CarePlus HEALTH PLANS

Medicare Advantage and Dual Eligible Special Needs Plans Prior Authorization and Notification List

We have updated our CarePlus Health Plans Prior Authorization and Notification List for CarePlus Medicare Advantage (MA) and Dual Eligible Special Needs (D-SNP) plans.

Please note the term "prior authorization" (precertification, preadmission), 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.

"Notification" refers to the process by which the physician or other healthcare provider notifies CarePlus of the intent to provide an item or service. CarePlus requests notification, as it helps coordinate care for CarePlus-covered patients. This process is distinguished from prior authorization. CarePlus does not issue an approval or denial for notifications.

The list details services and medication (i.e., medications that are delivered in the physician's office, clinic, outpatient or home setting) that require prior authorization prior to 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 here.

To view Humana's medical 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 CarePlus for confirmation of coverage.

Important notes:

- **CarePlus Medicare Advantage (MA) health maintenance organization (HMO):** The full list of prior authorization requirements applies to your patients with CarePlus MA HMO coverage.
- For procedures or services that are investigational or experimental (or that may have limited benefit coverage), or for any service not on our PAL, you can request a predetermination on behalf of the patient prior to providing the service. You may be contacted if additional information is needed.
    - Initiate a predetermination for medical services by submitting a fax or telephone request:
        - Submit by fax: 888-447-3430.
            - When submitting a predetermination request by fax, please write "predetermination" on your request.
        - Submit by calling 866-220-5448, Monday – Friday, 8 a.m. to 5 p.m., Eastern time

To prevent disruption of care, CarePlus 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 the enrollment. CarePlus may review the services furnished during that active course of treatment against permissible coverage criteria when determining payment.

- When requesting a predetermination by phone, please advise CarePlus you're requesting a "predetermination."

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

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 medication 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 medication verify benefits and prior authorization requirements with CarePlus prior to providing services.

New rule improves the prior authorization process

Effective January 1, 2026, the Centers for Medicare and Medicaid Services (CMS requires prior authorization decisions within 7 days for requests for medical items/services. Accordingly, supporting clinical information must be submitted at the time of prior authorization requests. Failure to do so may result in a delayed or adverse decision. Adherence to this process should begin immediately.

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

- Member's CarePlus ID number, name and date of birth
- Date of actual service or hospital admission
- Procedure codes (up to a maximum of 10 per authorization request)
- Date of proposed procedure (if applicable)
- Diagnosis codes (primary and secondary) (up to a maximum of 6 per authorization request)
- Service location
- Inpatient (e.g., acute hospital, skilled nursing)
- Outpatient (e.g., telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center, etc.)
- Referral (e.g., office, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center, other)
- Tax Identification Number (TIN), National Provider Identifier (NPI) number of treatment facility where service is being rendered, and TIN and NPI number of the provider performing the service
- Requester's name/phone number
- Attending physician's phone number
- Relevant clinical information
- Discharge plans

Submitting all relevant clinical information at the time of the request will help expedite the determination. If additional clinical information is required, a CarePlus representative will contact the individual who submitted the prior authorization request and request the specific information needed to complete the authorization process.

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How to request prior authorization:

Except where noted by links on the following pages, prior authorization requests for medical services may be initiated: Choose from the following options to submit a request for prior authorization:

- Submit the request on the Availity Essentials™ website.
- Complete the Health Services Prior Authorization Form and fax it (and a cover sheet) to the appropriate fax number:
    - Broward and Palm Beach counties: 866-832-2678
    - Miami-Dade County: 888-447-3430
    - All other counties: 888-634-3521
- Call the CarePlus Health Plans Utilization Management department at 866-220-5448, Monday – Friday, 8 a.m. to 5 p.m., Eastern time.

Please note: Online prior authorization requests are encouraged. For certain prior authorization list (PAL) services requested via Availity Essentials™, healthcare providers have an option to complete a questionnaire. Answers to the questionnaire could lead to real-time approval. If approval is not provided immediately, the information on the questionnaire may help Humana with the review.

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CarePlus HEALTH PLANS

Medicare Advantage and Dual Medicare-Medicaid Plans

Preauthorization and Notification List

Effective Date: 01/01/2026

Revision Date: 06/17/2026

Medicare Advantage and Dual Medicare-Medicaid Plan Medication Preauthorization List

To request preauthorization: If the drug is billed, dispensed, and administered by a physician's office, infusion clinic or outpatient facility, please fax the request to 888-447-3430.

If the drug is billed and shipped from a retail pharmacy to a physician's office or facility, please fax the request to CarePlus Health Plans Pharmacy at 877-486-2621.

Brand	Generic	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

*All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

†Step therapy required through a CarePlus preferred drug as part of preauthorization.

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Brand	Generic	Codes
Alimta	pemetrexed	J9305
Alyglo†	immune globulin intravenous, human-stwk†	J1552
Alymsys†	bevacizumab-maly†	Q5126
Amondys-45	casimersen	J1426
Amtagvi*	lifileucel*	C9399, J3490, J9999
Amvuttra	vutrisiran	J0225
Anktiva*	nogapendekin alfa inbakicept-pmln*	J9028
Aphexda	motixafortide	J2277
Aralast NP*,†	alpha 1-proteinase inhibitor*,†	J0256
Aranesp† (Non-ESRD)	darbepoetin alfa†	J0881
Asceniv†	immune globulin†	J1554
Asparlas	calaspargase pegol-mknl	J9118
Aucatzyl*	obecabtagene autoleucel*	Q2058
Aukelso*,†	denosumab-kyqq*,†	Q5161
Avastin (authorization only required for oncology/chemotherapy use)	bevacizumab	C9257, J9035
Aveed	testosterone undecanoate	J3145
Avlayah*	tividenofusp alfa-eknm*	C9399, J3490, J3590
Avopef*	etoposide*	C9399, J3490, J9999
Avsola*,†	infliximab-axxq*,†	Q5121
Avtozma IV†	tocilizumab-anoh†	Q5156
Axtle*	pemetrexed*	J9292
Azedra	iobenguane I 131	A9590

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Brand	Generic	Codes
Bavencio	avelumab	J9023
Beizray	docetaxel-albumin	J9174
Beleodaq	belinostat	J9032
Belrapzo*	bendamustine hydrochloride*	J9036
Bendamustine*	bendamustine hydrochloride*	J9036
bendamustine (Apotex)	bendamustine hydrochloride	J9058
bendamustine (Baxter)	bendamustine hydrochloride	J9059
Bendeka	bendamustine hydrochloride	J9034
Benlysta	belimumab	J0490
Beovu†	brolucizumab-dbll†	J0179
Berinert†	c1 esterase inhibitor†	J0597
Besponsa	inotuzumab ozogamicin	J9229
Bildyos*,†	denosumab-nxxp*,†	Q5162
Bilprevda*,†	denosumab-nxxp*,†	Q5162
Bivigam†	immune globulin†	J1556
Bizengri	zenocutuzumab-zbco	J9382
Bkemv IV†	eculizumab-aeeb†	Q5152
Blenrep*	belantamab mafodotin-blmf*	C9399, J3490, J3590, J9999
Blincyto	blinatumomab	J9039
Blood-clotting factors (see list on Pages 21 to 24)		
Bomyntra*,†	denosumab-bnht*,†	Q5158
bortezomib*	bortezomib*	J9041
bortezomib (Dr. Reddy's)	bortezomib	J9046
bortezomib (Fresenius Kabi)	bortezomib	J9048

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Brand	Generic	Codes
bortezomib (Hospira)	bortezomib	J9049
bortezomib (Maia)	bortezomib	J9051
Boruzu	bortezomib	J9054
Bosaya*,†	denosumab-kyqq*,†	Q5161
Botox	onabotulinumtoxinA	J0585
Brineura	cerliponase alfa	J0567
Briumvi†	ublituximab-xiiy†	J2329
Breyanzi	lisocabtagene maraleucel	Q2054
Byooviz†	ranibizumab-nuna intravitreal solution†	Q5124
cabazitaxel (Sandoz)	cabazitaxel	J9064
Carvykti	ciltacabtagene autoleucel	Q2056
Casgevy	exagamglogene autotemcel	J3392
Cerezyme†	imiglucerase†	J1786
Cimzia	certolizumab pegol	J0717
Cinqair	reslizumab	J2786
Cinryze†	C1 esterase inhibitor†	J0598
Conexxence*,†	denosumab-bnht*,†	C9399, J3490, J3590, J9999
Columvi	glofitamab-gxbm	J9286
Cosela	trilaciclib	J1448
Cosentyx IV†	secukinumab†	J3247
Crysvita	burosumab-twza	J0584
Cutaquig†	immune globulin†	J1551
Cuvitru†	immune globulin†	J1555

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Brand	Generic	Codes
Cyramza	ramucirumab	J9308
Darzalex	daratumumab	J9145
Darzalex Faspro*	daratumumab and hyaluronidase-fihj*	J9144
Datroway*	datopotamab-deruxtecan-dlnk*	J9011
Danyelza	naxitamab-gqgk	J9348
Dawnzera*,†	donidalorsen*,†	C9399, J3490
Daxxify†	daxibotulinumtoxinA-lanm†	J0589
Decnupaz*	pivekimab sunirine-pvzy*	C9399, J3490, J3590, J9999
Defitelio*	defibrotide sodium*	C9399, J3490
Docivyx	docetaxel	J9172
Doxil	doxorubicin HCL liposome injection	Q2050
Dysport	abobotulinumtoxin A	J0586
Elahere	mirvetuximab soravtansine-gynx	J9063
Elaprase	idursulfase	J1743
Elelyso	taliglucerase alfa	J3060
Elevidys	delandistrogene moxeparvovec-rokl	J1413
Elfabrio IV	pegunigalsidase alfa-iwxj	J2508
Elrexfio	elranatamab-bcmm	J1323
Elzonris	tagraxofusp-erzs	J9269
Empaveli*	pegcetacoplan*	C9399, J3490
Empliciti	elotuzumab	J9176
Emrelis IV*	telisotuzumab vedotin-tllv*	J9326
Encelto*	revakinagene taroretcel-lwey*	J3403

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Brand	Generic	Codes
Enhertu	fam-trastuzumab deruxtecan-nxki	J9358
Enjaymo	sutimlimab-jome	J1302
Enoby*,†	denosumab-qbde*,†	C9399, J3490, J3590, J9999
Enspryng*	satralizumab-mwge*	C9399, J3490, J3590
Entyvio IV†	vedolizumab†	J3380
Epkinly	epcoritamab-bysp	J9321
Epogen*,†	epoetin alfa*,†	J0885
Epysqli IV†	eculizumab-aagh†	Q5151
Erbitux	cetuximab	J9055
Erwinase*	crisantaspase*	J9019
Erwinaze*	asparaginase erwinia chrysanthemi*	J9019
Euflexxa†	sodium hyaluronate†	J7323
Evdi*	trabectedin*	C9399, J3490, J9999
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
Fabrazyme	agalsidase beta	J0180
Fasenra	benralizumab	J0517
Faslodex	fulvestrant	J9395
Favlyxa*	fluorouracil*	C9399, J3490, J9999

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Brand	Generic	Codes
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
Fusilev*	levoleucovorin calcium*	J0641
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

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Brand	Generic	Codes
Genvisc 850†	sodium hyaluronate†	J7320
Givlaari	givosiran	J0223
Glassia†	alpha 1-proteinase inhibitor†	J0257
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
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	Generic	Codes
Inflectra	infliximab-dyyb	Q5103
infliximab	infliximab	J1745
Injectafer†	ferric carboxymaltose†	J1439
Inlexzo intravesical system	gemcitabine	J9183
Istodax	romidepsin	J9319
Itvisma*	onasemnogene abeparvovec-brve*	C9309, J3490, J3590
Ixempra	ixabepilone	J9207
Izervay	avacincaptad pegol intravitreal solution	J2782
Jelmyto*	mitomycin*	J9281
Jemperli	dostarlimab-gxly	J9272
Jevtana	cabazitaxel	J9043
Jobevne*,†	bevacizumab-nwgd*,†	Q5160
Jubbonti	denosumab-bbdz	Q5136
Jubereq*,†	denosumab-desu*,†	Q5166
Kadcyla	ado-trastuzumab emtansine	J9354
Kalbitor†	ecallantide†	J1290
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

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Brand	Generic	Codes
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
lanreotide*	lanreotide*	J1930
lanreotide (Cipla)†	lanreotide†	J1932
Lantidra*	donislecel-jujn*	C9399, J3490, J3590
Lemtrada†	alemtuzumab†	J0202
Lenmeldy*	atidarsagene autotemcel*	C9399, J3490
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
Loargys*	pegzilarginase-nbln*	C9399, J3490, J3590
Loqtorzi	toripalimab-tpzi	J3263
Lucentis†	ranibizumab†	J2778
Lumizyme	alglucosidase alfa	J0221
Lunsumio	mosunetuzumab-axgb	J9350

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Brand	Generic	Codes
Lunsumio Velo*	mosunetuzumab-axgb*	J9350
Lutathera†	lutetium Lu 177 dotatate†	A9513
Luxturna	voretigene neparvovec-rzyl	J3398
Lyfgenia	lovotibeglogene autotemcel	J3394
Lymphir	denileukin diftitox-cxdl	J9161
Lynozyfic	linvoseltamab-gcpt	J9601
Margenza	margetuximab-cmkb	J9353
Mepsevii	vestronidase alfa-vjbk	J3397
Mircera	methoxy polyethylene glycol – epoetin beta	J0888
Monjuvi*	tafasitamab-cxix*	J9349
Monoferric†	ferric derisomaltose†	J1437
Mozobil*	plerixafor*	J2562
Mvasi	bevacizumab-awwb	Q5107
Mylotarg	gemtuzumab ozogamicin	J9203
Myobloc	rimabotulinumtoxinB	J0587
Naglazyme	galsulfase	J1458
Neulasta*	pegfilgrastim*	J2506
Neulasta Onpro*	pegfilgrastim*	J2506
Neupogen†	filgrastim†	J1442
Nexviazyme	avalglucosidase alfa-ngpt	J0219
Ngenla*	somatrogon-ghla*	C9399, J3490, J3590
Niktimvo IV	axatilimab-csfr	J9038
Nivestym	filgrastim-aafi	Q5110

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Brand	Generic	Codes
Nplate	romiplostim	J2802
Nucala	mepolizumab	J2182
Nulibry*	fosdenopterin*	C9399, J3490
Nuwiq	simoctocog alfa	J7209
Nypozi*,†	filgrastim-txid*,†	Q5148
Nyvepria*,†	pegfilgrastim-apgf*,†	Q5122
Ocrevus	ocrelizumab	J2350
Ocrevus Zunovo	ocrelizumab and hyaluronidase-ocsq	J2351
Octagam	immune globulin	J1568
Ogivri†	trastuzumab-dkst†	Q5114
Omisirge*	omidubicel-onlv*	C9399, J3490, J3590
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 and hyaluronidase-nvhy	J9289
Opdualag	nivolumab and relatlimab-rmbw injection	J9298
Orencia IV†	abatacept†	J0129
Osenvelt*,†	denosumab-bmwo*,†	Q5157

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Brand	Generic	Codes
Ospomyv*,†	denosumab-dssb*,†	Q5159
Osvyrti*,†	denosumab-desu*,†	Q5166
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
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

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Brand	Generic	Codes
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	cipaglucosidase alfa-atga	J1203
Portrazza	necitumumab	J9295
Poteligeo	mogamulizumab-kpkc	J9204
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, J1599, J3490, J3590
Qutenza	capsaicin/skin cleanser	J7336

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Brand	Generic	Codes
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
Riabni†	rituximab-arrx†	Q5123
Rituxan IV†	rituximab†	J9312
Rituxan Hycela†	Rituximab/hyaluronidase human†	J9311
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

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Brand	Generic	Codes
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
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*	C9399, J3490, J3590
Soliris	eculizumab	J1299
Somatuline Depot	lanreotide	J1930
Spevigo IV	spesolimab-sbzo	J1747
Spinraza	nusinersen	J2326

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Brand	Generic	Codes
Starjemza IV*,†	ustekinumab-hmny*,†	C9399, J3490, J3590
Stelara (IV)	ustekinumab	J3358
Steqeyma IV†	ustekinumab-stba†	Q5099
Stimufend†	pegfilgrastim-fpgk†	Q5127
Stoboclo*,†	denosumab-bmwo*,†	C9399, J3490, J3590, J9999
Sustol	granisetron	J1627
Susvimo†	ranibizumab†	J2779
Syfovre	pegcetacoplan	J2781
SynoJoynt†	1% sodium hyaluronate†	J7331
Synribo	omacetaxine mepesuccinate	J9262
Synvisc*,†	hylan G-F 20*,†	J7325
Takhzyro†	lanadelumab-flyo†	J0593
Takhzyro subcutaneous†	lanadelumab-flyo†	J0593
Talvey	talquetamab-tgvs	J3055
Tecartus	brexucabtagene autoeucel	Q2053
Tecelra	afamitresgene autoleucel	Q2057
Tecentriq†	atezolizumab†	J9022
Tecentric Hybreza SQ†	atezolizumab and hyaluronidase-tqjs†	J9024
Tecvayli	teclistamab-cqyv	J9380

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Brand	Generic	Codes
Tepezza*	teprotumumab-trbw*	J3241
Tevimbra	tislelizumab-jsgr	J9329
Tezspire	tezepelumab-ekko	J2356
Tezspire subcutaneous pen injector	tezepelumab-ekko	J2356
Thrombate III	antithrombin III (human)	J7197
Tivdak†	tisotumab vedotin-tftv†	J9273
Tofidence IV†	tocilizumab-bavi†	Q5133
Trazimera	trastuzumab-qyyp	Q5116
Treanda	bendamustine hydrochloride	J9033
Tremfya IV*	guselkumab*	J1628
Triluron†	hyaluronate sodium†	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

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Brand	Generic	Codes
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-svoa injection†	J2777
Valstar	valrubicin	J9357
Vectibix	panitumumab	J9303
Vegzelma†	bevacizumab-adcd†	Q5129
Velcade*	bortezomib*	J9041
Veletri*	epoprostenol*	J1325
Ventavis	iloprost (inhaled)	Q4074
Veopoz	pozelimab-bbfg	J9376

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Brand	Generic	Codes
Viltepso	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 Intravenous Solution	efgartigimod alfa-fcab	J9332
Vyxeos	daunorubicin/cytarabine	J9153
Wainua*	eplontersen injection*	C9399, J3490
Wezlana IV†	ustekinumab-auub†	Q5138
Wyost*,†	denosumab-bbdz*,†	C9399, J3490, J3590, J9999
Xembify	immune globulin	J1558
Xenpozyme	olipudase alfa-rpcp	J0218

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Brand	Generic	Codes
Xeomin	incobotulinumtoxin A	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†	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

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Brand	Generic	Codes
Zevaskyn*	prademagene zamikeracel*	C9399, J3490, J3590
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*	C9399, J3490, J9999
Zynlonta	loncastuximab tesirine-lpyl	J9359
Zynteglo	betibeglogene autotemcel	J3393
Zynyz	retifanlimab-dlwr	J9345
Blood-clotting factors		
Advate*	antihemophilic factor (recombinant)*	J7192
Adynovate	antihemophilic factor (recombinant), PEGylated	J7207
Afstyla	antihemophilic factor (recombinant) single chain	J7210
Alhemo*	concizumab-mtci*	C9399, J3490, J3590, J7199
Afstyla	antihemophilic factor (recombinant) single chain	J7210

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Brand	Generic	Codes
Alhemo*	concizumab-mtci*	C9399, J3490, J3590, J7199
Alphanate	antihemophilic factor/von Willebrand factor complex (human)	J7186
AlphaNine SD*	coagulation factor IX (human)*	J7193
Alprolix	coagulation factor IX (recombinant)	J7201
Altuviiio	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
Esperoct	antihemophilic factor (recombinant), glycopegylated-exei	J7204
Feiba NF	anti-inhibitor coagulant complex	J7198
Hemgenix	etranacogene dezaparvovec-drlb	J1411
Hemlibra†	emicizumab-kxwh†	J7170
Hemofil M*	antihemophilic factor (human)*	J7190
Humate-P	antihemophilic factor/von Willebrand factor complex (human)	J7187

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Brand	Generic	Codes
Hympavzi†	marstacimab-hncq†	J7172
Idelvion	coagulation factor IX (recombinant)	J7202
Ixinity*	coagulation factor IX (recombinant)*	J7213
Jivi*	antihemophilic factor (recombinant), PEGylated-aucl*	J7208
Koate-DVI*	antihemophilic factor (human)*	J7190
Kogenate FS*	antihemophilic factor (recombinant)*	J7192
Kovaltry	antihemophilic factor (recombinant)	J7211
NovoEight	turoctocog alfa	J7182
NovoSeven RT	coagulation factor VIIa (recombinant)	J7189
Nuwiq	simoctocog alfa	J7209
Obizur	antihemophilic factor (recombinant), porcine sequence	J7188
Profilnine*	factor IX complex*	J7194
Qfitlia†	fitusiran†	J7174
Rebinyn	coagulation factor IX (recombinant), GlycoPEGylated	J7203
Recombinate*	antihemophilic factor (recombinant)*	J7192
Rixubis	coagulation factor IX (recombinant)	J7200

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Brand	Generic	Codes
Roctavian	valoctocogene roxaparvovec-rvox	J1412
SevenFact intravenous solution*	coagulation factor VIIa (recombinant)-jncw*	J7212
Tretten	coagulation factor XIII A-subunit (recombinant)	J7181
Vonvendi	von Willebrand factor (recombinant)	J7179
Wilate	von Willebrand factor/coagulation factor VIII complex (human)	J7183
Xyntha	antihemophilic factor (recombinant)	J7185
Xyntha Solofuse	antihemophilic factor (recombinant)	J7185

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