfa **	<b>J0881</b>
<b>Asceniv **</b>	immune globulin **	<b>J1554</b>
<b>Asparlas</b>	calaspargase pegol-mknl	<b>J9118</b>
<b>Aucatzyl ††</b>	obecabtagene autoleucel ††	<b>Q2058</b>
<b>Avastin ** (Auth only required for Oncology/Chemo use)</b>	bevacizumab **	<b>J9035, C9257</b>
<b>Aveed</b>	testosterone undecanoate	<b>J3145</b>
<b>Avsola **</b>	infliximab-axxq **	<b>Q5121</b>
<b>Avtozma IV ** ‡</b>	tocilizumab-anoh ** ‡	<b>Q5156</b>
<b>Axtle ‡</b>	pemetrexed ‡	<b>J9292</b>
<b>Azedra</b>	ibogenguane I 131	<b>A9590</b>
<b>Bavencio</b>	avelumab	<b>J9023</b>
<b>Beizray</b>	docetaxel-albumin	<b>J9174</b>
<b>Beleodaq</b>	belinostat	<b>J9032</b>



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Brand medication name	Generic medication name	Billing codes
<b>Belrapzo ‡</b>	bendamustine hydrochloride ‡	<b>J9036</b>
<b>Bendamustine (Apotex)</b>	bendamustine hydrochloride	<b>J9058</b>
<b>Bendamustine (Baxter)</b>	bendamustine hydrochloride	<b>J9059</b>
<b>Bendamustine ‡</b>	bendamustine hydrochloride ‡	<b>J9036</b>
<b>Bendeka</b>	bendamustine hydrochloride	<b>J9034</b>
<b>Benlysta</b>	belimumab	<b>J0490</b>
<b>Beovu **</b>	brovacizumab-dbli **	<b>J0179</b>
<b>Beriner **</b>	C1 esterase inhibitor **	<b>J0597</b>
<b>Besponsa</b>	inotuzumab ozogamicin	<b>J9229</b>
<b>Bildyos ** ‡</b>	denosumab-nxxp ** ‡	<b>C9399, J3490, J3590, J9999</b>
<b>Bilprevda ** ‡</b>	denosumab-nxxp ** ‡	<b>C9399, J9999, J3490, J3590</b>
<b>Bivigam **</b>	immune globulin **	<b>J1556</b>
<b>Bizengri</b>	zenocutuzumab-zbco	<b>J9382</b>
<b>Bkemv IV **</b>	eculizumab-aeeb **	<b>Q5152</b>
<b>Blenrep</b>	belantamab mafodotin-blmf	<b>J9037</b>
<b>Blincyto</b>	blinatumomab	<b>J9039</b>
<b>Bomyntra ** ‡</b>	denosumab-bnht ** ‡	<b>Q5158</b>
<b>bortezomib (Dr. Reddy's)</b>	bortezomib	<b>J9046</b>
<b>bortezomib (Fresenius kabi)</b>	bortezomib	<b>J9048</b>
<b>bortezomib (Hospira)</b>	bortezomib	<b>J9049</b>
<b>bortezomib (Maia)</b>	bortezomib	<b>J9051</b>
<b>bortezomib ‡</b>	bortezomib ‡	<b>J9041</b>



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Brand medication name	Generic medication name	Billing codes
<b>Boruzu</b>	bortezomib	<b>J9054</b>
<b>Botox</b>	onabotulinumtoxinA	<b>J0585</b>
<b>Breyanzi †† ‡</b>	lisocabtagene maraleucel †† ‡	<b>Q2054</b>
<b>Brineura</b>	cerliponase alfa	<b>J0567</b>
<b>Briumvi **</b>	ublituximab-xiiy **	<b>J2329</b>
<b>Byooviz **</b>	ranibizumab-nuna intravitreal solution **	<b>Q5124</b>
<b>Carvykti ††</b>	ciltacabtagene autoleucel ††	<b>Q2056</b>
<b>Casgevy ††</b>	exagamglogene autotemcel ††	<b>J3392</b>
<b>Cerezyme **</b>	imiglucerase **	<b>J1786</b>
<b>Cimzia **</b>	certolizumab pegol **	<b>J0717</b>
<b>Cinqair</b>	reslizumab	<b>J2786</b>
<b>Cinryze **</b>	C1 esterase inhibitor (human) **	<b>J0598</b>
<b>Columvi</b>	glofitamab-gxbm	<b>J9286</b>
<b>Conexxence ** ‡</b>	denosumab-bnht ** ‡	<b>Q5158</b>
<b>Cosela</b>	trilaciclib	<b>J1448</b>
<b>Cosentyx IV **</b>	secukinumab **	<b>J3247</b>
<b>Crysvita</b>	burosumab-twza	<b>J0584</b>
<b>Cutaquig **</b>	immune globulin **	<b>J1551</b>
<b>Cuvitru **</b>	immune globulin **	<b>J1555</b>
<b>Cyramza</b>	ramucirumab	<b>J9308</b>
<b>Danyelza</b>	naxitamab-gqgk	<b>J9348</b>



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Brand medication name	Generic medication name	Billing codes
<b>Darzalex</b>	daratumumab	<b>J9145</b>
<b>Darzalex Faspro</b>	daratumumab and hyaluronidase-fihj	<b>J9144</b>
<b>Datroway</b>	datopotamab deruxtecan	<b>J9011</b>
<b>Dawnzera ** ‡</b>	donidalorsen ** ‡	<b>C9399, J3490</b>
<b>Daxxify</b>	daxibotulinumtoxinA-lanm	<b>J0589</b>
<b>Defitelio ‡</b>	defibrotide sodium ‡	<b>C9399, J3490</b>
<b>Docivyx</b>	docetaxel	<b>J9172</b>
<b>Doxil</b>	doxorubicin HCL liposome injection	<b>Q2050</b>
<b>Durysta</b>	bimatoprost implant	<b>J7351</b>
<b>Dysport</b>	abobotulinumtoxin A	<b>J0586</b>
<b>Elahere</b>	mirvetuximab soravtansine-gynx	<b>J9063</b>
<b>Elaprase</b>	idursulfase	<b>J1743</b>
<b>Elelyso</b>	taliglucerase alfa	<b>J3060</b>
<b>Elevidys</b>	delandistrogene moxeparvovec-rokl	<b>J1413</b>
<b>Elfabrio IV</b>	pegunigalsidase alfa-iwxj	<b>J2508</b>
<b>Elrexio</b>	elranatamab-bcmm	<b>J1323</b>
<b>Elzonris</b>	tagraxofusp-erzs	<b>J9269</b>
<b>Empaveli ‡</b>	pegcetacoplan ‡	<b>C9399, J3490</b>
<b>Empliciti</b>	elotuzumab	<b>J9176</b>
<b>Emrelis IV</b>	telisotuzumab vedotin-tllv	<b>J9326</b>
<b>Encelto</b>	revakinagene taroretcel-lwey	<b>J3403</b>
<b>Enhertu</b>	fam-trastuzumab deruxtecan-nxki	<b>J9358</b>



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Brand medication name	Generic medication name	Billing codes
Enjaymo	sutimlimab-jome	J1302
Enoby * ** † ‡	denosumab-qbde * ** † ‡	C9399, J3490, J3590, J9999
Enspryng ‡	satralizumab-mwge ‡	C9399, J3590, J3490
Entyvio IV **	vedolizumab **	J3380
Epkinly	epcoritamab-bysp	J9321
Epogen ** ‡	epoetin alfa ** ‡	J0885
Epysqli IV **	eculizumab-aagh **	Q5151
Erbitux	cetuximab	J9055
Erwinase ‡	crisantaspase ‡	J9019
Euflexxa **	sodium hyaluronate **	J7323
Evenity **	romosozumab-aqgg **	J3111
Evkeeza **	evinacumab-dgnb **	J1305
Exdensur ‡	depemokimab-ulaa ‡	C9399, J3490, J3590
Exondys 51	eteplirsén	J1428
Eylea **	aflibercept **	J0178
Eylea HD **	aflibercept **	J0177
Fabrazyme	agalsidase beta	J0180
Fasenra	benralizumab	J0517
Faslodex	fulvestrant	J9395
Feraheme **	ferumoxytol **	Q0138
Firazyr ** ‡	icatibant ** ‡	J1744
Flebogamma DIF ‡	immune globulin ‡	J1572



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Folotyn ‡	pralatrexate ‡	J9307
Fulphila	pegfilgrastim-jmdb	Q5108
fulvestrant (Fresenius kabi)	fulvestrant	J9394
fulvestrant (Teva)	fulvestrant	J9393
Fyarro	sirolimus protein-bound particles for injectable suspension	J9331
Fylnetra **	pegfilgrastim-pbbk **	Q5130
GamaSTAN ‡	immune globulin ‡	J1460, J1560
GamaSTAN S/D ‡	immune globulin ‡	J1460, J1560
Gamifant	emapalumab-lzsg	J9210
Gammagard ‡	immune globulin ‡	J1569
Gammagard ERC * † ‡	immune globulin, human * † ‡	J1566, J1569
Gammagard S/D ‡	immune globulin ‡	J1566
Gammaked ‡	immune globulin ‡	J1561
Gammaplex **	immune globulin **	J1557
Gamunex-C ‡	immune globulin ‡	J1561
Gazyva	obinutuzumab	J9301
Gel-One **	sodium hyaluronate **	J7326
Gelsyn-3 **	sodium hyaluronate **	J7328
Genvisc 850 **	sodium hyaluronate **	J7320
Givlaari	givosiran	J0223
Glassia **	alpha 1-proteinase inhibitor **	J0257



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Granix **	tbo-filgrastim **	J1447
Haegarda	c1 esterase inhibitor subcutaneous	J0599
Herceptin (IV) **	trastuzumab **	J9355
Herceptin Hylecta **	trastuzumab and hyaluronidase-oysk **	J9356
Hercessi IV **	trastuzumab-strf **	Q5146
Herzuma **	trastuzumab-pkrb **	Q5113
Hizentra	immune globulin	J1559
Hyalgan ** ‡	sodium hyaluronate ** ‡	J7321
Hymovis ** ‡	sodium hyaluronate ** ‡	J7322
Hymovis ONE ** ‡	HYALURONATE ** ‡	C9399, J3490
Hyqvia **	immune globulin **	J1575
iDose TR 75mcg intracameral implant	travoprost intracameral implant	J7355
Ilaris	canakinumab	J0638
Ilumya **	tildrakizumab-asmn **	J3245
Iluvien	fluocinolone acetonide	J7313
Imaavy **	nipocalimab-aahu **	J9256
Imdelltra	tarlatamab-dlle	J9026
Imfinzi **	durvalumab **	J9173
Imjudo **	tremelimumab-actl **	J9347
Imlygic	talimogene laherparepvec	J9325
Imuldosa IV ** ‡	ustekinumab-srlf ** ‡	Q5098



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Brand medication name	Generic medication name	Billing codes
<b>Inflectra</b>	infliximab-dyyb	<b>Q5103</b>
<b>Infliximab</b>	infliximab	<b>J1745</b>
<b>Injectafer **</b>	ferric carboxymaltose **	<b>J1439</b>
<b>Inlexzo intravesical system ‡</b>	gemcitabine ‡	<b>C9399, J9999, J3490</b>
<b>Istodax</b>	romidepsin	<b>J9319</b>
<b>Itvisma ‡</b>	onasemnogene abeparvovec-brve ‡	<b>C9399, J3490, J3590</b>
<b>Ixempra</b>	ixabepilone	<b>J9207</b>
<b>Izervay</b>	avacincaptad pegol intravitreal solution	<b>J2782</b>
<b>Jelmyto ‡</b>	mitomycin ‡	<b>J9281</b>
<b>Jemperli</b>	dostarlimab-gxly	<b>J9272</b>
<b>Jevtana</b>	cabazitaxel	<b>J9043</b>
<b>Jobevne **</b>	bevacizumab-nwgd **	<b>Q5160</b>
<b>Jubbonti ‡</b>	denosumab-bbdz ‡	<b>Q5136</b>
<b>Kadcyla</b>	ado-trastuzumab emtansine	<b>J9354</b>
<b>Kalbitor **</b>	ecallantide **	<b>J1290</b>
<b>Kanjinti</b>	trastuzumab-anns	<b>Q5117</b>
<b>Kanuma</b>	sebelipase alfa	<b>J2840</b>
<b>Kebilidi †† ‡</b>	eladocagene exuparvovec-tneq †† ‡	<b>C9399, J3490, J3590</b>
<b>Keytruda **</b>	pembrolizumab **	<b>J9271</b>
<b>Keytruda Qlex ** ‡</b>	pembrolizumab and berahyaluronidase alfa-pmph ** ‡	<b>C9399, J9999, J3490, J3590</b>
<b>Khapzory</b>	levoleucovorin	<b>J0642</b>



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Brand medication name	Generic medication name	Billing codes
<b>Kimmtrak</b>	tebentafusp-tebn	<b>J9274</b>
<b>Kisunla</b>	donanemab-azbt	<b>J0175</b>
<b>Korsuva</b>	difelikefalin	<b>J0879</b>
<b>Krystexxa</b>	pegloticase	<b>J2507</b>
<b>Kymriah ††</b>	tisagenlecleucel ††	<b>Q2042</b>
<b>Kyprolis</b>	carfilzomib	<b>J9047</b>
<b>Kyxata ‡</b>	carboplatin ‡	<b>C9308, J3490, J9999</b>
<b>Lamzedo</b>	velmanase alfa-tycv	<b>J0217</b>
<b>lanreotide (Cipla)</b>	lanreotide	<b>J1932</b>
<b>lanreotide ‡</b>	lanreotide ‡	<b>J1930</b>
<b>Lantidra †† ‡</b>	donislecel-jujn †† ‡	<b>C9399, J3490, J3590</b>
<b>Lemtrada **</b>	alemtuzumab **	<b>J0202</b>
<b>Lenmeldy ††</b>	atidarsagene autotemcel ††	<b>J3391</b>
<b>Leqembi</b>	lecanemab-irmb	<b>J0174</b>
<b>Leqembi lqlik ‡</b>	lecanemab-irmb ‡	<b>C9399, J3490, J3590</b>
<b>Leqvio</b>	inclisiran	<b>J1306</b>
<b>Leukine</b>	sargramostim	<b>J2820</b>
<b>Levoleucovorin ‡</b>	levoleucovorin calcium ‡	<b>J0641</b>
<b>Libtayo</b>	cemiplimab-rwlc	<b>J9119</b>
<b>Loqtorzi</b>	toripalimab-tpzi	<b>J3263</b>
<b>Lucentis **</b>	ranibizumab **	<b>J2778</b>
<b>Lumizyme</b>	alglucosidase alfa	<b>J0221</b>



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Brand medication name	Generic medication name	Billing codes
Lunsumio	mosunetuzumab-axgb	J9350
Lutathera **	lutetium Lu 177 dotatate **	A9513
Luxturna	voretigene neparvovec-rzyl	J3398
Lyfgenia ††	lovotibeglogene autotemcel ††	J3394
Lymphir	denileukin diftotox-cxdl	J9161
Lynozytic ‡	linvoseltamab-gcpt ‡	C9307, J3490, J3590, J9999
Margenza	margetuximab-cmkb	J9353
Mepsevii	vestronidase alfa-vjbk	J3397
Mircera	methoxy polyethylene glycol - epoetin beta	J0888
Monjuvi	tafasitamab-cxix	J9349
Monoferic **	ferric derisomaltose **	J1437
Mozobil ‡	plerixafor ‡	J2562
Mvasi	bevacizumab-awwb	Q5107
Mylotarg	gemtuzumab ozogamicin	J9203
Myobloc	rimabotulinumtoxinB	J0587
Naglazyme	glasulfase	J1458
Neulasta ‡	pegfilgrastim ‡	J2506
Neulasta Onpro ‡	pegfilgrastim ‡	J2506
Neupogen **	filgrastim **	J1442
Nexviazyme	avalglucosidase alfa-ngpt	J0219
Ngenla ‡	somatogon-ghla ‡	C9399, J3490, J3590



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Brand medication name	Generic medication name	Billing codes
<b>Niktimvo IV</b>	axatilimab-csfr	<b>J9038</b>
<b>Nivestym **</b>	filgrastim-aafi **	<b>Q5110</b>
<b>Nplate</b>	romiplostim	<b>J2802</b>
<b>Nucala</b>	mepolizumab	<b>J2182</b>
<b>Nulibry</b>	fosdenopterin	<b>J1809</b>
<b>Nypozi **</b>	filgrastim-txid **	<b>Q5148</b>
<b>Nyvepria **</b>	pegfilgrastim-apgf **	<b>Q5122</b>
<b>Ocrevus</b>	ocrelizumab	<b>J2350</b>
<b>Ocrevus Zunovo</b>	ocrelizumab and hyaluronidase-oscq	<b>J2351</b>
<b>Octagam</b>	immune globulin	<b>J1568</b>
<b>Ogivri **</b>	trastuzumab-dkst **	<b>Q5114</b>
<b>Omisirge †† ‡</b>	omidubicel-only †† ‡	<b>C9399, J3490, J3590</b>
<b>Omvo IV ** ‡</b>	mirikizumab-mrkz ** ‡	<b>J2267</b>
<b>Onapgo SQ Cartridge ‡</b>	apomorphine hydrochloride ‡	<b>C9399, J3490</b>
<b>Oncaspar</b>	pegaspargase	<b>J9266</b>
<b>Onivyde</b>	irinotecan liposome injection	<b>J9205</b>
<b>Onpattro</b>	patisiran	<b>J0222</b>
<b>Ontruzant **</b>	trastuzumab-dttb **	<b>Q5112</b>
<b>Opdivo **</b>	nivolumab **	<b>J9299</b>
<b>Opdivo Qvantig</b>	nivolumab hyaluronidase-nvhy	<b>J9289</b>
<b>Opdualag</b>	nivolumab and relatlimab-rmbw injection	<b>J9298</b>



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Brand medication name	Generic medication name	Billing codes
Orencia IV **	abatacept **	J0129
Osenvelt ** ‡	denosumab-bmwo ** ‡	Q5157
Ospomyv ** ‡	denosumab-dssb ** ‡	Q5159
Otulfu IV	ustekinumab-aauz	Q9999
Oxlumo	lumasiran	J0224
Ozurdex	dexamethasone intravitreal implant	J7312
paclitaxel protein-bound ** ‡	paclitaxel protein-bound ** ‡	J9264
Padcev	enfortumab vedotin-ejfv	J9177
Palynziq ‡	pegvaliase-pqpz ‡	C9399, J3490, J3590
Panhematin	hemin	J1640
Panzyga **	immune globulin **	J1576
Papzimeos ‡	zopapogene imadenovec-drba ‡	C9399, J3490, J3590
Pavblu **	aflibercept-ayyh **	Q5147
Pedmark IV solution	sodium thiosulfate	J0208
Pemetrexed	pemetrexed	J9305
Pemetrexed (Accord)	pemetrexed	J9296
Pemetrexed (Bluepoint)	pemetrexed	J9322
Pemetrexed (Sandoz)	pemetrexed	J9297
Pemetrexed (Teva)	pemetrexed	J9314
pemetrexed disodium (Hospira)	pemetrexed disodium	J9294
pemetrexed ditromethamine	pemetrexed ditromethamine	J9323
Pemfexy	pemetrexed injection	J9304



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Brand medication name	Generic medication name	Billing codes
<b>Pemrydi RTU</b>	pemetrexed	<b>J9324</b>
<b>Perjeta</b>	pertuzumab	<b>J9306</b>
<b>Phesgo</b>	pertuzumab, trastuzumab, and hyaluronidase-zzxf	<b>J9316</b>
<b>Piasky **</b>	crovalimab-akkz **	<b>J1307</b>
<b>plerixafor ‡</b>	plerixafor ‡	<b>J2562</b>
<b>Pluvicto</b>	lutetium Lu 177 vipivotide tetraxetan	<b>A9607</b>
<b>Polivy</b>	polatuzumab vedotin-piiq	<b>J9309</b>
<b>Pombiliti</b>	cipaglucosidase alfa-atga	<b>J1203</b>
<b>Portrazza</b>	necitumumab	<b>J9295</b>
<b>Poteligeo</b>	mogamulizumab-kpkc	<b>J9204</b>
<b>pralatrexate IV ‡</b>	pralatrexate ‡	<b>J9307</b>
<b>Prevymis IV ‡</b>	letermovir ‡	<b>C9399, J3490</b>
<b>Prialt</b>	ziconotide	<b>J2278</b>
<b>Privigen</b>	immune globulin	<b>J1459</b>
<b>Procrit ‡</b>	epoetin alfa ‡	<b>J0885</b>
<b>Prolastin-C ** ‡</b>	alpha 1-proteinase inhibitor ** ‡	<b>J0256</b>
<b>Prolia</b>	denosumab	<b>J0897</b>
<b>Provenge</b>	sipuleucel-T	<b>Q2043</b>
<b>Pyzchiva IV **</b>	ustekinumab-ttwe **	<b>Q9997</b>
<b>Qalsody</b>	tofersen	<b>J1304</b>
<b>Qutenza</b>	capsaicin/skin cleanser	<b>J7336</b>



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Brand medication name	Generic medication name	Billing codes
<b>Radicava</b>	edaravone	<b>J1301</b>
<b>Reblozyl **</b>	luspatercept-aamt **	<b>J0896</b>
<b>Releuko **</b>	filgrastim-ayow injection **	<b>Q5125</b>
<b>Remicade</b>	infliximab	<b>J1745</b>
<b>Remodulin ‡</b>	treprostinil (injection) ‡	<b>J3285</b>
<b>Renflexis **</b>	infliximab-abda **	<b>Q5104</b>
<b>Retacrit</b>	epoetin alfa-epbx	<b>Q5106</b>
<b>Rethymic †† ‡</b>	allogeneic processed thymus tissue-agdc †† ‡	<b>C9399, J3490, J3590</b>
<b>Riabni **</b>	rituximab-arrx **	<b>Q5123</b>
<b>Rituxan Hycela **</b>	rituximab; hyaluronidase human **	<b>J9311</b>
<b>Rituxan IV **</b>	rituximab **	<b>J9312</b>
<b>Rolvedon **</b>	eflapegrastim-xnst **	<b>J1449</b>
<b>romidepsin</b>	romidepsin	<b>J9318</b>
<b>Ruconest **</b>	C1 esterase inhibitor **	<b>J0596</b>
<b>Ruxience **</b>	rituximab-pvvr **	<b>Q5119</b>
<b>Rybrevant Faspro ‡</b>	amivantamab and hyaluronidase-lpuj ‡	<b>C9399, J3490, J3590, J9999</b>
<b>Rybrevant IV</b>	amivantamab-vmjw	<b>J9061</b>
<b>Rylaze</b>	asparaginase erwinia chrysanthemi (recombinant)-rywn	<b>J9021</b>
<b>Ryoncil ††</b>	remestemcel-L-rknd ††	<b>J3402</b>
<b>Ryplazim</b>	plasminogen, human-tvmh	<b>J2998</b>



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<b>Rystiggo **</b>	rozanolixizumab-noli **	<b>J9333</b>
<b>Rytelo IV</b>	imetelstat	<b>J0870</b>
<b>Ryzneuta **</b>	efbemalenograstim alfa-VUXW **	<b>J9361</b>
<b>Sajazir ‡</b>	icatibant ‡	<b>J1744</b>
<b>Sandostatin LAR</b>	octreotide	<b>J2353</b>
<b>Saphnelo intravenous solution</b>	anifrolumab-fnia	<b>J0491</b>
<b>Sarclisa</b>	isatuximab-irfc	<b>J9227</b>
<b>Scenesse</b>	afamelanotide	<b>J7352</b>
<b>Selarsdi IV ** ‡</b>	ustekinumab-aekn ** ‡	<b>Q9998</b>
<b>Signifor LAR</b>	pasireotide	<b>J2502</b>
<b>Simponi ARIA</b>	golimumab	<b>J1602</b>
<b>Sinuva</b>	mometasone furoate	<b>J7402</b>
<b>Skyrizi IV</b>	risankizumab-rzaa	<b>J2327</b>
<b>Skysona ††</b>	elivaldogene autotemcel ††	<b>J3387</b>
<b>Soliris **</b>	eculizumab **	<b>J1299</b>
<b>Somatuline Depot ‡</b>	lanreotide ‡	<b>J1930</b>
<b>Spevigo IV</b>	spesolimab-sbzo	<b>J1747</b>
<b>Spinraza</b>	nusinersen	<b>J2326</b>
<b>Starjemza IV ** ‡</b>	ustekinumab-hmny ** ‡	<b>C9399, J3490, J3590</b>
<b>Stelara IV ‡</b>	ustekinumab ‡	<b>J3358</b>
<b>Steqeyma IV **</b>	ustekinumab-stba **	<b>Q5099</b>
<b>Stimufend **</b>	pegfilgrastim-fpgk **	<b>Q5127</b>



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<b>Stoboclo ** ‡</b>	denosumab-bmwo ** ‡	<b>Q5157</b>
<b>Sustol</b>	granisetron	<b>J1627</b>
<b>Susvimo **</b>	ranibizumab **	<b>J2779</b>
<b>Syfovre</b>	pegcetacoplan	<b>J2781</b>
<b>SynoJoynt **</b>	1% sodium hyaluronate **	<b>J7331</b>
<b>Synribo</b>	omacetaxine mepesuccinate	<b>J9262</b>
<b>Synvisc ** ‡</b>	hylan G-F 20 ** ‡	<b>J7325</b>
<b>Takhzyro **</b>	lanadelumab-flyo **	<b>J0593</b>
<b>Talvey</b>	talquetamab-tgvs	<b>J3055</b>
<b>Tecartus ††</b>	brexucabtagene autoeucel ††	<b>Q2053</b>
<b>Tecelra ††</b>	afamitresgene autoleucel ††	<b>Q2057</b>
<b>Tecentriq **</b>	atezolizumab **	<b>J9022</b>
<b>Tecentriq Hybreza **</b>	atezolizumab and hyaluronidase-tqjs **	<b>J9024</b>
<b>Tecvayli</b>	teclistamab-cqyv	<b>J9380</b>
<b>Tepezza</b>	teprotumumab-trbw	<b>J3241</b>
<b>Tevimbra</b>	tislelizumab-jsgr	<b>J9329</b>
<b>Tezspire ‡</b>	tezepelumab-ekko ‡	<b>J2356</b>
<b>Tezspire subcutaneous pen injector ‡</b>	tezepelumab-ekko ‡	<b>J2356</b>
<b>Thrombate III</b>	antithrombin III	<b>J7197</b>
<b>Tivdak **</b>	tisotumab vedotin-tftv **	<b>J9273</b>
<b>Tofidence IV **</b>	tocilizumab-bavi **	<b>Q5133</b>



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Brand medication name	Generic medication name	Billing codes
Trazimera	trastuzumab-qyyp	Q5116
Treanda	bendamustine hydrochloride	J9033
Tremfya IV ‡	guselkumab ‡	J1628
Triluron **	sodium hyaluronate **	J7332
Trisenox	arsenic trioxide	J9017
TriVisc **	sodium hyaluronate **	J7329
Trodelvy	sacituzumab govitecan-hziy	J9317
Truxima **	rituximab-abbs **	Q5115
Tyenne IV **	tocilizumab-aazg **	Q5135
Tyruko	natalizumab-sztn	Q5134
Tysabri **	natalizumab **	J2323
Tyvaso	treprostinil (inhaled)	J7686
Tzield	teplizumab-mzww	J9381
Udenyca ‡	pegfilgrastim-cbqv ‡	Q5111
Udenyca Autoinjector ‡	pegfilgrastim-cbqv ‡	Q5111
Udenyca Onbody ‡	pegfilgrastim-cbqv ‡	Q5111
Ultomiris	ravulizumab-cwvz	J1303
Unituxin ‡	dinutuximab ‡	C9399, J3490
Unloxcyt	cosibelimab-ipdl	J9275
Uplizna	inebilizumab-cdon	J1823
Ustekinumab IV ** ‡	ustekinumab ** ‡	J3358
Vabysmo **	faricimab-svoa injection **	J2777



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<b>MA and D-SNP prior authorization and notification list</b> <a href="#">Access the fax forms</a> to request preauthorization or provide notification.		
Brand medication name	Generic medication name	Billing codes
<b>Valstar</b>	valrubicin	<b>J9357</b>
<b>Vectibix</b>	panitumumab	<b>J9303</b>
<b>Vegzelma **</b>	bevacizumab-adcd **	<b>Q5129</b>
<b>Velcade ‡</b>	bortezomib ‡	<b>J9041</b>
<b>Veopoz</b>	pozelimab-bbfg	<b>J9376</b>
<b>Viltepso</b>	viltolarsen	<b>J1427</b>
<b>Vimizim</b>	elosulfase alfa	<b>J1322</b>
<b>Visco-3 ** ‡</b>	sodium hyaluronate ** ‡	<b>J7321</b>
<b>Vivimusta</b>	bendamustine hydrochloride	<b>J9056</b>
<b>Vpriv **</b>	velaglucerase alfa **	<b>J3385</b>
<b>Vyepti</b>	eptinezumab-jjmr	<b>J3032</b>
<b>Vyjuvek</b>	beremagene geperpavec-svdt	<b>J3401</b>
<b>Vyloy</b>	zolbetuximab-clzb	<b>J1326</b>
<b>Vyondys 53</b>	golodirsen	<b>J1429</b>
<b>Vyvgart Hytrulo</b>	efgartigimod alfa and hyaluronidase-qvfc	<b>J9334</b>
<b>Vyvgart IV</b>	efgartigimod alfa-fcab	<b>J9332</b>
<b>Vyxeos</b>	daunorubicin/cytarabine	<b>J9153</b>
<b>Wainua ‡</b>	eplontersen injection ‡	<b>C9399, J3490</b>
<b>Wezlana IV **</b>	ustekinumab-auub **	<b>Q5138</b>
<b>Wyost ** ‡</b>	denosumab-bbdz ** ‡	<b>Q5136</b>
<b>Xembify</b>	immune globulin	<b>J1558</b>



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Brand medication name	Generic medication name	Billing codes
Xenpozyme	olipudase alfa-rpcp	J0218
Xeomin	incobotulinumtoxinA	J0588
Xgeva ** ‡	denosumab ** ‡	J0897
Xipere	triamcinolone acetonide	J3299
Xofigo	radium Ra 223 dichloride	A9606
Xolair	omalizumab	J2357
Xtrenbo * ** † ‡	denosumab-qbde * ** † ‡	C9399, J3490, J3590, J9999
Yartemlea * † ‡	narsoplimab-wuug * † ‡	C9399, J3490, J3590
Yervoy **	ipilimumab **	J9228
Yescarta ††	axicabtagene ciloleucel ††	Q2041
Yesintek IV ‡	ustekinumab-kfce ‡	Q5100
Yimmugo ** ‡	immune globulin intravenous, human - dira ** ‡	J1599
Yondelis	trabectedin	J9352
Zaltrap	ziv-aflibercept	J9400
Zarxio	filgrastim-sndz	Q5101
Zemaira ‡	alpha 1-proteinase inhibitor ‡	J0256
Zepzelca	lurbinectedin	J9223
Zevalin	ibritumomab tiuxetan	A9543
Zevaskyn ††	prademagene zamikeracel ††	J3389
Ziextenzo **	pegfilgrastim-bmez **	Q5120
Ziihera	zanidatamab-hrii	J9276



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Brand medication name	Generic medication name	Billing codes
<b>Zilretta **</b>	triamcinolone acetonide **	<b>J3304</b>
<b>Zirabev</b>	bevacizumab-bvzr	<b>Q5118</b>
<b>Zoladex</b>	goserelin acetate	<b>J9202</b>
<b>Zolgensma</b>	onasemnogene abeparvovec-xioi	<b>J3399</b>
<b>Zusduri</b>	mitomycin	<b>J9282</b>
<b>Zynlonta</b>	loncastuximab tesirine-lpyl	<b>J9359</b>
<b>Zynteglo ††</b>	betibeglogene autotemcel ††	<b>J3393</b>
<b>Zynyz</b>	retifanlimab-dlwr	<b>J9345</b>



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Blood-clotting Factors		
Brand medication name	Generic medication name	Billing codes
<b>Advate ‡</b>	antihemophilic factor, human recombinant ‡	<b>J7192</b>
<b>Adynovate</b>	antihemophilic factor [recombinant], PEGylated	<b>J7207</b>
<b>Afstyla</b>	antihemophilic factor (recombinant) single chain	<b>J7210</b>
<b>Alhemo **</b>	concizumab-mtci **	<b>J7173</b>
<b>Alphanate</b>	antihemophilic factor/von Willebrand factor complex [human]	<b>J7186</b>
<b>AlphaNine SD</b>	coagulation factor IX [human]	<b>J7193</b>
<b>Alprolix</b>	coagulation factor IX [recombinant]	<b>J7201</b>
<b>Altuviio</b>	efanesoctocog alfa	<b>J7214</b>
<b>Benefix ‡</b>	coagulation factor IX [recombinant] ‡	<b>J7195</b>
<b>Beqvez</b>	fidanacogene elaparvovec-dzkt	<b>J1414</b>
<b>Coagadex</b>	coagulation factor X [human]	<b>J7175</b>
<b>Corifact</b>	factor XIII concentrate [human]	<b>J7180</b>
<b>Eloctate</b>	antihemophilic factor [recombinant], Fc fusion protein	<b>J7205</b>
<b>Esperoct</b>	antihemophilic factor (recombinant), glycopegylated-exei	<b>J7204</b>
<b>Feiba NF</b>	anti-inhibitor coagulant complex	<b>J7198</b>
<b>Hemgenix</b>	etranacogene dezaparvovec-drlb	<b>J1411</b>
<b>Hemlibra **</b>	emicizumab-kxwh **	<b>J7170</b>
<b>Hemofil M ‡</b>	antihemophilic factor [human] ‡	<b>J7190</b>
<b>Humate-P</b>	antihemophilic factor/von Willebrand factor complex [human]	<b>J7187</b>



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Blood-clotting Factors		
Brand medication name	Generic medication name	Billing codes
<b>Hympavzi **</b>	marstacimab-hncq **	<b>J7172</b>
<b>Idelvion</b>	coagulation factor IX (recombinant)	<b>J7202</b>
<b>Ixinity</b>	coagulation factor IX [recombinant]	<b>J7213</b>
<b>Jivi</b>	antihemophilic factor (recombinant), PEGylated-aucl	<b>J7208</b>
<b>Koate-DVI ‡</b>	antihemophilic factor [human] ‡	<b>J7190</b>
<b>Kogenate FS ‡</b>	antihemophilic factor [recombinant] ‡	<b>J7192</b>
<b>Kovaltry</b>	antihemophilic factor [recombinant]	<b>J7211</b>
<b>NovoEight</b>	turoctocog alfa	<b>J7182</b>
<b>NovoSeven RT</b>	coagulation factor VIIa [recombinant]	<b>J7189</b>
<b>Nuwiq</b>	simoctocog alfa	<b>J7209</b>
<b>Obizur</b>	antihemophilic factor [recombinant], porcine sequence	<b>J7188</b>
<b>Profilnine</b>	factor IX complex	<b>J7194</b>
<b>Qfitlia ** ‡</b>	fitusiran ** ‡	<b>J7174</b>
<b>Rebinyln</b>	Coagulation Factor IX [Recombinant], GlycoPEGylated	<b>J7203</b>
<b>Recombinate ‡</b>	antihemophilic factor [recombinant] ‡	<b>J7192</b>
<b>Rixubis</b>	coagulation factor IX [recombinant]	<b>J7200</b>
<b>Roctavian</b>	valoctocogene roxaparvovec-rvox	<b>J1412</b>
<b>SevenFact intravenous solution</b>	coagulation factor VII (recombiant)- jncw	<b>J7212</b>
<b>Tretten</b>	coagulation factor XIII A-subunit [recombinant]	<b>J7181</b>
<b>Vonvendi</b>	von Willebrand factor [recombinant]	<b>J7179</b>



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Blood-clotting Factors		
Brand medication name	Generic medication name	Billing codes
<b>Wilate</b>	von Willebrand factor / coagulation factor VIII complex [human]	<b>J7183</b>
<b>Xyntha ‡</b>	antihemophilic factor [recombinant] ‡	<b>J7185</b>
<b>Xyntha Solofuse ‡</b>	antihemophilic factor [recombinant] ‡	<b>J7185</b>



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