

## **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>Access the fax forms to request preauthorization or provide notification.</b>		
<b>Brand medication name</b>	<b>Generic medication name</b>	<b>Billing codes</b>
<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>Aucatzyt ††</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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<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>	brolucizumab-dbll **	<b>J0179</b>
<b>Berinert **</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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<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-xiyy **	<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>	burosomab-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-gqqk	<b>J9348</b>

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

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

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

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

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<b>Lunsumio</b>	mosunetuzumab-axgb	<b>J9350</b>
<b>Lutathera **</b>	lutetium Lu 177 dotataate **	<b>A9513</b>
<b>Luxturna</b>	voretigene neparvovec-rzyl	<b>J3398</b>
<b>Lyfgenia ‡‡</b>	lovotibeglogene autotemcel ‡‡	<b>J3394</b>
<b>Lymphir</b>	denileukin diftitox-cxdl	<b>J9161</b>
<b>Lynozyfic ‡</b>	linvoseltamab-gcpt ‡	<b>C9307, J3490, J3590, J9999</b>
<b>Margenza</b>	margetuximab-cmkb	<b>J9353</b>
<b>Mepsevii</b>	vestronidase alfa-vjvk	<b>J3397</b>
<b>Mircera</b>	methoxy polyethylene glycol - epoetin beta	<b>J0888</b>
<b>Monjuvi</b>	tafasitamab-cxix	<b>J9349</b>
<b>Monoferric **</b>	ferric derisomaltose **	<b>J1437</b>
<b>Mozobil ‡</b>	plerixafor ‡	<b>J2562</b>
<b>Mvasi</b>	bevacizumab-awwb	<b>Q5107</b>
<b>Mylotarg</b>	gemtuzumab ozogamicin	<b>J9203</b>
<b>Myobloc</b>	rimabotulinumtoxinB	<b>J0587</b>
<b>Naglazyme</b>	glasulfase	<b>J1458</b>
<b>Neulasta ‡</b>	pegfilgrastim ‡	<b>J2506</b>
<b>Neulasta Onpro ‡</b>	pegfilgrastim ‡	<b>J2506</b>
<b>Neupogen **</b>	filgrastim **	<b>J1442</b>
<b>Nexviazyme</b>	avalglucosidase alfa-ngpt	<b>J0219</b>
<b>Ngenla ‡</b>	somatropin-ghla ‡	<b>C9399, J3490, J3590</b>

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<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>Omvooh 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>Opduvalag</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
Ospomiyv ** ‡	denosumab-dssb ** ‡	Q5159
Otulifi 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-ipuj ‡	<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>Rytelio 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>SynJoynt **</b>	1% sodium hyaluronate **	<b>J7331</b>
<b>Synribo</b>	omacetaxine mepesuccinate	<b>J9262</b>
<b>Synvisc ** ‡</b>	hylian 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 autoleucel ‡†	<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>Tofidone IV **</b>	tocilizumab-bavi **	<b>Q5133</b>

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

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

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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>Zynzyz</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>Altuviiio</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>Rebinyn</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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