Injectable Medications subject to Medical Necessity and Appropriateness Review

Prime Therapeutics Management performs Medical Necessity and Appropriateness Review (MNAR) of the injectable medications listed within the following therapeutic categories as part of our Medical Injectables Program (MIP). This list was last revised on **November 1, 2025,** and is subject to change.

Select a therapeutic category to review the injectable medications information. Listings within each category are organized alphabetically by generic drug name.

Include the NDC, as appropriate, when interacting with Prime Therapeutics Management and when submitting claims.

Provide medical record information to Prime Therapeutics Management for those drugs marked with a Medical Records “Required” indicator.

Acute Hepatic Porphyria

Generic Medication Name	Medication Brand Name	HCPCS Code	Medical Records
givosiran	Givlaari®	J0223	Required

Amyloidosis

Generic Medication Name	Medication Brand Name	HCPCS Code	Medical Records
patisiran	Onpattro®	J0222	Required
vutrisiran	Amvuttra™	J0225	Required

Amyotrophic Lateral Sclerosis

Generic Medication Name	Medication Brand Name	HCPCS Code
edaravone	Radicava®	J1301

Anemia

Generic Medication Name	Medication Brand Name	HCPCS Code
darbepoetin alfa	Aranesp®	J0881
epoetin alfa	Procrit®/Epogen®	J0885

epoetin alfa-epbx biosimilar *(non-ESRD)*	Retacrit® (non-ESRD)	Q5106
methoxy polyethylene glycol-epoetin beta *(non-ESRD)*	Mircera® (non-ESRD)	J0888

Anemia (Dialysis)

Generic Medication Name	Medication Brand Name	HCPCS Code
darbepoetin alfa *(ESRD Only)*	Aranesp® (ESRD Only)	J0882
epoetin alfa *(ESRD Only)*	Procrit®/Epogen® (ESRD Only)	Q4081
epoetin alfa-epbx biosimilar *(ESRD Only)*	Retacrit® (ESRD Only)	Q5105
methoxy polyethylene glycol-epoetin beta *(ESRD Only)*	Mircera® (ESRD Only)	J0887

Antipruritic (Dialysis)

Generic Medication Name	Medication Brand Name	HCPCS Code
difelikefalin	Korsuva™	J0879

Anti-emetics

Generic Medication Name	Medication Brand Name	HCPCS Code
aprepitant	Cinvanti®	J0185
fosaprepitant	Focinvez™	J1434
fosnetupitant/palonosetron	Akynzeo IV®	J1454
granisetron extended-release	Sustol®	J1627
palonosetron	Aloxi®	J2469
palonosetron hydrochloride	Posfrea (Avyxa)	J2468
rolapitant	Varubi®	J2797

Asthma

Generic Medication Name	Medication Brand Name	HCPCS Code	NDC
benralizumab	Fasenra®	J0517	
mepolizumab	Nucala®	J2182	
omalizumab	Xolair®	J2357	
reslizumab	Cinqair®	J2786	
tezepelumab ekko	Tezspire™	J2356	

Auto-inflammatory Conditions

Generic Medication Name	Medication Brand Name	HCPCS Code	NDC
abatacept	Orencia IV®	J0129	-
anifrolumab-fnia	Saphnelo™	J0491	-
belimumab	Benlysta IV®	J0490	-
certolizumab pegol	Cimzia®	J0717	-
golimumab	Simponi_Aria®	J1602	-
guselkumab	Tremfya	J1628	-
infliximab	Remicade®	J1745	-
infliximab-abda	Renflexis®	Q5104	-
infliximab-axxq	Avsola®	Q5121	-
infliximab-dyyb	Inflectra®	Q5103	-
mirikizumab-mrkz	Omvoh™	J2267	-
nipocalimab-aahu	Imaavy	J3590	57894-0800-01 57894-0801-01
risankizumab-rzaa	Skyrizi® IV	J2327	-
secukinumab	Cosentyx	J3247	-
spesolimab-sbzo	Spevigo®	J1747	-
tildrakizumab-asmn	Ilumya®	J3245	-
tocilizumab	Actemra IV®	J3262	-
tocilizumab-anoh IV and SQ	-	J3590	-
tocilizumab-anoh IV	Avtozma IV	Q5156	-
tocilizumab-anoh SQ	Avtozma SQ	J3590	-
tocilizumab-aazg	Tyenne IV®	Q5135	-
tocilizumab-bavi	Tofidence™	Q5133	-
ustekinumab	Stelara®	J3357	-
ustekinumab	Stelara® IV	J3358	-
ustekinumab-aauz	Otulfi™	Q9999	-
ustekinumab-aekn	-	Q9998	51759-0710-32 51759-0709-32 51759-0711-13
ustekinumab-aekn	Selarsdi™	Q9998	51759-0505-32 51759-0607-32
ustekinumab-auub	Wezlana™ intravenous	Q5138	-
ustekinumab-auub	Wezlana™ subcutaneous	Q5137	-

Generic Medication Name	Medication Brand Name	HCPCS Code	NDC
ustekinumab-hmny	Starjemza	J3590	00143-9168-01 00143-9170-01 00143-9169-01 00143-9171-01
ustekinumab-kfce	Yesintek™	Q5100	-
ustekinumab-srlf	Imuldosa™	Q5098	69448-017-63 69448-018-63
ustekinumab-stba	Steqeyma®	Q5099	-
ustekinumab-ttwe	-	J3590	82009-0160-11 82009-0162-11 82009-0163-94
ustekinumab-ttwe/Pyzchiva SQ	Pyzchiva®	Q9996	61314-651-01 61314-652-01 61314-654-94
ustekinumab-ttwe/Pyzchiva IV	Pyzchiva®	Q9997	-
vedolizumab	Entyvio®	J3380	-

Recent program changes:

- Please use HCPCS code Q5156 for Avtozma IV effective October 1, 2025
- Starjemza is effective August 1, 2025
- Please use HCPCS code Q5099 for Steqeyma IV & SQ effective July 1, 2025.
- Please use HCPCS code Q5100 for Yestintek IV & SQ effective July 1, 2025.
- Please use HCPCS code Q5098 for Imuldosa IV & SQ effective July 1, 2025.
- ustekinumab-aekn and ustekinumab-aekn are effective May 23, 2025.

Botulinum Toxin

Generic Medication Name	Medication Brand Name	HCPCS Code
daxibotulinumtoxinA-lanm	Daxxify®	J0589

Chemotherapy Protectant

Generic Medication Name	Medication Brand Name	HCPCS Code
levoleucovorin calcium	Fusilev®	J0641
levoleucovorin sodium	Khapzory™	J0642
sodium thiosulfate	Pedmark®	J0208

Duchenne Muscular Dystrophy

Generic Medication Name	Medication Brand Name	HCPCS Code	Medical Records
casimersen	Amondys 45™	J1426	Required
eteplirsen	Exondys™51	J1428	Required
golodirsen	Vyondys 53	J1429	Required
viltolarsen	Viltepso®	J1427	Required

Endocrine Disorders

Generic Medication Name	Medication Brand Name	HCPCS Code	NDC
corticotropin	H. P. Acthar®	J0801	-
donislecel-jujn	Lantidra	J3590	73539-0001-01
lanreotide	Lanreotide Acetate	J1932	-
lanreotide	Somatuline® Depot	J1930	-
octreotide	Sandostatin® LAR	J2353	-
pasireotide long acting	Signifor® LAR	J2502	-
repository corticotrophin injection	Purified Cortrophin® Gel	J0802	-

Recent program changes:

- Lantidra is effective July 1, 2025.

Enzyme Deficiency

Generic Medication Name	Medication Brand Name	HCPCS Code	NDC	Medical Records
ADAMTS13, recombinant-krhn	Adzynma	J7171	-	-
agalsidase beta	Fabrazyme®	J0180	-	-
alglucosidase alfa	Lumizyme®	J0221	-	Required
alpha-1-proteinase inhibitor	Aralast NP®	J0256	-	-
alpha-1-proteinase inhibitor	Glassia®	J0257	-	-
alpha-1-proteinase inhibitor	Prolastin®C	J0256	-	-
alpha-1-proteinase inhibitor	Zemaira®	J0256	-	-
avalglucosidase alfa-ngpt	Nexviazyme™	J0219	-	Required
cerliponase alfa	Brineura®	J0567	-	Required
cipaglucosidase alfa-atga	Pombiliti™	J1203	-	-
elapegademase-lvlr	Revcovi™	J3590	57665-0002-01	-
elosulfase alfa	Vimizim®	J1322	-	Required
fosdenopterin	Nulibry®	J1809	73129-0001-01	-
galsulfase	Naglazyme®	J1458	-	Required
idursulfase	Elaprase®	J1743	-	Required
imiglucerase	Cerezyme®	J1786	-	-
laronidase	Aldurazyme®	J1931	-	Required
olipudase alfa	Xenpozyme™	J0218	-	Required
pegunigalsidase alfa-iwxj	Elfabrio®	J2508	-	-
sebelipase alfa	Kanuma®	J2840	-	-
taliglucerase alfa	Elelyso®	J3060	-	-

Generic Medication Name	Medication Brand Name	HCPCS Code	NDC	Medical Records
velaglucerase alfa	Vpriv®	J3385	-	-
velmanase alfa-tycv	Lamzede®	J0217	-	Required
vestronidase alfa-vjbk	Mepsevii®	J3397	-	Required

Recent program changes:

- Please use HCPCS code J1809 for Nulibry effective October 1, 2025.

Erythropoietic Protoporphyria

Generic Medication Name	Medication Brand Name	HCPCS Code
afamelanotide	Scenesse®	J7352

Gene and Cell Therapy

Generic Medication Name	Medication Brand Name	HCPCS Code	Medical Records
afamitresgene autoleucel	Tecelra	Q2057	Required
atidarsagene autotemcel	Lenmeldy	J3391	Required
axicabtagene ciloleucel	Yescarta	Q2041	Required
beremagene geperpavec	Vyjuvek	J3401	Required
betibeglogene autotemcel	Zynteglo	J3393	Required
brexucabtagene autoleucel	Tecartus	Q2053	Required
ciltacabtagene autoleucel	Carvykti	Q2056	Required
delandistrogene moxeparvovec-rokl	Elevidys	J1413	Required
eladocagene exuparvovec-tneq	Kebilidi	J3590	Required
elivaldogene autotemcel	Skysona	J3590	Required
etranacogene dezaparvovec-drlb	Hemgenix	J1411	Required
exagamglogene autotemcel	Casgevy	J3392	Required
fidanacogene elaparvovec-dzkt	Beqvez	J1414	Required
idecabtagene vicleucel	Abecma	Q2055	Required
lifileucel	Amtagvi	J9999	Required
lisocabtagene maraleucel	Breyanzi	Q2054	Required
lovotibeglogene autotemcel	Lyfgenia	J3394	Required
nadofaragene firadenovec-vncg	Adstiladrin	J9029	Required
onasemnogene abeparvovec-xioi	Zolgensma	J3399	Required
prademagene zamikeracel	Zevaskyn	J3590	Required
revakinagene taroretcel-lwey	Encelto	J3403	Required
tisagenlecleucel	Kymriah	Q2042	Required

valoctocogene roxaparvovec-rvox	Roctavian	J1412	Required
voretigene neparvovec-rzyl	Luxturna	J3398	Required
zopapogene imadenovec-drba	Papzimeos	J3590	Required

Recent Program Changes

- Papzimeos is effective October 31, 2025.
- Please use HCPCS code J3403 for Encelto effective October 1, 2025.
- Please use HCPCS code J3391 for Lenmeldy effective July 1, 2025.
- Encelto and Zevaskyn are effective July 1, 2025.
- Gene and Cell Therapy is effective June 1, 2025.

Hematologic Disorders

Generic Medication Name	Medication Brand Name	HCPCS Code	NDC	Medical Records
pegcetacoplan	Empaveli®	J3490	73606-0010-01	-
plasminogen, human-tcmh	Ryplazim®	J2998	-	-
sutimlimab-jome	Enjaymo™	J1302	-	Required

Hemophilia

Generic Medication Name	Medication Brand Name	HCPCS Code	NDC
antihemophilic factor (recombinant)	Recombinate™	J7192	-
antihemophilic factor (recombinant)	Kovaltry®	J7211	-
antihemophilic factor (human)	Koate®-DVI	J7190	-
antihemophilic factor (recombinant)	Advate®	J7192	-
antihemophilic factor (recombinant)	Kogenate®	J7192	-
antihemophilic factor (recombinant)	Novoeight®	J7182	-
antihemophilic factor (recombinant)	Nuwiq®	J7209	-
antihemophilic factor (recombinant)	Xyntha®	J7185	-
antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-ehtl	Altuviiio™	J7214	-
antihemophilic factor (recombinant), glycopegylated-exei	Esperoct®	J7204	-
antihemophilic factor (recombinant), pegylated	Adynovate®	J7207	-
antihemophilic factor (recombinant), pegylated-aucl	Jivi®	J7208	-
antihemophilic factor (recombinant), porcine sequence	Obizur®	J7188	-
antihemophilic factor (recombinant), single chain	Afstyla®	J7210	-
antihemophilic factor/von willebrand factor complex (human)	Alphanate®	J7186	-
antihemophilic factor/von willebrand factor complex (human)	Humate-P®	J7187	-

antihemophilic factor (human)	Hemofil® M	J7190	-
antihemophilic factor (recombinant), fc fusion protein	Eloctate®	J7205	-
anti-inhibitor coagulation complex	Feiba® NF	J7198	-
anti-inhibitor coagulation complex	Feiba®	J7198	-
coagulation factor VIIa (recombinant)-jncw	Sevenfact®	J7212	-
coagulation factor VIIa, recombinant	Novoseven® RT	J7189	-
coagulation factor IX (Human)	Alphanine® SD	J7193	-
coagulation factor IX (human)	Mononine®	J7193	-
coagulation factor IX (recombinant)	Ixinity®	J7213	-
coagulation factor IX (recombinant)	Rixubis®	J7200	-
coagulation factor IX (recombinant), albumin fusion protein	Idelvion®	J7202	-
coagulation factor IX (recombinant), fc fusion protein	Alprolix®	J7201	-
coagulation factor IX (recombinant), glycopegylated	Rebinyn®	J7203	-
coagulation factor X (human)	Coagadex®	J7175	-
coagulation factor XIII a-subunit (recombinant)	Tretten®	J7181	-
coagulation factor IX (recombinant)	BeneFIX®	J7195	-
concizumab-mtci	Alhemo®	J7173	-
emicizumab-kxwh	Hemlibra®	J7170	-
factor IX complex	Profilnine® S/D	J7194	-
factor VIII concentrate (human)	Corifact®	J7180	-
fitusiran injection	Qfitlia	J7174	58468-0348-01 58468-0347-01
marstacimab	Hympavzi™	J7172	00069-1510-01 00069-2151-01
von willebrand factor (recombinant)	Vonvendi®	J7179	-
von willebrand factor/coagulation factor VIII complex	Wilate®	J7183	-

Recent Program Changes

- Please use HCPCS code J7174 for Qfitlia effective October 1, 2025.
- Please use HCPCS code J7173 for Alhemo effective October 1, 2025.
- Qfitlia is effective July 1, 2025.
- Please use HCPCS code J7172 for Hympavzi effective July 1, 2025.

Hereditary Angioedema

Generic Medication Name	Medication Brand Name	HCPCS Code	Medical Records
c1 esterase inhibitor [recombinant]	Ruconest®	J0596	Required

c1 inhibitor (human)	Berinert®	J0597	Required
c1 inhibitor (human)	Cinryze®	J0598	Required
donidalorsen	Dawnzera	J3590	Required
ecallantide	Kalbitor®	J1290	Required
garadacimab-gxii	Andembry	J3590	Required

Recent Program Changes

- Dawnzera is effective October 31, 2025.
- Andembry is effective August 29, 2025.

HIV/AIDS

Generic Medication Name	Medication Brand Name	HCPCS Code
cabotegravir	Apretude™	J0739
ibalizumab-uiyk	Trogarzo®	J1746

Recent program changes:

- Apretude J0739 moving to PSCE effective August 29, 2025.

Immunodeficiency

Generic Medication Name	Medication Brand Name	HCPCS Code	NDC	Medical Records
emapalumab-lzsg	Gamifant™	J9210	-	Required
Immune globulin infusion human-IV	Gammagard Liquid Erc	J1599	00944-2705-50 00944-2705-05 00944-2705-10 00944-2705-01	-
Immune globulin infusion human-SQ	Gammagard Liquid Erc	J3590	00944-2705-50 00944-2705-05 00944-2705-10 00944-2705-01	-
Immune globulin intravenous, human-dira	Yimmugo®	J1599	83372-0605-01 83372-0605-11 83372-0605-21	-
Immune globulin intravenous, human-kthm	Qivigy	J1599	76179-0010-02 76179-0010-04	-
Immune globulin intravenous, human-stwk	Alyglo™	J1552	-	-
IV immune globulin	Asceniv™	J1554	-	-
IV immune globulin	Bivigam®	J1556	-	-
IV immune globulin	Gammagard® S/D	J1566	-	-
IV immune globulin	Flebogamma®, Flebogamma® DIF	J1572	-	-
IV immune globulin	Gammagard Liquid®	J1569	-	-
IV immune globulin	Gammaplex®	J1557	-	-

IV immune globulin	Gamunex-C®, Gammaked™	J1561	-	-
IV immune globulin	Unclassified IV Immune Globulin	J1599	-	-
IV immune globulin	Octagam®	J1568	-	-
IV immune globulin	Panzyga®	J1576	-	-
IV immune globulin	Privigen®	J1459	-	-
subcutaneous immune globulin	Cutaquig®	J1551	-	-
subcutaneous immune globulin	Cuvitru®	J1555	-	-
subcutaneous immune globulin	Hizentra®	J1559	-	-
subcutaneous immune globulin	Hyqvia®	J1575	-	-
subcutaneous immune globulin	Xembify®	J1558	-	-

Recent program changes:

- Qivigy is effective December 1, 2025.
- Gammagard Liquid Erc SQ is effective October 3, 2025.
- Please use HCPCS code J1599 for Gammagard Liquid Erc IV effective October 3, 2025.

Immunology

Generic Medication Name	Medication Brand Name	HCPCS Code
axatilimab-csfr	Niktimvo™	J9038

Recent program changes:

- Andembry is effective August 29, 2025.

Inflammatory Conditions

Generic Medication Name	Medication Brand Name	HCPCS Code	Medical Records
crovalimab-akkz	PiaSky™	J1307	-
eculizumab	Soliris®	J1299	Required
eculizumab-aagh	Epysqli®	Q5151	-
eculizumab-aeeb	Bkemv™	Q5152	-
efgartigimod alfa	Vyvgart™	J9332	Required
efgartigimod alfa and hyaluronidase-qvfc	Vyvgart® Hytrulo	J9334	-
inebilizumab-cdon	Uplizna®	J1823	Required
pozelimab-bbfg	Veopoz™	J9376	Required
pegloticase	Krystexxa®	J2507	Required
ravulizumab-cwvz	Ultomiris®	J1303	Required

remestemcel-L-rknd	Ryoncil®	J3402	-
rozanolixizumab-noli	Rystiggo®	J9333	Required

Recent program changes:

- Please use HCPCS code J3402 for Ryoncil effective October 1, 2025.

Mental Health

Generic Medication Name	Medication Brand Name	HCPCS Code
esketamine	Spravato®	S0013

For Medicare Advantage members, please use the appropriate G (G2082 or G2083) code for esketamine rather than **S0013**.

Metabolic Conditions

Generic Medication Name	Medication Brand Name	HCPCS Code	Medical Records
burosumab-twza	Crysvita®	J0584	-
evinacumab-dgnb	Evkeeza™	J1305	Required
inclisiran	Leqvio®	J1306	-
teplizumab-mzwv	Tzield®	J9381	-

Migraine

Generic Medication Name	Medication Brand Name	HCPCS Code
eptinezumab-jjmr	Vyepti™	J3032

Multiple Sclerosis

Generic Medication Name	Medication Brand Name	HCPCS Code
alemtuzumab	Lemtrada®	J0202
natalizumab	Tysabri®	J2323
natalizumab-sztn	Tyruko®	Q5134
ocrelizumab	Ocrevus®	J2350
ocrelizumab and hyaluronidase	Ocrevus Zunovo™	J2351
ublituximab-xiiy	Briumvi™	J2329

Myelodysplastic Syndrome

Generic Medication Name	Medication Brand Name	HCPCS Code
luspatercept-aamt	Reblozyl®	J0896

Neutropenia

Generic Medication Name	Medication Brand Name	HCPCS Code	NDC

efbemalenograstim alfa-vuxw	Ryzneuta®	J9361	-
eflapegrastim-xnst	Rolvedon™	J1449	-
filgrastim	Neupogen®	J1442	-
filgrastim-aafi	Nivestym®	Q5110	-
fligrastim-ayow	Releuko®	Q5125	-
filgrastim-txid	Nypozi™	Q5148	TBD
pegfilgrastim-fpgk	Stimufend®	Q5127	-
pegfilgrastim	Neulasta®/Neulasta® Onpro®	J2506	-
pegfilgrastim-apgf	Nyvepria™	Q5122	-
pegfilgrastim-bmez	Ziextenzo®	Q5120	-
pegfilgrastim-cbqv	Udenyca®/Udenyca Onbody™	Q5111	-
pegfilgrastim-jmbd	Fulphila®	Q5108	-
pegfilgratim-pbbk	Fylnetra®	Q5130	-
sargramostim	Leukine®	J2820	-

Ocular Conditions

Generic Medication Name	Medication Brand Name	HCPCS Code
aflibercept	Eylea® HD	J0177
avacincaptad pegol	Izervay™	J2782
faricimab-svoa	Vabysmo®	J2777
pegcetacoplan injection	Syfovre™	J2781
ranibizumab	Susvimo™	J2779

Oncology

Generic Medication Name	Medication Brand Name	HCPCS Code	NDC	Medical Records
ado-trastuzumab emtansine	Kadcyla®	J9354	-	-
aldesleukin	Proleukin®	J9015	-	Required
amivantamab-vmjw	Rybrevant™	J9061	-	-
asparaginase	Erwinaze®	J9019	-	-
asparaginase erwinia chrysanthemi (recombinant)-rywn	Rylaze™	J9021	-	-
atezolizumab	Tecentriq®	J9022	-	-
atezolizumab and hyaluronidase-tqjs	Tecentriq Hybreza™	J9024	-	-
avelumab	Bavencio®	J9023	-	-
belinostat	Beleodaq®	J9032	-	-

bendamustine hydrochloride	bendamustine (Apotex)	J9036	-	-
bendamustine hydrochloride	bendamustine (Baxter)	J9036	-	-
bendamustine	Bendeka®	J9034	-	-
bendamustine	Treanda®	J9033	-	-
bendamustine hydrochloride	Belrapzo®	J9036	-	-
bendamustine hydrochloride injection	Vivimusta	J9056	-	-
bevacizumab (cancer dxs only)	Avastin® (Cancer Dxs Only)	J9035	-	-
bevacizumab-adcd	Vegzelma	Q5129	-	-
bevacizumab-awwb	Mvasi™	Q5107	-	-
bevacizumab-bvzr	Zirabev®	Q5118	-	-
bevacizumab-maly	Alymsys®	Q5126	-	-
bevacizumab-tnjn	Avzivi®	J9999	82143-0001-01 82143-0002-01	-
bevacizumab-nwgd	Jobevne	J9999	83257-0009-11 83257-0010-11	
blinatumomab	Blincyto®	J9039	-	Required
bortezomib	Bortezomib (Dr Reddy's)	J9046	-	-
bortezomib	Bortezomib (Fresenius Kabi)	J9048	-	-
bortezomib	Bortezomib (Hospira)	J9049	-	-
bortezomib	bortezomib (Maia)	J9051	-	-
bortezomib	Boruzu Bortezomib (shilpa)	J9054	-	-
bortezomib	Velcade	J9041		Required
brentuximab vedotin	Adcetris®	J9042	-	-
cabazitaxel	cabazitaxel (Sandoz)	J9064	-	-
cabazitaxel	Jevtana®	J9043	-	-
calaspargase pegol-mknl	Asparlas®	J9118	-	-
carboplatin	Kyxata	J9999	83831-0140-02 83831-0141-08 83831-0142-50	-
carfilzomib	Kyprolis®	J9047	-	-
cemiplimab-rwlc	Libtayo®	J9119	-	-
cetuximab	Erbitux®	J9055	-	-
copanlisib	Aliqopa™	J9057	-	-
cosibelimab-ipdl	Unloxcyt	J9275	-	-

daratumumab	Darzalex®	J9145	-	-
daratumumab and hyaluronidase-fihj	Darzalex Faspro™	J9144	-	-
datopotamab deruxtecan	Datroway®	J9011	-	-
daunorubicin; cytarabine liposomal	Vyxeos®	J9153	-	-
denileukin diftitox-cxdl	Lymphir™	J9161	-	-
denosumab	Prolia®, Xgeva®	J0897	-	-
denosumab-bbdz	Wyost®	Q5136	-	-
denosumab-bmwo	Osenvelt	Q5157	72606-0038-01	
denosumab-bmwo	Stoboclo	Q5157	72606-0037-01	
denosumab-dssb	-	J3590	-	-
denosumab-dssb	Xbryk	Q5159	-	-
denosumab-kyqq	Aukelso	J3590	83257-0030-11	-
denosumab-nxxp	Bilprevda	J3590	78206-0195-01	-
denosumab-qbde	Xtrenbo	J3590	00143-9166-01	-
dostarlimab-gxly	Jemperli	J9272	-	-
docetaxel	Beizray (ZB Biotech)	J9174		
docetaxel	Docivyx (Avyxa)	J9172		
durvalumab	Imfinzi®	J9173	-	-
elotuzumab	Empliciti®	J9176	-	-
elranatamab-bcmm	Elrexfio™	J1323	-	Required
enfortumab vedotin-ejfv	Padcev®	J9177	-	-
epcoritamab-bysp	Epkinly™	J9321	-	Required
eribulin	Halaven®	J9179		
fam-trastuzumab deruxtecan-nxki	Enhertu®	J9358	-	-
gemcitabine	Avgemsi	J9999		
gemcitabine	Infugem™	J9198	-	-
gemcitabine	Inlexzo	J9999	57894-0225-01	-
gemtuzumab ozogamicin	Mylotarg®	J9203	-	-
glofitamab-gxbm	Columvi™	J9286	-	Required
imetelstat	Rytelo™	J0870	-	-
inotuzumab ozogamicin	Besponsa®	J9229	-	-
ipilimumab	Yervoy®	J9228	-	-
irinotecan liposome	Onivyde®	J9205	-	-

isatuximab-irfc	Sarclisa®	J9227	-	-
ixabepilone	Ixempra®	J9207	-	-
linvoseltamab-gcpt	Lynozyfic	J9999		
lurbinectedin	Zepzelca™	J9223	-	-
margetuximab-cmkb	Margenza™	J9353	-	-
melphalan	Evomela®	J9246	-	-
melphalan hydrochloride	Hepzato™	J9248	-	-
mirvetuximab soravtansine-gynx	Elahere™	J9063	-	-
mitomycin	Jelmyto®	J9281	-	-
mitomycin	Zusduri	J9999		
mogamulizumab-kpkc	Poteligeo®	J9204	-	Required
mosunetuzumab-axgb	Lunsumio®	J9350	-	-
motixafortide	Aphexda™	J2277	-	-
moxetumomab pasudotox-tdfk	Lumoxiti®	J9313	-	-
naxitamab-gqgk	Danyelza®	J9348	-	-
necitumumab	Portrazza®	J9295	-	-
nivolumab	Opdivo®	J9299	-	-
nivolumab and hyaluronidase-nvhy	Opdivo Qvantig®	J9289	-	-
nivolumab/relatlimab-rmbw	Opdualag™	J9298	-	-
nogapendekin-alfa inbakicept-pmln	Anktiva®	J9028	-	-
obecabtagene autoleucel	Aucatyzl	Q2058	83047-0010-10; 83047-0100-10; 83047-0100-30; 83047-0300-30	
obinutuzumab	Gazyva®	J9301	-	-
omidubicel-onlv	Omisirge	J3590	73441-0100-01; 73441-0200-01; 73441-0300-01; 73441-0400-01; 73441-0800-04	
paclitaxel albumin-bound	paclitaxel albumin-bound (American Regent)	J9264	-	-
paclitaxel protein-bound	Abraxane®	J9264	-	-
panitumumab	Vectibix®	J9303	-	-
pegaspargase	Oncaspar®	J9266	-	-
pembrolizumab	Keytruda®	J9271	-	-
pembrolizumab and berahyaluronidase alfa-pmph	Keytruda Qlex	J9999	00006-3083-01 00006-5083-01	-
pemetrexed	Alimta®	J9305	-	-

pemetrexed	pemetrexed (Accord)	J9296	-	-
pemetrexed	pemetrexed (Bluepoint)	J9322	-	-
pemetrexed	pemetrexed (Hospira)	J9294	-	-
pemetrexed	pemetrexed (Sandoz)	J9297	-	-
pemetrexed	pemetrexed (Teva)	J9314	-	-
pemetrexed dipotassium	Axtle	J9292	-	-
pemetrexed-ditromethamine	pemetrexed-ditromethamine (Hospira)	J9323	-	-
pemexetred injection	Pemfexy®	J9304	-	-
pemetrexed injection	Pemrydi RTU®	J9324	-	-
penpulimab-kcqx	penpulimab-kcqx	J9999		
pertuzumab	Perjeta®	J9306	-	-
pertuzumab, trastuzumab, and hyaluronidase-zzxf	Phesgo™	J9316	-	-
plerixafor	Mozobil®	J2562	-	-
polatuzumab vedotin-piiq	Polivy®	J9309	-	-
pralatrexate	Folotyn®	J9307	-	-
ramucirumab	Cyramza®	J9308	-	-
retifanlimab-dlwr	Zynyz™	J9345	-	-
rituximab	Rituxan®	J9312	-	-
rituximab-arrx	Riabni™	Q5123	-	-
rituximab-abbs	Truxima®	Q5115	-	-
rituximab-pvvr	Ruxience®	Q5119	-	-
rituximab/hyaluronidase	Rituxan Hycela®	J9311	-	-
romidepsin, lypholized	Istodax®	J9319	-	-
romidepsin, non-lypholized	-	J9318	-	-
sacituzumab govitecan-hziy	Trodelvy®	J9317	-	Required
siltuximab	Sylvant®	J2860	-	-
sipuleucel-T	Provenge®	Q2043	-	-
sirolimus-albumin-bound	Fyarro™	J9331	-	Required
tafasitamab-cxix	Monjuvi®	J9349	-	-
tagraxofusp-erzs	Elzonris®	J9269	-	-
talimogene laherparepvec	Imlygic®	J9325	-	-
talquetamab-tgvs	Talvey™	J3055	-	Required
tarlatamab-dlle	Imdelltra™	J9026	-	-
tebentafusp-tebn	Kimmtrak®	J9274	-	-

teclistamab-cqyv	Tecvayli™	J9380	-	Required
telisotuzumab vedotin-tllv	Emrelis	J9999	00074-1044-01 00074-1055-01	
tislelizumab	Tevimbra®	J9329	-	-
tisotumab vedotin-tftv	Tivdak®	J9273	-	Required
toripalimab-tpzi	Loqtorzi™	J3263	-	-
trabectedin	Yondelis®	J9352	-	-
trastuzumab	Herceptin®	J9355	-	-
trastuzumab-anns	Kanjinti™	Q5117	-	-
trastuzumab-dkst	Ogiviri®	Q5114	-	-
trastuzumab-dttb	Ontruzant®	Q5112	-	-
trastuzumab-hyaluronidase-oysk	Herceptin Hylecta™	J9356	-	-
trastuzumab-pkrb	Herzuma®	Q5113	-	-
trastuzumab-qyyp	Trazimera®	Q5116	-	-
trastuzumab-strf	Hercessi™	Q5146	-	-
tremelimumab-actl	Imjudo®	J9347	-	-
trilaciclib	Cosela™	J1448	-	-
zanidatamab-hrii	Ziihera®	J9276	68727-950-02 68727-950-01	-
zenocutuzumab-zbco	Bizengri®	J9382	-	-
ziv-aflibercept	Zaltrap®	J9400	-	-
Zolbetuximab-clzb	Vyloy®	J1326	00469-3425-10	

Recent program changes:

- Aukelso is effective December 1, 2025.
- Inlexzo is effective December 1, 2025.
- Bilprevda is effective December 1, 2025.
- Xtrenbo is effective December 1, 2025.
- Kyxata is effective December 1, 2025.
- Keytruda Qlex is effective December 1, 2025.
- Please use HCPCS code J9174 for Beizray effective October 31, 2025.
- Please use HCPCS code J9172 for Docivyx effective October 31, 2025.
- Lynozyfic is effective October 3, 2025.
- Avgemsi is effective October 3, 2025.
- Please use HCPCS code J9011 for Datroway effective October 1, 2025.
- Please use HCPCS code Q5157 for Stoboclo effective October 1, 2025.
- Please use HCPCS code Q5157 for Osenvelt effective October 1, 2025.
- Please use HCPCS code Q5159 for Xbryk effective October 1, 2025.
- Velcade J9041 moving to MNAR effective October 3, 2025.
- penpulimab-kcqx is effective August 22, 2025.
- Zusduri is effective August 29, 2025.
- Emrelis is effective August 1, 2025.
- Alimta J9305 moved to MNAR effective August 1, 2025.
- Halaven J9179 moved to MNAR effective August 1, 2025.
- All Pemetrexed J9296, J9322, J9294, J9297, J9314, J9323 moved to MNAR effective August 1, 2025.
- Synribo J9262 discontinued effective May 25, 2025.
- Jobevne is effective July 15, 2025.
- Please use HCPCS code J9289 for Opdivo Qvantiq effective July 1, 2025.

- Please use HCPCS code J9276 for Ziihera effective July 1, 2025.
- Please use HCPCS code J9275 for Unloxcyt effective July 1, 2025.
- Please use HCPCS code J1326 for Vyloy effective July 1, 2025.
- Please use HCPCS code Q2058 for Aucatzyl effective July 1, 2025.
- Please use HCPCS code J9382 for Bizengri effective July 1, 2025.
- Omisirge is effective July 1, 2025.
- Osenvelt and Stoboclo are effective May 23, 2025.

Oncology/Osteoporosis

Generic Medication Name	Medication Brand Name	HCPCS Code	NDC
denosumab-bnht	Bomyntra®	Q5158	65219-0670-01; 65219-0672-01
denosumab-bnht	Conexxence®	Q5158	65219-0668-01
denosumab-bnht	unbranded generic of Bomyntra	J3590	65219-0682-01; 65219-0684-01
denosumab-bnht	unbranded generic of Conexxence®	J3590	65219-0680-01
denosumab-dssb	Ospomyv	Q5159	

Recent program changes:

- Please use HCPCS code Q5159 for Ospomyv effective October 1, 2025.
- Please use HCPCS code Q5158 for Bomyntra effective October 1, 2025.
- Please use HCPCS code Q5158 for Conexxence effective October 1, 2025.
- Bomyntra is effective May 23, 2025.
- Conexxence is effective May 23, 2025.
- denosumab-bnht is effective May 23, 2025.

Osteoarthritis

Generic Medication Name	Medication Brand Name	HCPCS Code
hyaluronan or derivative	Durolane®	J7318
hyaluronan or derivative	Gel-One®	J7326
hyaluronan or derivative	Gelsyn-3®	J7328
hyaluronan or derivative	Genvisc 850®	J7320
hyaluronan or derivative	Hyalgan®	J7321
hyaluronan or derivative	Hymovis®	J7322
hyaluronan or derivative	Supartz®	J7321
hyaluronan or derivative	Synojoynt™	J7331
hyaluronan or derivative	TriVisc®	J7329
hyaluronan or derivative	Visco-3™	J7321
hylan G-F 20	Synvisc®	J7325
hylan G-F 20	Synvisc-One®	J7325
sodium hyaluronate	Triluron®	J7332

Osteoporosis

Generic Medication Name	Medication Brand Name	HCPCS Code	NDC

denosumab-bbdz	Jubbonti®	Q5136	61314-0240-63
denosumab-kyqq	Bosaya	J3590	83257-0029-41
denosumab-nxxp	Bildyos	J3590	78206-0193-01 78206-0194-01
denosumab-qbde	Enoby	J3590	00143-9165-01
romosozumab-aqqg	Evenity®	J3111	-

Recent program changes:

- Bosaya is effective December 1, 2025.
- Bildyos is effective December 1, 2025.
- Enoby is effective December 1, 2025.

Parkinson's Disease

Generic Medication Name	Medication Brand Name	HCPCS Code
foscarbidopa and foslevodopa	Vyalev	J7356

Recent program changes:

- Please use HCPCS code J7356 for Vyalev effective October 3, 2025.

Primary Hyperoxaluria

Generic Medication Name	Medication Brand Name	HCPCS Code	NDC	Medical Records
lumasiran	Oxlumo™	J0224	-	Required
nedosiran	Rivfloza™	J3490	0169-5308-01 0169-5307-08 0169-5306-10	-

Pulmonary Arterial Hypertension

Generic Medication Name	Medication Brand Name	HCPCS Code	NDC	Medical Records
sotatercept-csrk	Winrevair™	J3590	0006-5090-01, 0006-5091-01, 0006-5087-01, 0006-5088-01	Required

Rare Disease

Generic Medication Name	Medication Brand Name	HCPCS Code
toferson	Qalsody®	J1304

Sickle Cell Disease

Generic Medication Name	Medication Brand Name	HCPCS Code
crizanlizumab-tmca	Adakveo®	J0791

Spinal Muscular Atrophy

Generic Medication Name	Medication Brand Name	HCPCS Code	Medical Records
nusinersen	Spinraza®	J2326	Required

Thrombocytopenia

Generic Medication Name	Medication Brand Name	HCPCS Code
romiplostim	Nplate®	J2802

Thyroid Eye Disease

Generic Medication Name	Medication Brand Name	HCPCS Code	Medical Records
teprotumumab-trbw	Tepezza®	J3241	Required