

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

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

**Revision Date:** 06/01/2026

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).

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



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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>Aukelso ** ‡</b>	denosumab-kyqq ** ‡	<b>Q5161</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>Avlayah ‡</b>	tividenofusp alfa-eknm ‡	<b>C9399, J3490, J3590</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 l 131	<b>A9590</b>



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Brand medication name	Generic medication name	Billing Codes
<b>Bavencio</b>	avelumab	<b>J9023</b>
<b>Beizray</b>	docetaxel-albumin	<b>J9174</b>
<b>Beleodaq</b>	belinostat	<b>J9032</b>
<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>Berinert * **</b>	C1 esterase inhibitor * **	<b>J0597</b>
<b>Besponsa</b>	inotuzumab ozogamicin	<b>J9229</b>
<b>Bildyos ** ‡</b>	denosumab-nxxp ** ‡	<b>Q5162</b>
<b>Bilprevda ** ‡</b>	denosumab-nxxp ** ‡	<b>Q5162</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>C9399, J3490, J3590, J9999</b>
<b>Blincyto</b>	blinatumomab	<b>J9039</b>
<b>Bomynta ** ‡</b>	denosumab-bnht ** ‡	<b>Q5158</b>
<b>bortezomib (Dr. Reddy's)</b>	bortezomib	<b>J9046</b>



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<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>
<b>Boruzu</b>	bortezomib	<b>J9054</b>
<b>Bosaya ** ‡</b>	denosumab-kyqq ** ‡	<b>Q5161</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>Casgevvy ††</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>Conexence ** ‡</b>	denosumab-bnht ** ‡	<b>Q5158</b>
<b>Cosela</b>	trilaciclib	<b>J1448</b>
<b>Cosentyx IV **</b>	secukinumab **	<b>J3247</b>



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<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>
<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>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>



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Empaveli ‡	pegcetacoplan ‡	C9399, J3490
Empliciti	elotuzumab	J9176
Emrelis IV	telisotuzumab vedotin-tllv	J9326
Encelto	revakinagene taroretcel-lwey	J3403
Enhertu	fam-trastuzumab deruxtecan-nxki	J9358
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-aqqg **	J3111
Evkeeza **	evinacumab-dgnb **	J1305
Exdensur ** ‡	depemokimab-ulaa ** ‡	C9399, J3490, J3590
Exondys 51	eteplirsen	J1428
Eylea **	aflibercept **	J0178
Eylea HD **	aflibercept **	J0177



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Fabrazyme	agalsidase beta	J0180
Fasenra	benralizumab	J0517
Faslodex	fulvestrant	J9395
Feraheme **	ferumoxytol **	Q0138
Filkri * ** † ‡	filgrastim-laha * ** † ‡	C9399, J3490, J3590, J9999
Firazyr ** ‡	icatibant ** ‡	J1744
Flebogamma DIF ‡	immune globulin ‡	J1572
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



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<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>
<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>Ilaris</b>	canakinumab	<b>J0638</b>
<b>Ilumya **</b>	tildrakizumab-asmn **	<b>J3245</b>
<b>Iluvien</b>	fluocinolone acetonide	<b>J7313</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>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>Imlygic</b>	talimogene laherparepvec	<b>J9325</b>
<b>Imuldosa IV ** ‡</b>	ustekinumab-srlf ** ‡	<b>Q5098</b>
<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>J9183</b>
<b>Istodax</b>	romidepsin	<b>J9319</b>
<b>Itvisma ‡</b>	onasemnogene abeparvovec-brve ‡	<b>C9309, 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>



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Brand medication name	Generic medication name	Billing Codes
Kanjinti	trastuzumab-anns	Q5117
Kanuma	sebelipase alfa	J2840
Kebilidi †† ‡	eladocagene exuparvovec-tneq †† ‡	C9399, J3490, J3590
Keytruda **	pembrolizumab **	J9271
Keytruda Qlex **	pembrolizumab and berahyaluronidase alfa-pmph **	J9277
Khapzory	levoleucovorin	J0642
Kimmtrak	tebentafusp-tebn	J9274
Kisunla	donanemab-azbt	J0175
Korsuva	difelikefalin	J0879
Krystexxa	pegloticase	J2507
Kymriah ††	tisagenlecleucel ††	Q2042
Kyprolis	carfilzomib	J9047
Kyxata	carboplatin	J9278
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	Iecanemab-irmb	J0174
Leqembi Iqlik ‡	Iecanemab-irmb ‡	C9399, J3490, J3590



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Brand medication name	Generic medication name	Billing Codes
<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>Loargys ‡</b>	pegzilarginase-nbln ‡	<b>C9399, J3490, J3590</b>
<b>Loqtorzi</b>	toripalimab-tpzi	<b>J3263</b>
<b>Lucentis **</b>	ranibizumab **	<b>J2778</b>
<b>Lumizyme</b>	alglucosidase alfa	<b>J0221</b>
<b>Lunsumio ‡</b>	mosunetuzumab-axgb ‡	<b>J9350</b>
<b>Lunsumio Velo ‡</b>	mosunetuzumab-axgb ‡	<b>J9350</b>
<b>Lutathera **</b>	lutetium Lu 177 dotatate **	<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>Lynozytic</b>	linvoseltamab-gcpt	<b>J9601</b>
<b>Margenza</b>	margetuximab-cmkb	<b>J9353</b>
<b>Mepsevii</b>	vestronidase alfa-vjbn	<b>J3397</b>
<b>Mircera</b>	methoxy polyethylene glycol - epoetin beta	<b>J0888</b>
<b>Monjuvi</b>	tafasitamab-cxix	<b>J9349</b>
<b>Monoferic **</b>	ferric derisomaltose **	<b>J1437</b>
<b>Mozobil ‡</b>	plerixafor ‡	<b>J2562</b>



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Brand medication name	Generic medication name	Billing Codes
<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>	galsulfase	<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>	somatrogon-ghla ‡	<b>C9399, J3490, J3590</b>
<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>



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Brand medication name	Generic medication name	Billing Codes
OmvoH IV ** ‡	mirikizumab-mrkz ** ‡	J2267
Onapgo SQ Cartridge ‡	apomorphine hydrochloride ‡	C9399, J3490
Oncaspar	pegaspargase	J9266
Onivyde	irinotecan liposome injection	J9205
Onpattro	patisiran	J0222
Ontruzant **	trastuzumab-dttb **	Q5112
Opdivo **	nivolumab **	J9299
Opdivo Qvantig	nivolumab hyaluronidase-nvhy	J9289
Opdualag	nivolumab and relatlimab-rmbw injection	J9298
Orencia IV **	abatacept **	J0129
Osenvelt ** ‡	denosumab-bmwo ** ‡	Q5157
Ospomyv ** ‡	denosumab-dssb ** ‡	Q5159
Otarmeni * † ‡	lunsotogene parvec-cwHa * † ‡	C9399, J3490, J3590
Otulfi 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



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Brand medication name	Generic medication name	Billing Codes
Papzimeos	zopapogene imadenovec-drba	J3404
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
Pemrydi RTU	pemetrexed	J9324
Perjeta	pertuzumab	J9306
Phesgo	pertuzumab, trastuzumab, and hyaluronidase-zzxf	J9316
Piasky **	crovalimab-akkz **	J1307
plerixafor ‡	plerixafor ‡	J2562
Pluvicto	lutetium Lu 177 vipivotide tetraxetan	A9607
Polivy	polatuzumab vedotin-piiq	J9309
Pombiliti	cipaglicosidase alfa-atga	J1203
Portrazza	necitumumab	J9295
Poteligeo	mogamulizumab-kpkc	J9204



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Brand medication name	Generic medication name	Billing Codes
pralatrexate IV ‡	pralatrexate ‡	J9307
Prevymis IV ‡	letermovir ‡	C9399, J3490
Prialt	ziconotide	J2278
Privigen	immune globulin	J1459
Procrit ‡	epoetin alfa ‡	J0885
Prolastin-C ** ‡	alpha 1-proteinase inhibitor ** ‡	J0256
Prolia	denosumab	J0897
Provenge	sipuleucel-T	Q2043
Pyzchiva IV **	ustekinumab-ttwe **	Q9997
Qalsody	tofersen	J1304
Qivigy ** ‡	immune globulin intravenous, human-kthm ** ‡	C9399, J3490, J3590, J1599
Qutenza	capsaicin/skin cleanser	J7336
Radicava	edaravone	J1301
Reblozyl **	luspatercept-aamt **	J0896
Releuko **	filgrastim-ayow injection **	Q5125
Remicade	infliximab	J1745
Remodulin ‡	treprostinil (injection) ‡	J3285
Renflexis **	infliximab-abda **	Q5104
Retacrit	epoetin alfa-epbx	Q5106
Rethymic †† ‡	allogeneic processed thymus tissue- agdc †† ‡	C9399, J3490, J3590



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Brand medication name	Generic medication name	Billing Codes
Riabni **	rituximab-arrx **	Q5123
Rituxan Hycela **	rituximab; hyaluronidase human **	J9311
Rituxan IV **	rituximab **	J9312
Rolvedon **	eflapegrastim-xnst **	J1449
romidepsin	romidepsin	J9318
Ruconest * **	C1 esterase inhibitor * **	J0596
Ruxience **	rituximab-pvvr **	Q5119
Rybrevant Faspro ‡	amivantamab and hyaluronidase-lpuj ‡	C9399, J3490, J3590, J9999
Rybrevant IV	amivantamab-vmjw	J9061
Rylaze	asparaginase erwinia chrysanthemi (recombinant)-rywn	J9021
Ryoncil ††	remestemcel-L-rknd ††	J3402
Ryplazim	plasminogen, human-tvmh	J2998
Rystiggo **	rozanolixizumab-noli **	J9333
Rytelo IV	imetelstat	J0870
Ryzneuta **	efbemalenograstim alfa-VUXW **	J9361
Sajazir ‡	icatibant ‡	J1744
Sandostatin LAR	octreotide	J2353
Saphnelo intravenous solution	anifrolumab-fnia	J0491
Sarclisa	isatuximab-irfc	J9227
Scenesse	afamelanotide	J7352



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Brand medication name	Generic medication name	Billing Codes
Selarsdi IV ** ‡	ustekinumab-aekn ** ‡	Q9998
Signifor LAR	pasireotide	J2502
Simponi ARIA	golimumab	J1602
Sinuva	mometasone furoate	J7402
Skyrizi IV	risankizumab-rzaa	J2327
Skysona ††	elivaldogene autotemcel ††	J3387
Soliris **	eculizumab **	J1299
Somatuline Depot ‡	lanreotide ‡	J1930
Spevigo IV	spesolimab-sbzo	J1747
Spinraza	nusinersen	J2326
Starjemza IV ** ‡	ustekinumab-hmny ** ‡	C9399, J3490, J3590
Stelara IV ‡	ustekinumab ‡	J3358
Steqeyma IV **	ustekinumab-stba **	Q5099
Stimufend **	pegfilgrastim-fpgk **	Q5127
Stoboclo ** ‡	denosumab-bmwo ** ‡	Q5157
Sustol	granisetron	J1627
Susvimo **	ranibizumab **	J2779
Syfovre	pegcetacoplan	J2781
SynoJoynt **	1% sodium hyaluronate **	J7331
Synribo	omacetaxine mepesuccinate	J9262
Synvisc ** ‡	hylan G-F 20 ** ‡	J7325



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Brand medication name	Generic medication name	Billing Codes
Takhzyro **	lanadelumab-flyo **	J0593
Talvey	talquetamab-tgvs	J3055
Tecartus ††	brexucabtagene autoeucel ††	Q2053
Tecelra ††	afamitresgene autoleucel ††	Q2057
Tecentriq **	atezolizumab **	J9022
Tecentriq Hybreza **	atezolizumab and hyaluronidase-tqjs **	J9024
Tecvayli	teclistamab-cqyv	J9380
Tepezza	teprotumumab-trbw	J3241
Tevimbra	tislelizumab-jsgr	J9329
Tezspire ‡	tezepelumab-ekko ‡	J2356
Tezspire subcutaneous pen injector ‡	tezepelumab-ekko ‡	J2356
Thrombate III	antithrombin III	J7197
Tivdak **	tisotumab vedotin-tftv **	J9273
Tofidence IV **	tocilizumab-bavi **	Q5133
Trazimera	trastuzumab-qyyp	Q5116
Treanda	bendamustine hydrochloride	J9033
Tremfya IV ‡	guselkumab ‡	J1628
Triluron **	sodium hyaluronate **	J7332
Trisenox	arsenic trioxide	J9017
TriVisc **	sodium hyaluronate **	J7329



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Brand medication name	Generic medication name	Billing Codes
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-mzwv	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-sova injection **	J2777
Valstar	valrubicin	J9357
Vectibix	panitumumab	J9303
Vegzelma **	bevacizumab-adcd **	Q5129
Velcade ‡	bortezomib ‡	J9041
Veopoz	pozelimab-bbfg	J9376



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Brand medication name	Generic medication name	Billing Codes
Viltepro	viltolarsen	J1427
Vimizim	elosulfase alfa	J1322
Visco-3 ** ‡	sodium hyaluronate ** ‡	J7321
Vivimusta	bendamustine hydrochloride	J9056
Vpriv **	velaglucerase alfa **	J3385
Vyepti **	eptinezumab-jjmr **	J3032
Vyjuvek	beremagene geperpavec-svdt	J3401
Vyloy	zolbetuximab-clzb	J1326
Vyondys 53	golodirsen	J1429
Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	J9334
Vyvgart IV	efgartigimod alfa-fcab	J9332
Vyxeos	daunorubicin/cytarabine	J9153
Wainua ‡	eplontersen injection ‡	C9399, J3490
Wezlana IV **	ustekinumab-auub **	Q5138
Wyost ** ‡	denosumab-bbdz ** ‡	Q5136
Xembify *	immune globulin *	J1558
Xenpozyme	olipudase alfa-rpcp	J0218
Xeomin	incobotulinumtoxinA	J0588
Xgeva ** ‡	denosumab ** ‡	J0897
Xipere	triamcinolone acetate	J3299
Xofigo	radium Ra 223 dichloride	A9606



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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
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 **	J1553
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
Zilretta **	triamcinolone acetonide **	J3304
Zirabev	bevacizumab-bvzr	Q5118
Zoladex	goserelin acetate	J9202
Zolgensma	onasemnogene abeparvovec-xioi	J3399
Zusduri	mitomycin	J9282



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Brand medication name	Generic medication name	Billing Codes
Zynlonta	loncastximab tesirine-lpyl	J9359
Zynteglo ††	betibeglogene autotemcel ††	J3393
Zynyz	retifanlimab-dlwr	J9345

**Blood-clotting Factors**

Brand medication name	Generic medication name	Billing Codes
Advate ‡	antihemophilic factor, human recombinant ‡	J7192
Adynovate	antihemophilic factor [recombinant], PEGylated	J7207
Afstyla	antihemophilic factor (recombinant) single chain	J7210
Alhemo **	concizumab-mtci **	J7173
Alphanate	antihemophilic factor/von Willebrand factor complex [human]	J7186
AlphaNine SD	coagulation factor IX [human]	J7193
Alprolix	coagulation factor IX [recombinant]	J7201
Altuviio	efanesoctocog alfa	J7214
Benefix ‡	coagulation factor IX [recombinant] ‡	J7195
Beqvez	fidanacogene elaparvovec-dzkt	J1414
Coagadex	coagulation factor X [human]	J7175
Corifact	factor XIII concentrate [human]	J7180
Eloctate	antihemophilic factor [recombinant], Fc fusion protein	J7205



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<b>Blood-clotting Factors</b>		
<b>Brand medication name</b>	<b>Generic medication name</b>	<b>Billing Codes</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>
<b>Hypnavorzi **</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; eptacog alfa	<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>



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<b>Blood-clotting Factors</b>		
<b>Brand medication name</b>	<b>Generic medication name</b>	<b>Billing Codes</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 VIIa (recombinant)-jncw; eptacog beta	<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>
<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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