

Please See the Coverage Summary for April 2025 New Drug Codes Below:

Not covered under medical benefit, Redirected under pharmacy benefit:

Code	Description	Drug Name
C9304	Injection, marstacimab-hncq, 0.5 mg	Hympavzi
J7521	Tacrolimus, granules, ORAL suspension, 0.1 mg	Prograf Oral

New to Market not covered unless prior authorized for Commercial:

Code	Description	Drug Name
J1072	Injection, testosterone cypionate (azmiro), 1 mg	Azmiro
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	Lymphir
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Nypozi
Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	Enzeevu
Q5150	Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	Ahzantive
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	Epysqli
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	Bkemv
Q9999	Injection, ustekinumab-aaaz (otulfi), biosimilar, 1 mg	Otulfi

New to Market not covered unless prior authorized for MGB ACO:

Code	Description	Drug Name
C9302	Injection, zanidatamab-hrii, 2 mg	Ziihera
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	Ocrevus Zunovo SC
J9038	Injection, axatilimab-csfr, 0.1 mg	Niktimvo
J9054	Injection, bortezomib (boruzu), 0.1 mg	Boruzu
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	Lymphir
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	Pavblu
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Nypozi
Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	Enzeevu
Q5150	Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	Ahzantive
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	Epysqli
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	Bkemv
Q9999	Injection, ustekinumab-aaaz (otulfi), biosimilar, 1 mg	Otulfi

New to Market not covered unless prior authorized for Medicare Advantage:

Code	Description	Drug Name
Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	Enzeevu
Q5150	Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	Ahzantive
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	Epysqli
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	Bkemv
Q9999	Injection, ustekinumab-aaaz (otulfi), biosimilar, 1 mg	Otulfi

Prior authorization required for Commercial:

Code	Description	Drug Name
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C9301	Obecabtagene autoleucel, up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Aucatzyl
C9302	Injection, zanidatamab-hrii, 2 mg	Ziihera
C9303	Injection, zolbetuximab-clzb, 1 mg	Vyloy
C9304	Injection, marstacimab-hncq, 0.5 mg	Hympavzi
J1299	Injection, eculizumab, 2 mg	Soliris
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	Ocrevus Zunovo SC
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Tecentriq Hybreza
J9038	Injection, axatilimab-csfr, 0.1 mg	Niktimvo
J9054	Injection, bortezomib (boruzu), 0.1 mg	Boruzu
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	Pavblu
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	Tecelra

Prior authorization required for MGB ACO:

Code	Description	Drug Name
C9301	Obecabtagene autoleucel, up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Aucatzyl
C9303	Injection, zolbetuximab-clzb, 1 mg	Vyloy
J1299	Injection, eculizumab, 2 mg	Soliris
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Tecentriq Hybreza
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	Tecelra

Prior authorization required for Medicare Advantage:

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Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	Pavblu
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Nypozi

No prior authorization required for Commercial:

Code	Description	Drug Name
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J0281	Injection, aminocaproic acid, 1 gram	Amicar
J1271	Injection, doxycycline hyclate, 1 mg	Doxycycline Hyclate IV
J1308	Injection, famotidine, 0.25 mg	Famotidine IV
J1808	Injection, folic acid, 0.1 mg	Folic Acid IV
J1938	Injection, furosemide, 1 mg	Furosemide IV
J2428	Injection, paliperidone palmitate extended release (erzofri), 1 mg	Erzofri
J2804	Injection, rifampin, 1 mg	Rifadin IV
J2865	Injection, sulfamethoxazole 5 mg and trimethoprim 1 mg	Bactrim IV
J7521	Tacrolimus, granules, ORAL suspension, 0.1 mg	Prograf Oral

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