

Medicare Summary of Medication Preauthorization and Notification List Changes

Last Updated: 01/08/2025

This list contains a summary of changes made to the current copy of the Medicare Advantage and Dual Medicare-Medicaid Medication Preauthorization and Notification List. At CarePlus, we are dedicated to ensuring every business decision we make reflects our commitment to improving the health and well-being of our members. To that end, we continuously evaluate our clinical programs, current medical literature, legislation, and coding practices to help our members achieve their best health.

Definitions:

Added: Code now requires preauthorization

Removed: Code no longer requires preauthorization

Deleted: Code no longer recognized by either the American Medical Association and/or the Centers for Medicare & Medicaid Services

Access a copy of the most recent [Medicare Preauthorization and Notification List](#)

Category	Codes	Action	Notification date (last updated)	Effective date	Notes
Specialty Drug	J0893	Removal	11/15/2023	01/01/2024	decitabine (Sun Pharma) has been removed from the PAL
Specialty Drug	C9154, J3490	Removal	11/15/2023	01/01/2024	Brixadi has been removed from the PAL
Specialty Drug	Q9991, Q9992	Removal	11/15/2023	01/01/2024	Sublocade has been removed from the PAL
Specialty Drug	C9399, J3490	Removal	11/15/2023	01/01/2024	Gattex has been removed from the PAL
Specialty Drug	C9399	Add	01/11/2024	12/30/2023	New-to-market specialty drug (Wainui) will require preauthorization for service dates on/after Dec. 30th

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.

Category	Codes	Action	Notification date (last updated)	Effective date	Notes
Specialty Drug	Q5111	Added	1/27/2024	2/7/2024	Udenyca Onbody (pegfilgrastim-cbqv) has been added to the Part B Medication PAL
Specialty Drugs	See List Below	Step Therapy	2/7/2024	1/27/2024	Effective Jan. 27, 2024 CarePlus will be updating the preferred medical drug class listed below.

Drug Class	Drug Name	Status	Billing Code	And/Or
Colony-stimulating factors – leukocyte growth factors (long-acting)	Fulphila	Preferred	Q5108	Or
	Neulasta/ Neulasta Onpro	Preferred	J2506	Or
	Udenyca	Preferred	Q5111	Or
	Udenyca Autoinjector	Preferred	Q5111	Or
	Udenyca Onbody	Preferred	Q5111	Or
	Fylnetra	Nonpreferred	Q5130	
	Nyvepria	Nonpreferred	Q5122	
	Rolvedon	Nonpreferred	J1449	
	Stimufend	Nonpreferred	Q5127	
	Ziextenzo	Nonpreferred	Q5120	

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Category	Codes	Action	Notification date (last updated)	Effective date	Notes
Specialty Drugs	C9399, J3490, J9999	Add	3/6/2024	2/24/2024	New-to-market specialty drug (Amtagvi) will require preauthorization for service dates on/after Feb. 24th
Specialty Drugs	J9324	Add	3/20/2024	3/9/2024	Specialty drug (Pemrydi RTU) will require preauthorization for service dates on/after March 9th
Specialty Drug	J0894	Removal	10/11/2023	1/01/2024	Dacogen has been removed from the PAL
Specialty Drug	J9025	Removal	10/11/2023	1/01/2024	Vidaza has been removed from the PAL
Specialty Drugs	C9399, J1599	Add	3/20/2024	3/16/2024	New-to-market specialty drug (Alyglo) will require preauthorization for service dates on/after March 16th.
Specialty Drugs	See List Below	Step Therapy	3/20/24	3/16/2024	Effective March 16, 2024 Humana will be updating the nonpreferred medical drugs for the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	And/Or
Immune globulin	Flebogamma DIF	Preferred	J1572	OR
	Gammagard	Preferred	J1569	OR
	Gammagard S/D	Preferred	J1566	OR
	Gammaked	Preferred	J1561	OR
	Gamunex-C	Preferred	J1561	OR
	Hizentra	Preferred	J1559	OR

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Drug Class	Drug Name	Status	Billing Code	And/Or
Immune globulin <i>cont.</i>	Octagam	Preferred	J1568	OR
	Privigen	Preferred	J1459	OR
	Xembify	Preferred	J1558	OR
	Alyglo	Nonpreferred	C9399, J1599	
	Asceniv	Nonpreferred	J1554	
	Bivigam	Nonpreferred	J1556	
	Cutaquig	Nonpreferred	J1551	
	Cuvitru	Nonpreferred	J1555	
	Gammaplex	Nonpreferred	J1557	
	Hyqvia	Nonpreferred	J1575	
	Panzyga	Nonpreferred	J1599, J1576	

Category	Codes	Action	Notification date (last updated)	Effective date	Notes
Specialty Drugs	See list below	Step Therapy	4/1/2024	5/1/2024	Effective May 1, 2024, Humana will be updating the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	And/Or
Osteoporosis	zoledronic acid	Preferred	J3489	OR
	Prolia	Preferred	J0897	
	Evenity	Nonpreferred	J3111	

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Category	Codes	Action	Notification date (last updated)	Effective date	Notes
Specialty Drugs	C9399, J3490	Add	4/3/2024	3/23/2024	Specialty drug (Lenmeldy) will require preauthorization for service dates on/after March 23rd

Category	Codes	Action	Notification date (last updated)	Effective date	Notes
Specialty Drugs	See list below	Step Therapy	4/17/2024	5/22/2024	Effective May 22, 2024 Humana will be updating the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	And/Or
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Inflectra	Preferred	Q5103	AND
	Remicade	Preferred	J1745	AND
	Simponi Aria	Preferred	J1602	AND
	Stelara	Preferred	J3358	AND
	Infliximab (unbranded)	Preferred	J1745	AND
	Skyrizi IV	Preferred	J3490, J3590	AND
	Actemra IV	Nonpreferred	J3262	
	Entyvio	Nonpreferred	J3380	
	Ilumya	Nonpreferred	J3245	
	Orencia IV	Nonpreferred	J0129	
	Renflexis	Nonpreferred	Q5104	
	Rituxan IV	Nonpreferred	J9312	
	Tysabri	Nonpreferred	J2323	

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Drug Class	Drug Name	Status	Billing Code	And/Or
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease) <i>cont.</i>	Truxima	Nonpreferred	Q5115	
	Ruxience	Nonpreferred	Q5119	
	Riabni	Nonpreferred	Q5123	
	Avsola	Nonpreferred	Q5121	
	OmvoH IV	Nonpreferred	C9168, J3490, J3590	
	Cosentyx IV	Nonpreferred	C9166, J3490, J3590	

Category	Codes	Action	Notification date (last updated)	Effective date	Notes
Specialty Drugs	G2082, G2083	Add	3/22/2024	7/1/2024	Spravato will require preauthorization for service dates on/after July 1, 2024 with new codes listed.
Specialty Drugs	See list below	Step Therapy	4/24/2024	5/29/2024	Effective May 29, 2024, Humana will be adding a new drug class to Part B Step list.

Drug Class	Drug Name	Status	Billing Code	And/Or
Onivyde (liposomal irinotecan)	irinotecan	Preferred	J9206	OR
	Onivyde	Nonpreferred	J9205	

Category	Codes	Action	Notification date (last updated)	Effective date	Notes
Specialty Drugs	C9399, J3490, J3590	Add	5/1/2024	4/20/2024	Specialty drug (Tyenne IV) will require preauthorization for service dates on/after April 20th.

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Category	Codes	Action	Notification date (last updated)	Effective date	Notes
Specialty Drugs	See list below	Step Therapy	5/1/2024	4/20/2024	Effective April 20, 2024 Humana will be updating the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	And/Or
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Tyenne IV	Nonpreferred	C9399, J3490, J3590	

Category	Codes	Action	Notification date (last updated)	Effective date	Notes
Specialty Drug	C9399, J3490, J3590, J9999	Add	5/08/2024	4/27/2024	Specialty drug (Anktiva) will require preauthorization for service dates on/after April 27th.
Specialty Drug	C9399, J3490, J9999	Add	5/08/2024	4/27/2024	Specialty drug (Docivyx) will require preauthorization for service dates on/after April 27th.

Category	Codes	Action	Notification date (last updated)	Effective date	Notes
Specialty Drug	Q5133	Add	5/15/2024	5/04/2024	Specialty drug (Tofidence IV) will require preauthorization for service dates on/after May 4 th , 2024

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Category	Codes	Action	Notification date (last updated)	Effective date	Notes
Specialty Drugs	See list below	Step Therapy	5/15/2024	5/04/2024	Effective May 4 th , 2024 Humana will be updating the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	And/Or
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Inflectra	Preferred	Q5103	AND
	Infliximab	Preferred	J1745	AND
	Remicade	Preferred	J1745	AND
	Simponi Aria	Preferred	J1602	AND
	Stelara	Preferred	J3358	AND
	Actemra IV	Nonpreferred	J3262	
	Avsola	Nonpreferred	Q5121	
	Cosentyx IV	Nonpreferred	C9166, J3490, J3590	
	Entyvio	Nonpreferred	J3380	
	Ilumya	Nonpreferred	J3245	
	OmvoH IV	Nonpreferred	C9168, J3490, J3590	
	Orencia IV	Nonpreferred	J0129	
	Renflexis	Nonpreferred	Q5104	
	Riabni	Nonpreferred	Q5123	
	Rituxan IV	Nonpreferred	J9312	
	Ruxience	Nonpreferred	Q5119	
	Tofidence IV	Nonpreferred	Q5133	
	Truxima	Nonpreferred	Q5115	
	Tyenne IV	Nonpreferred	C9399, J3490, J3590	

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Drug Class	Drug Name	Status	Billing Code	And/Or
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease) <i>cont.</i>	Tysabri	Nonpreferred	J2323	

Category	Codes	Action	Notification date (last updated)	Effective date	Notes
Specialty Drugs	C9399, J3490, J3590, J7199	Add	5/22/2024	5/11/2024	New-to-market specialty drug (Beqvez) will require preauthorization for service dates on/after May 11th 2024
Specialty Drugs	See list below	Step Therapy	5/29/2024	7/01/2024	Effective July 1, 2024 Humana will be updating the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	And/Or
Ophthalmic disorders - VEGF inhibitors Ophthalmic disorders - VEGF inhibitors	Avastin	Preferred	C9257, J9035	OR
	Cimerli	Preferred	Q5128	OR
	Eylea	Preferred	J0178	OR
	Eylea HD	Preferred	J0177	OR
	Lucentis	Preferred	J2778	OR
	Vabysmo	Preferred	J2777	OR
	Byooviz	Preferred	Q5124	OR
	Beovu	Nonpreferred	J0179	
	Susvimo	Nonpreferred	C9093, J3490	

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Category	Codes	Action	Notification date (last updated)	Effective date	Notes
Specialty Drugs	See list below	Step Therapy	May 29, 2024	July 1, 2024	Effective July 1, 2024 Humana will be updating removing step therapy requirements for the below drug class.

Drug Class	Drug Name	Status	Billing Code	And/Or
Botulinum toxins	Botox	Preferred	J0585	OR
	Dysport	Preferred	J0586	OR
	Myobloc	Preferred	J0587	OR
	Xeomin	Preferred	J0588	OR
	Daxxify	Nonpreferred	J0589	

Category	Codes	Action	Notification date (last updated)	Effective date	Notes
Specialty Drugs	C9399, J3490, J3590, J9999	Add	6/05/2024	5/25/2024	New-to-market specialty drug (Imdelltra) will require preauthorization for service dates on/after May 25 th
Specialty Drugs	C9399, J3490	Add	6/26/2024	6/15/2024	New-to-market specialty drug (Rytelo IV) will require preauthorization for service dates on/after June 15 th

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Category	Codes	Action	Notification date (last updated)	Effective date	Notes
Specialty Drug	C9399, J3490, J7699	Add	July 17, 2024	July 6, 2024	New-to-market specialty drug (Ohtuvayre) will require preauthorization for service dates on/after June 6 th
Specialty Drug	C9399, J3490, J3590	Add	July 24, 2024	July 13, 2024	New-to-market specialty drug (Kisunla) will require preauthorization for service dates on/after July 13 th
Specialty Drug	J1930	Add	July 24, 2024	July 13, 2024	New-to-market specialty drug (lanreotide) will require preauthorization for service dates on/after July 13 th
Specialty Drug	C9399, J3490, J3590	Add	July 31, 2024	July 20, 2024	New-to-market specialty drug (Piasky) will require preauthorization for service dates on/after July 20 th
Specialty Drug	C9399, J3490, J9999	Add	August 21st, 2024	August 10th, 2024	New-to-market specialty drug (Tecelra) will require preauthorization for service dates on/after August 10th.
Specialty Drug	C9399, J3490, J3590, J9999	Add	September 4th, 2024	August 24th, 2024	New-to-market specialty drug (Tevimbra) will require preauthorization for service dates on/after August 24th.

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Category	Codes	Action	Notification date (last updated)	Effective date	Notes
Specialty Drug	J7699	Removal	Sept. 25, 2024	Sept. 25, 2024	Ohtuvayre has been removed from the PAL effective Sept. 25 th
Specialty Drug	See list below	Step Therapy	Oct. 1, 2024	Oct. 1, 2024	Effective Oct. 1, 2024, CarePlus will be updating preferred and nonpreferred medical drugs for the drug classes listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Inflectra	Preferred	Q5103	AND
	Infliximab (unbranded)	Preferred	J1745	AND
	Remicade	Preferred	J1745	AND
	Simponi Aria	Preferred	J1602	AND
	Stelara	Preferred	J3358	AND
	Tremfya IV	Preferred	J1628	AND
	Actemra IV	Nonpreferred	J3262	
	Avsola	Nonpreferred	Q5121	
	Cosentyx IV	Nonpreferred	J3247	
	Entyvio	Nonpreferred	J3380	
	Ilumya	Nonpreferred	J3245	
	OmvoH IV	Nonpreferred	J2267	
	Orencia IV	Nonpreferred	J0129	
	Renflexis	Nonpreferred	Q5104	
	Riabni	Nonpreferred	Q5123	
	Rituxan IV	Nonpreferred	J9312	
	Ruxience	Nonpreferred	Q5119	
	Tofidence	Nonpreferred	Q5133	
	Truxima	Nonpreferred	Q5115	
	Tyenne	Nonpreferred	C9399, J3490, J3590	
	Tysabri	Nonpreferred	J2323	

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Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590, J9999	Add	Oct. 2, 2024	Sept. 21, 2024	New-to-market specialty drug (Tecentriq Hybreza SQ) will require preauthorization for service dates on/after Sept. 21 st .
Specialty Drug	J1628	Add	Oct. 2, 2024	Sept. 21, 2024	New-to-market specialty drug (Tremfya IV) will require preauthorization for service dates on/after Sept. 21 st .

Specialty Drug	See list below	Step Therapy	Oct. 1, 2024	Jan. 1, 2025	Effective Jan. 1, 2025 CarePlus will be adding a new drug classes to Part B Step list.
Drug Class	Drug Name	Status	Billing Code	AND/OR	

PD-1/PD-L1 NSCLC	Libtayo	Preferred	J9119	OR
	Imfinzi	Nonpreferred	J9173	
	Keytruda	Nonpreferred	J9271	
	Opdivo	Nonpreferred	J9299	
	Tecentriq Hybreza SQ	Nonpreferred	C9399, J3490, J3590, J9999	
	Tecentriq IV	Nonpreferred	J9022	

Specialty Drug	See list below	Step Therapy	Oct. 1, 2024	Jan. 1, 2025	Effective Jan. 1, 2025 CarePlus will be adding a new drug classes to Part B Step list.
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Drug Class	Drug Name	Status	Billing Code	AND/ OR
Ophthalmic disorders - VEGF inhibitors	Avastin	Preferred	C9257, J9035	AND
	Byooviz	Preferred	Q5124	
	Cimerli	Preferred	Q5128	
	Eylea	Preferred	J0178	
	Eylea HD	Preferred	J0177	
	Vabysmo	Preferred	J2777	
	Beovu	Nonpreferred	J0179	
	Lucentis	Nonpreferred	J2778	
	Susvimo	Nonpreferred	C9093, J3490	
Drug Class	Drug Name	Status	Billing Code	AND/ OR
Hemophilia A	Advate	Preferred	J7192	OR
	Adynovate	Preferred	J7207	OR
	Afstyla	Preferred	J7210	OR
	Altuviio	Preferred	C9399, J3490, J3590, J7199	OR
	Eloctate	Preferred	J7205	OR
	Esperoct	Preferred	J7204	OR
	Hemofil-M	Preferred	J7190	OR
	Jivi	Preferred	J7208	OR
	Koate-DVI	Preferred	J7190	OR
	Kogenate FS	Preferred	J7192	OR
	Kovaltry	Preferred	J7211	OR
	NovoEight	Preferred	J7182	OR
	Nuwiq	Preferred	J7209	OR
	Recombinate	Preferred	J7192	OR
	Xyntha	Preferred	J7185	OR
	Hemlibra	Nonpreferred	J7170	

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Drug Class	Drug Name	Status	Billing Code	AND/OR
Gaucher's disease	ElELYso	Preferred	J3060	OR
	Vpriv	Nonpreferred	J3385	
	Cerezyme	Nonpreferred	J1786	
Drug Class	Drug Name	Status	Billing Code	AND/OR
Somatostatin analogs (long acting)	Sandostatin LAR	Preferred	J2353	OR
	Somatuline Depot	Preferred	J1930	
	Ilanreotide (ciplA)	Nonpreferred	J1932	
	Signifor LAR	Nonpreferred	J2502	
Drug Class	Drug Name	Status	Billing Code	AND/OR
Ophthalmic disorders - photodynamic therapy	Avastin	Preferred	C9257, J9035	OR
	Visudyne	Nonpreferred	J3396	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590	Add	Oct. 9, 2024	Sept. 28, 2024	New-to-market specialty drug (Ocrevus Zunovo) will require preauthorization for service dates on/after Sept. 28 th .
Specialty Drug	C9399, J3490, J3590	Add	Nov. 6, 2024	Oct. 26, 2024	New-to-market specialty drug (Pavblu) will require preauthorization for service dates on/after Oct. 26 th .
Specialty Drug	C9399, J3490, J3590, J9999	Add	Nov. 6, 2024	Oct. 26, 2024	New-to-market specialty drug (Vyloy) will require preauthorization for service dates on/after Oct. 26 th .

Drug Class	Drug Name	Status	Billing Code	AND/OR
Ophthalmic disorders – VEGF	Avastin	Preferred	C9257, J9035	OR

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inhibitors	Byooviz	Preferred	Q5124	OR
	Cimerli	Preferred	Q5128	OR
	Eylea	Preferred	J0178	OR
	Eylea HD	Preferred	J0177	OR
	Lucentis	Preferred	J2778	OR
	Vabysmo	Preferred	J2777	
	Beovu	Nonpreferred	J0179	
	Pavblu	Nonpreferred	C9399, J3490, J3590	
	Susvimo	Nonpreferred	J2779	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590, J7199	Add	Nov. 20, 2024	Nov. 9, 2024	New-to-market specialty drug (Hypavzi) will require preauthorization for service dates on/after Nov. 9 th , 2024
Specialty Drugs	See list below	Step Therapy	Nov. 20, 2024	Nov. 9, 2024	Effective Nov. 9, 2024, CarePlus will be updating preferred and nonpreferred medical drugs for the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Hemophilia A	Advate	Preferred	J7192	OR
	Adynovate	Preferred	J7207	OR
	Afstyla	Preferred	J7210	OR
	Altuviio	Preferred	J7214	OR
	Eloctate	Preferred	J7205	OR
	Esperoct	Preferred	J7204	OR

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	Hemofil M	Preferred	J7190	OR
	Jivi	Preferred	J7208	OR
	Koate-DVI	Preferred	J7190	OR
	Kogenate FS	Preferred	J7192	OR
	Kovaltry	Preferred	J7211	OR
	Monoclate-P	Preferred	J7190	OR
	NovoEight	Preferred	J7182	OR
	Nuwiq	Preferred	J7209	OR
	Recombinate	Preferred	J7192	OR
	Xyntha	Preferred	J7185	OR
	Hemlibra	Nonpreferred	J7170	
	Hypavzi	Nonpreferred	C9399, J3490, J3590, J7199	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Nov. 20, 2024	Jan. 1, 2025	Effective Jan. 1, 2025 CarePlus will be adding three new drug classes to Part B Step list.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Paroxysmal nocturnal hemoglobinuria (PNH)	Ultomiris	Preferred	J1303	OR
Paroxysmal nocturnal hemoglobinuria (PNH)	PiaSky	Nonpreferred	C9399, J3490, J3590	
Paroxysmal nocturnal hemoglobinuria (PNH)	Soliris	Nonpreferred	J1300	

Drug Class	Drug Name	Status	Billing Code	AND/OR
Atypical Hemolytic Uremic Syndrome (aHUS)	Ultomiris	Preferred	J1303	OR
Atypical Hemolytic Uremic Syndrome (aHUS)	Soliris	Nonpreferred	J1300	

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Drug Class	Drug Name	Status	Billing Code	AND/OR
Neuromyelitis Optica Spectrum Disorder (NMOSD)	Ultomiris	Preferred	J1303	OR
Neuromyelitis Optica Spectrum Disorder (NMOSD)	Soliris	Nonpreferred	J1300	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J9999	Add	Nov. 27, 2024	Nov. 16, 2024	New-to-market specialty drug (Aucatzyl) will require preauthorization for service dates on/after Nov. 16 th , 2024

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9173, J3490, J3590, J9999	Add	Dec. 4, 2024	Nov. 23, 2024	New-to-market specialty drug (Nypozi) will require preauthorization for service dates on/after Nov. 23 rd
Specialty Drugs	See list below	Step Therapy	Dec. 4, 2024	Nov. 23, 2024	Effective Nov. 23, 2024, CarePlus will be updating the drug class listed below.

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.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Colony-stimulating factors – leukocyte growth factors (short-acting)	Nivestym	Preferred	Q5110	AND
	Zarxio	Preferred	Q5101	AND
	Granix	Nonpreferred	J1447	
	Neupogen	Nonpreferred	J1442	
	Nypozi	Nonpreferred	C9173, J3490, J3590, J9999	
	Releuko	Nonpreferred	Q5125	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9173, J3490, J3590, J9999	Add	Dec. 11, 2024	Nov. 30, 2024	New-to-market specialty drug (Ziihera) will require preauthorization for service dates on/after Nov. 30 th
Specialty Drug	C9173, J3490, J9999	Add	Dec. 11, 2024	Nov. 30, 2024	New-to-market specialty drug (Boruzu) will require preauthorization for service dates on/after Nov. 30 th
Specialty Drug	C9399, J3490, J3999	Add	Dec. 18, 2024	Dec. 8, 2024	New-to-market specialty drug (Axtle) will require preauthorization for service dates on/after Dec. 8 th
Specialty Drug	C9399, J3490, J3590, J3999	Add	Dec. 18, 2024	Dec. 8, 2024	New-to-market specialty drug (Hercessi IV) will

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					require preauthorization for service dates on/after Dec. 8 th
Specialty Drugs	See list below	Step Therapy	Dec. 18, 2024	Dec. 8, 2024	Effective Dec. 8, 2024, CarePlus will be updating the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Trastuzumab and hyaluronidase-oysk	Kanjinti	Preferred	Q5117	OR
	Trazimera	Preferred	Q5116	OR
	Herceptin (IV)	Nonpreferred	J9355	
	Herceptin Hylecta	Nonpreferred	J9356	
	Hercessi IV	Nonpreferred	C9399, J3490, J3590, J9999	
	Herzuma	Nonpreferred	Q5113	
	Ogivri	Nonpreferred	Q5114	
	Ontruzant	Nonpreferred	Q5112	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590	Add	Jan. 1, 2025	Dec. 20, 2025	New-to-market specialty drug (Kebilidi) will require preauthorization for service dates on/after Dec. 20 th
Specialty Drug	C9399, J3490, J3590, J9999	Add	Jan. 8, 2025	Dec. 28, 2024	New-to-market specialty drug (Bizengri) will require

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					preauthorization for service dates on/after Dec. 28th
Specialty Drug	Q5138	Add	Jan. 8, 2025	Dec. 28, 2024	New-to-market specialty drug (Wezlana IV) will require preauthorization for service dates on/after Dec. 28th

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.

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