univera HEALTHCARE

April 1, 2026

MEDICAL SPECIALTY DRUG PREAUTHORIZATION REQUIREMENTS

Use this list for the lines of business in the columns below: Commercial managed products,
Commercial managed products, Essential Plan, Medicare, Dual Eligible Special Needs Plan (HMO, D-SNP), and Managed Safety Net Products.

Requests for the drugs on this list are handled by the Medical Specialty Drug unit: Phone 1-800-499-1275 and Fax 1-800-306-0188.

Updates Are Highlighted In Grey

IMPORTANT

> The following Medical Specialty Drugs are covered under the Medical Benefit (when administered by a health care professional) and require preauthorization. Regardless of the preauthorization requirement under the member contract, claims for the following medical specialty drugs will deny or suspend for review across all lines of business if preauthorization is not obtained.

> Please refer to our website frequently for updates to this list as new drugs are added as they receive FDA approval and are available for use.

> The provider or specialty pharmacy rendering the service is responsible for ensuring that the required preauthorization has been obtained.

> Commercial Self Funded Plans: Refer to the Injectable Medications Benefit for coverage details (any coverage exclusions for certain drugs listed with a drug category will be noted under Injectable Medications).

> C-Cross-Over drug is a drug that can be reviewed under the Medical Benefit (Health care professional administered) or Pharmacy Benefit (self- administered). Please note, the prior auth requirements may differ between medical and pharmacy.

> **Avastin injected into the eye does not require a prior authorization

> ^^ Stelara & Skyrizi IV loading doses do not require a prior authorization under the medical benefit. Please obtain prior authorization approval for ongoing SQ therapy PRIOR to administering any IV loading dose(s) to ensure appropriate care for your member.
‡ Lemtrada is indicated for relapsing forms of multiple sclerosis only. If seeking treatment with Campath (also alemtuzumab), Campath is no longer commercially available. A restricted distribution program may allow access for appropriate patients. Information is available through the Campath Distribution Program at 1-877-422-6728 or Genzyme medical information at 1-800-745-4447 (option #2).

> **MA Program=Medication Assurance Program

⁂ Please note: Any associated inpatient admission related to the administration of this medication may require prior authorization and must be requested separately via our Medical Intake teams:
Commercial and Medicare: Call: 800-363-4658, or Fax: 877-203-9401
Safety Net: Call: 844-694-6411, or Fax: 844-279-7140

> Drugs without a permanent HCPCS code assigned yet are listed as NONE (C codes are for facility billing only).

Drug Category	Drug Brand Name	Drug Code (HCPCS/CPT)	Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP (VYV)	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
CAR-T	Abecma ⁂	Q2055	Required	Required	Required	Required	Required	Required	Required	Required
	Abraxane	J9264	Required	Required	Required	Required	Required	Required	Required	Required
	Actemra IV C	J3262	Required	Required	Required	Required	Required	Required	Required	Required
	Acthar Gel C	J0801	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Actimmune C	J9216	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Adakveo	J0791	Required	Required	Required	Required	Required	Required	Required	Required
	Adcetris	J9042	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Adstiladrin	J9029	Required	Required	Required	Required	Required	Required	Required	Required
Anti-Amyloid Agent	Aduhelm	J0172	Required	Required	Required	Required	Required	Required	Required	Required
	Advate	J7192	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Adynovate	J7207	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug	Adzynma	J7171	Required	Required	Required	Required	Required	Required	Required	Required
	Afstyla	J7210	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Ajovy C	J3031	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Aldurazyme	J1931	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Alhemo C	J7173	Required	Required	Required	Required	Required	Required	Required	Required
	Alphanate	J7186	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Alphanine	J7193	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Alprolix	J7201	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Altuviiio	J7214	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Alyglo	J1552	Required	Required	Required	Required	Required	Required	Required	Required
	Alymsys	Q5126	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Amondys- 45	J1426	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Amtagvi ⁂	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Amvuttra	J0225	Required	Required	Required	Required	Required	Required	Required	Required
	Anktiva	J9028	Required	Required	Required	Required	Required	Required	Required	Required
	Apretude	J0739	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Aralast	J0256	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Arzerra	J9302	Required	Required	Required	Required	Required	Required	Required	Required
	Asceniv	J1554	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Asparlas	J9118	Required	Required	Required	Required	Required	Required	Required	Required
CAR-T	Aucatzyl ⁂	Q2058	Required	Required	Required	Required	Required	Required	Required	Required
	Aukelso	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Avastin® **	J9035	Required	Required	Required	Required	Required	Required	Required	Required
	Aveed	J3145	Required	Required	Required	Required	Required	Required	Required	Required
	Avgemsi	J9184	Required	Required	Required	Required	Required	Required	Required	Required
	Avsola	Q5121	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Avtozma C	Q5156	Required	Required	Required	Required	Required	Required	Required	Required
	Avzivi	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Axtle	J9292	Required	Required	Required	Required	Required	Required	Required	Required
	Azmiro	J1072	Required	Required	Required	Required	Required	Required	Required	Required
	Bavencio	J9023	Required	Required	Required	Required	Required	Required	Required	Required
	Bebulin	J7194	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Beizray	J9174	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Beleodaq	J9032	Required	Required	Required	Required	Required	Required	Required	Required
	Belrapzo	J9036	Required	Required	Required	Required	Required	Required	Required	Required
	Bendamustine	J9033, J9036	Required	Required	Required	Required	Required	Required	Required	Required
	Bendeka	J9034	Required	Required	Required	Required	Required	Required	Required	Required
	Benefix	J7195	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Benlysta C	J0490	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Berinert C	J0597	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Besponsa	J9229	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Besremi C	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Beovu	J0179	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Beqvez	J1414	Required	Required	Required	Required	Required	Required	Required	Required
	Beyfortus	90380/90381	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Bildyos	NONE	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
	Bilprevda	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Bivigam	J1556	Required	Required	Required	Required	Required	Required	Required	Required
MA Program	Bizengri	J9382	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Bkemv	Q5152	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Blenrep	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Blincyto® ⁂	J9039	Required	Required	Required	Required	Required	Required	Required	Required

Drug Category	Drug Brand Name	Drug Code (HCPCS/CPT)	Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP (VYV)	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
	Botox	J0585	NOT Required	NOT Required	NOT Required	Required	Required	NOT Required	Required	Required
	Bomyntra	Q5158	Required	Required	Required	Required	Required	Required	Required	Required
	Bosaya	NONE	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
	Boruzu	J9054	Required	Required	Required	Required	Required	Required	Required	Required
CAR-T	Breyanzi ⁂	Q2054	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Brineura	J0567	Required	Required	Required	Required	Required	Required	Required	Required
	Briumvi	J2329	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
	Byooviz	Q5124	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Cablivi C	C9047	Required	Required	Required	Required	Required	Required	Required	Required
	Camcevi	J1952	Required	Required	Required	Required	Required	Required	Required	Required
	Camcevi ETM	J9003	Required	Required	Required	Required	Required	Required	Required	Required
	Carimune	J1566	Required	Required	Required	Required	Required	Required	Required	Required
CAR-T	Carvykti ⁂	Q2056	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Casgevy ⁂	J3392	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Ceprotin	J2724	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Cerezyme	J1786	Required	Required	Required	Required	Required	Required	Required	Required
	Cimerli	Q5128	Required	Required	Required	Required	Required	Required	Required	Required
	Cimzia C	J0717	Required	Required	Required	Required	Required	Required	Required	Required
	Cinqair C	J2786	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Cinryze C	J0598	Required	Required	Required	Required	Required	Required	Required	Required
	Cinvanti	J0185	Required	Required	Required	Required	Required	Required	Required	Required
	Coagadex	J7175	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
MA Program	Columvi ⁂	J9286	Required	Required	Required	Required	Required	Required	Required	Required
	Conexxence	Q5158	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
	Corifact	J7180	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Cortrophin C	J0802	Required	Required	Required	Required	Required	Required	Required	Required
	Cosela	J1448	Required	Required	Required	Required	Required	Required	Required	Required
	Cosentyx SC C	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Cosentyx IV	J3247	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Crysvita	J0584	Required	Required	Required	Required	Required	Required	Required	Required
	Cutaquig	J1551	Required	Required	Required	Required	Required	Required	Required	Required
	Cuvitru	J1555	Required	Required	Required	Required	Required	Required	Required	Required
	Cyclophosphamide Baxter	J9076	Required	Required	Required	Required	Required	Required	Required	Required
	Cyclophosphamide Dr. Reddys	J9073	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Cyclophosphamide Sandoz	J9074	Required	Required	Required	Required	Required	Required	Required	Required
	Cyramza	J9308	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Danyelza	J9348	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Darzalex	J9145	Required	Required	Required	Required	Required	Required	Required	Required
	Darzalex Faspro	J9144	Required	Required	Required	Required	Required	Required	Required	Required
	Datroway	J9011	Required	Required	Required	Required	Required	Required	Required	Required
	Daxxify	J0589	Required	Required	NOT Required	Required	Required	Required	Required	Required
	Docivyx	J9172	Required	Required	Required	Required	Required	Required	Required	Required
	Durolane	J7318	Required	Required	Required	Required	Required	Required	Required	Required
	Dysport	J0586	Required	Required	NOT Required	Required	Required	Required	Required	Required
Orphan Drug	Edaravone	J1301	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Elahere	J9063	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Elaprase	J1743	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Elelyso	J3060	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Elevidys	J1413	Required	Required	Required	Required	Required	Required	Required	Required
	Elfabrio	J2508	Required	Required	Required	Required	Required	Required	Required	Required
	Eligard	J9217	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
Orphan Drug	Elitek	J2783	Required	Required	Required	Required	Required	Required	Required	Required
	Eloctate	J7205	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug, MA Program	Elrexfio	J1323	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Elzonris	J9269	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Empaveli	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Empliciti	J9176	Required	Required	Required	Required	Required	Required	Required	Required
MA Program	Emrelis	J9326	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Encelto	J3403	Required	Required	Required	Required	Required	Required	Required	Required
	Enflonsia	90382	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Enhertu	J9358	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Enjaymo	J1302	Required	Required	Required	Required	Required	Required	Required	Required
	Enoby	NONE	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
Orphan Drug	Enspryng	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Entyvio C	J3380	Required	Required	Required	Required	Required	Required	Required	Required
	Epkinly ⁂	J9321	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Epoprostenol (generic flolan)	J1325	Required	Required	Required	Required	Required	Required	Required	Required
	Epoprostenol (generic Veletri)	J1325	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Epysqli	Q5151	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Erwinaze	J9019	Required	Required	Required	Required	Required	Required	Required	Required
	Esperoct	J7204	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Euflexxa	J7323	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	Required	Required
	Evenity	J3111	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Evkeeza	J1305	Required	Required	Required	Required	Required	Required	Required	Required
	Exdensur	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Exondys 51	J1428	Required	Required	Required	Required	Required	Required	Required	Required
	Eylea 2 mg	J0178	Required	Required	Required	Required	Required	Required	Required	Required
	Eylea HD	J0177	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Fabrazyme C	J0180	Required	Required	Required	Required	Required	Required	Required	Required
	Fasenra C	J0517	Required	Required	Required	Required	Required	Required	Required	Required
	Feiba	J7198	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Fensolvi C	J1951	Required	Required	NOT Required	Required	Required	Required	Required	Required
	Feraheme	Q0138	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Flebogamma	J1572	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Flolan	J1325	Required	Required	Required	Required	Required	Required	Required	Required
	Focinvez	J1434	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Folotyn	J9307	Required	Required	Required	Required (2/1/23)	Required	Required	Required	Required
	Fosaprepitant (Teva/Actavis 505bs)	J1456	Required	Required	Required	Required	Required	Required	Required	Required
	Fulphila C	Q5108	Required	Required	Required	Required	Required	Required	Required	Required
	Furoscix	J1941	Required	Required	Required	Required	Required	Required	Required	Required
	Fyarro	J9331	Required	Required	Required	Required	Required	Required	Required	Requred
	Fylnetra C	Q5130	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Gamifant ⁂	J9210	Required	Required	Required	Required	Required	Required	Required	Required
	Gammagard	J1569 J1566	Required	Required	Required	Required	Required	Required	Required	Required
	Gammagard ERC	J1569	Required	Required	Required	Required	Required	Required	Required	Required
	Gammaked	J1561	Required	Required	Required	Required	Required	Required	Required	Required
	Gammaplex	J1557	Required	Required	Required	Required	Required	Required	Required	Required
	Gamunex	J1561	Required	Required	Required	Required	Required	Required	Required	Required
	Gamunex C	J1561	Required	Required	Required	Required	Required	Required	Required	Required
	Gazyva	J9301	Required	Required	Required	Required	Required	Required	Required	Required

Drug Category	Drug Brand Name	Drug Code (HCPCS/CPT)	Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP (VYV)	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
	Gel-One	J7326	Required	Required	Required	Required	Required	Required	Required	Required
	Gel-Syn	J7328	Required	Required	Required	Required	Required	Required	Required	Required
	Genvisc850	J7320	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Givlaari	J0223	Required	Required	Required	Required	Required	Required	Required	Required
	Glassia	J0257	Required	Required	Required	Required	Required	required	Required	Required
	Granix C	J1447	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Hemgenix	J1411	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Hemlibra	J7170	Required	Required	Required	Required	Required	Required	Required	Required
	Hemofil	J7190	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug	Hepzato ⁂	J9248	Required	Required	Required	Required	Required	Required	Required	Required
	Herceptin	J9355	Required	Required	Required	Required	Required	Required	Required	Required
	Hercessi	Q5146	Required	Required	Required	Required	Required	Required	Required	Required
	Herceptin Hylecta	J9356	Required	Required	Required	Required	Required	Required	Required	Required
	Herzuma	Q5113	Required	Required	Required	Required	Required	Required	Required	Required
	Hizentra	J1559	Required	Required	Required	Required	Required	Required	Required	Required
	Humate-P	J7187	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Hyalgan	J7321	Required	Required	Required	Required	Required	Required	Required	Required
	Hydroxyprogesterone caproate	J1729	Required	Required	Required	Required	Required	Required	Required	Required
	Hymovis	J7322	Required	Required	Required	Required	Required	Required	Required	Required
	Hymovis One	J7322	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Hympavzi	J7172	Required	Required	Required	Required	Required	Required	Required	Required
	Hyqvia	J1575	Required	Required	Required	Required	Required	Required	Required	Required
	Idelvion	J7202	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Ilaris	J0638	Required	Required	Required	Required	Required	Required	Required	Required
	Ilumya	J3245	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Imaavy	J9256	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Imdelltra	J9026	Required	Required	Required	Required	Required	Required	Required	Required
	Imfinzi	J9173	Required	Required	Required	Required	Required	Required	Required	Required
	Infugem	J9198	Required	Required	Required	Required	Required	Required	Required	Required
	Imjudo	J9347	Required	Required	Required	Required	Required	Required	Required	Required
	Immune Globulin Products	90283	Required	Required	Required	Required	Required	Required	Required	Required
	Immune Globulin Products	90284	Required	Required	Required	Required	Required	Required	Required	Required
	Imuldosa C	Q5098	Required	Required	Required	Required	Required	Required	Required	Required
	Inflectra	Q5103	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Infliximab	J1745	Required	Required	Required	Required	Required	Required	Required	Required
	Injectafer	J1439	Required	Required	Required	Required	Required	Required	Required	Required
	Inlexzo	J9183	Required	Required	Required	Required	Required	Required	Requried	Required
Orphan Drug	Istodax	J9315 J9319	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, Gene Therapy	Itvisma	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Ivra	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Ixinity	J7213	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Izervay	J2782	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Jelmyto	J9281	Required	Required	Required	Required	Required	Required	Required	Required
	Jemperli	J9272	Required	Required	Required	Required	Required	Required	Required	Required
	Jeuveau	None	NOT Required	NOt Required	NOT Required	Required	Required	Required	Required	Required
	Jivi	J7208	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Jobevne	Q5160	Required	Required	Required	Required	Required	Required	Required	Required
	Jubbonti	NONE	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
	Kadcyla	J9354	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Kalbitor	J1290	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Kanuma	J2840	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy, MA Program	Kebilidi ⁂	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Keytruda	J9271	Required	Required	Required	Required	Required	Required	Required	Required
	Keytruda Qlex	J9277	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Kimmtrak	J9274	Required	Required	Required	Required	Required	Required	Required	Required
Anti-Amyloid Agent	Kisunla	J0175	Required	Required	Required	Required	Required	Required	Required	Required
	Koate/Koate DVI	J7190	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Kogenate FS	J7192	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Kovaltry	J7211	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOTRequired	Required	Required
Orphan Drug	Krystexxa	J2507	Required	Required	Required	Required	Required	Required	Required	Required
CAR-T	Kymriah ⁂	Q2042	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Kyprolis	J9047	Required	Required	Required	Required	Required	Required	Required	Required
	Kyxata	J9278	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Lamzede	J0217	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Lantidra	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Lasix Onyu C	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Lenmeldy ⁂	J3391	Required	Required	Required	Required	Required	Required	Required	Required
	Lemtrada for MS ‡	J0202	Required	Required	Required	Required	Required	Required	Required	Required
Anti-Amyloid Agent	Leqembi	J0174	Required	Required	Required	Required	Required	Required	Required	Required
	Leqvio	J1306	Required	Required	Required	Required	Required	Required	Required	Required
	Leuprolide Depot	J1954	Required	Required	Required	Required	Required	Required	Required	Required
	Libtayo	J9119	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Loargys	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Loqtorzi	J3263	Required	Required	Required	Required	Required	Required	Required	Required
	Lucentis	J2778	Required	Required	Required	Required	Required	Required	Required	Required
	Lumizyme	J0221	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Lumoxiti	J9313	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Lunsumio	J9350	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Lunsumio Velo	J9350	Required	Required	Required	Required	Required	Required	Required	Required
	Lupron Depot PED	J1950/J9217	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT required	NOT required
	Lutrate Depot	J1954	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Luxturna	J3398	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Lyfgenia ⁂	J3394	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Lymphir	J9161	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Lynozyfic	J9601	Required	Required	Required	Required	Required	Required	Required	Required
	Margenza	J9353	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Mepsevii	J3397	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Monjuvi	J9349	Required	Required	Required	Required	Required	Required	Required	Required
	Mononine	J7193	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Monovisc	J7327	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Mylotarg	J9203	Required	Required	Required	Required	Required	Required	Required	Required
	Myobloc	J0587	Required	Required	NOT Required	Required	Required	Required	Required	Required
Orphan Drug	Naglazyme	J1458	Required	Required	Required	Required	Required	Required	Required	Required
	Neupogen C	J1442	Required	Required	Required	Required	Required	Required	Required	Required

Drug Category	Drug Brand Name	Drug Code (HCPCS/CPT)	Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP (VYV)	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
Orphan Drug	Nexviazyme	J0219	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Niktimvo	J9038	Required	Required	Required	Required	Required	Required	Required	Required
	Nivestym C	Q5110	Required	Required	Required	Required	Required	Required	Required	Required
	Novoeight	J7182	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Novoseven RT	J7189	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug	Nplate	J2802	Required	Required	Required	Required	Required	Required	Required	Required
	Nucala C	J2182	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Nulibry	J1809	Required	Required	Required	Required	Required	Required	Required	Required
	Nuwiq	J7209	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Nypozi	Q5148	Required	Required	Required	Required	Required	Required	Required	Required
	Nyvepria C	Q5122	Required	Required	Required	Required	Required	Required	Required	Required
	Obizur	J7188	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Ocrevus	J2350	Required	Required	NOT Required	NOT Required	Required	Required	Required	Required
	Ocrevus Zunovo	J2351	Required	Required	NOT Required	NOT Required	Required	Required	Required	Required
	Octagam	J1568	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Octreotide Acetate ER	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Ogivri	Q5114	Required	Required	Required	Required	Required	Required	Required	Required
	Ohtuvayre	J7601	NOT Required	NOT Required	Required	Required	NOT Required	NOT Required	NOT Required	NOT Required
Gene Therapy	Omisirge ⁂	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Omvoh	J2267	Required	Required	Required	Required	Required	Required	NOT Required	NOT Required
Orpan Drug	Onapgo	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Oncaspar	J9266	Required	Required	Required	Required	Required	Required	Required	Required
	Onivyde	J9205	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Onpattro	J0222	Required	Required	Required	Required	Required	Required	Required	Required
	Ontruzant	Q5112	Required	Required	Required	Required	Required	Required	Required	Required
	Opdivo	J9299	Required	Required	Required	Required	Required	Required	Required	Required
	Opdivo Qvantig	J9289	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Opdualag	J9298	Required	Required	Required	Required	Required	Required	Required	Required
	Orencia C	J0129	Required	Required	Required	Required	Required	Required	Required	Required
	Orthovisc	J7324	Required	Required	Required	Required	Required	Required	Required	Required
	Osenvelt	Q5157	Required	Required	Required	Required	Required	Required	Required	Required
	Ospomyv	Q5159	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
	Otulfi C	Q9999	Required	Required	Required	Required	Required	Required	Required	Required
	Oxlumo	J0224	Required	Required	Required	Required	Required	Required	Required	Required
Teva	Paclitaxel Protein-Bound	J9264	Required	Required	Required	Required	Required	Required	Required	Required
	Padcev	J9177	Required	Required	Required	Required	Required	Required	Required	Required
	Palforzia	Rx Benefit	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Palynziq C	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Panglobulin	J1566	Required	Required	Required	Required	Required	Required	Required	Required
	Panzyga	J1576	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy, Orphan Drug	Papzimeos	J3404	Required	Required	Required	Required	Required	Required	Required	Required
	Pavblu	Q5147	Required	Required	Required	Required	Required	Required	Required	Required
	Pemfexy	J9304	Required	Required	Required	Required	Required	Required	Required	Required
	Pemgarda	Q0224	Required	Required	Required	Required	Required	Required	Required	Required
	Pemrydi Rtu	J9324	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Pedmark	J0208	Required	Required	Required	Required	Required	Required	Required	Required
	Phesgo	J9316	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Piasky	J1307	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Polivy	J9309	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Pombiliti	J1203	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Portrazza	J9295	Required	Required	Required	Required	Required	Required	Required	Required
	Posfrea	J2468	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Poteligeo	J9204	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Pralatrexate	J9307	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Prevymis C	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Privigen	J1459	Required	Required	Required	Required	Required	Required	Required	Required
	Profilnine	J7194	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug	Prolastin-C	J0256	Required	Required	Required	Required	Required	Required	Required	Required
	Prolia	J0897	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
	Provenge	Q2043	Required	Required	Required	Required	Required	Required	Required	Required
	Pyzchiva SC C	Q9996	Required	Required	Required	Required	Required	Required	Required	Required
	Pyzchiva IV Loading Dose	Q9997	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Qalsody	J1304	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Qfitlia C	J7174	Required	Required	Required	Required	Required	Required	Required	Required
	Qivigy	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Radicava C	J1301	Required	Required	Required	Required	Required	Required	Required	Required
	Rebinyn	J7203	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug	Reblozyl	J0896	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Rebyota	J1440	Required	Required	Required	Required	Required	Required	Required	Required
	Recombinate	J7192	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Releuko C	Q5125	Required	Required	Required	Required	Required	Required	Required	Required
	Remicade	J1745	Required	Required	Required	Required	Required	Required	Required	Required
	Remodulin	J3285	Required	Required	Required	Required	Required	Required	Required	Required
	Renflexis	Q5104	Required	Required	Required	Required	Required	Required	Required	Required
Allogenic processed thymus tissue agent	Rethymic ⁂	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Revcovi	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Riabni	Q5123	Required	Required	Required	Required	Required	Required	Required	Required
	Rituxan	J9312	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Rituxan Hycela	J9311	Required	Required	Required	Required	Required	Required	Required	Required
Orphand Drug	Rivfloza C	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Rixubis	J7200	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Gene Therapy	Roctavian	J1412	Required	Required	Required	Required	Required	Required	Required	Required
	Rolvedon C	J1449	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Romidepsin	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Romidepsin	J9318	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Ruconest C	J0596	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Ryoncil ⁂	J3402	Required	Required	Required	Required	Required	Required	Required	Required
	Rybrevant	J9061	Required	Required	Required	Required	Required	Required	Required	Required
	Rybrevant Faspro	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Rylaze	J9021	Required	Required	Required	Required	Required	Required	Required	Required
Hypoplasminogenemia agent	Ryplazim C	J2998	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Rytelo	J0870	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Rystiggo	J9333	Required	Required	Required	Required	Required	Required	Required	Required
	Ryzneuta	J9361	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Sandostatin LAR C	J2353	Required	Required	Required	Required	Required	Required	Required	Required
	Saphnelo	J0491	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Sarclisa	J9227	Required	Required	Required	Required	Required	Required	Required	Required

Drug Category	Drug Brand Name	Drug Code (HCPCS/CPT)	Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP (VYV)	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
Orphan Drugs	Scenesse	J7352	Required	Required	Required	Required	Required	Required	Required	Required
	Selarsdi C	Q9998	Required	Required	Required	Required	Required	Required	Required	Required
	SevenFact	J7212	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug	Signifor LAR C	J2502	Required	Required	Required	Required	Required	Required	Required	Required
	Simponia Aria C	J1602	Required	Required	Required	Required	Required	Required	Required	Required
	Skyrizi IV Loading Dose only ^^	J2327	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
Gene Therapy, MA Program	Skysona ⁂	J3387	Required	Required	Required	Required	Required	Required	Required	Required
	Sodium Thiosulfate (Hope Pharmaceut	J0209	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT required	NOT required
Orphan Drug	Soliris	J1299	Required	Required	Required	Required	Required	Required	Required	Required
	Somatuline Depot	J1930	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT required	NOT required
Orphan Drug	Spevigo	J1747	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Spinraza	J2326	Required	Required	Required	Required	Required	Required	Required	Required
	Spravato	G2082	Required	Required	Required	Required	Required	Required	Required	Required
	Spravato	G2083	Required	Required	Required	Required	Required	Required	Required	Required
	Spravato	S0013	Required	Required	Required	Required	Required	Required	Required	Required
	Spravato	J0013	Required	Required	Required	Required	Required	Required	Required	Required
	Starjemza C	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Stelara C	J3357	Required	Required	Required	Required	Required	Required	Required	Required
	Stelara IV Loading Dose only ^^	J3358	NOT Required	NOT required	NOT Required	NOT Required	NOT Required	NOT Required	NOT required	NOT required
	Steqeyma C	Q5099	Required	Required	Required	Required	Required	Required	Required	Required
	Stimufend	Q5127	Required	Required	Required	Required	Required	Required	Required	Required
	Stoboclo	Q5157	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
	Sunlenca	J1961	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Supartz	J7321	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Supprelin LA C	J9226	Required	Required	NOT Required	Required	Required	Required	Required	Required
	Susvimo	J2779	Required	Required	Required	Required	Required	Required	Required	Required
	Syfovre	J2781	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Sylvant	J2860	Required	Required	Required	Required	Required	Required	Required	Required
	Synagis	90378	Required	Required	Required	Required	Required	Required	Required	Required
	Synojoynt	J7331	Required	Required	Required	Required	Required	Required	Required	Required
	Synvisc	J7325	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	Required	Required
	Synvisc One	J7325	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	Required	Required
Orphan Drug	Takhzyro C	J0593	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Talvey ⁂	J3055	Required	Required	Required	Required	Required	Required	Required	Required
	Taxol	J9267	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT required	NOT required
CAR-T	Tecartus ⁂	Q2053	Required	Required	Required	Required	Required	Required	Required	Required
Gene therapy , MA Program	Tecelra	Q2057	Required	Required	Required	Required	Required	Required	Required	Required
	Tecentriq	J9022	Required	Required	Required	Required	Required	Required	Required	Required
	Tecentriq Hybreza	J9024	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Tecvayli	J9380	Required	Required	Required	Required	Required	Required	Required	Required
	Temsiroliums	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Tepezza	J3241	Required	Required	Required	Required	Required	Required	Required	Required
	Tepylute	J9341	Required	Required	Required	Required	Required	Required	Required	Required
	Testopel	J1073	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Tevimbra	J9329	Required	Required	Required	Required	Required	Required	Required	Required
	Tezspire C	J2356	Required	Required	Required	Required	Required	Required	Required	Required
	Tivdak	J9273	Required	Required	Required	Required	Required	Required	Required	Required
	Tofidence	Q5133	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Torisel	J9330	Required	Required	Required	Required	Required	Required	Required	Required
	Treanda	J9033	Required	Required	Required	Required	Required	Required	Required	Required
	Tremfya C	J1628	Required	Required	Required	Required	Required	Required	Required	Required
	Treprostinil	J3285	Required	Required	Required	Required	Required	Required	Required	Required
	Tretten	J7181	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Triluron	J7332	Required	Required	Required	Required	Required	Required	Required	Required
	TriVisc	J7329	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Triptodur C	J3316	Required	Required	NOT Required	Required	Required	Required	Required	Required
	Trodelvy	J9317	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Trogarzo	J1746	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Tyenne C	Q5135	Required	Required	Required	Required	Required	Required	Required	Required
	Tyruko	Q5124	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
	Tysabri	J2323	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
	Tyvaso Neb Solution	J7686	Required	Required	Required	Required	Required	Required	Required	Required
	Tzield	J9381	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Ultomiris	J1303	Required	Required	Required	Required	Required	Required	Required	Required
	Unloxcyt	J9275	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Uplizna	J1823	Required	Required	Required	Required	Required	Required	Required	Required
	Uptravi ⁂	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Ustekinumab- Aauz C	Q9999	Required	Required	Required	Required	Required	Required	Required	Required
	Ustekinumab C	J3357	Required	Required	Required	Required	Required	Required	Required	Required
	Ustekinumab-Aekn C	Q9998	Required	Required	Required	Required	Required	Required	Required	Required
	Ustekinumab-ttwe C	Q9996	Required	Required	Required	Required	Required	Required	Required	Required
	Vabrinty	NONE	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Vabysmo	J2777	Required	Required	Required	Required	Required	Required	Required	Required
	Vectibix	J9303	Required	Required	Required	Required	Required	Required	Required	Required
	Vegzelma	Q5129	Required	Required	Required	Required	Required	Required	Required	Required
	Veletri	J1325	Required	Required	Required	Required	Required	Required	Required	Required
	Venofer	J1756	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT required	NOT required
Orphan Drug	Veopoz	J9376	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
Orphan Drug	Ventavis	Q4074	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Viltepso	J1427	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Vimizim	J1322	Required	Required	Required	Required	Required	Required	Required	Required
	Visco-3	J7321	Required	Required	Required	Required	Required	Required	Required	Required
	Vivimusta	J9056	Required	Required	Required	Required	Required	Required	Required	Required
	Vonvendi	J7179	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug	VPRIV	J3385	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Vyalev C	J7356	Required	Required	Required	Required	Required	Required	Required	Required
	Vyepti	J3032	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Vyjuvek	J3401	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Vyloy	J1326	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Vyondys-53	J1429	Required	Required	Required	Required	Required	Required	Required	Required
	Vyvgart	J9332	Required	Required	Required	Required	Required	Required	Required	Required
	Vyvgart Hytrulo	J9334	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Vyxeos	J9153	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, Gene Therapy	Waskyra	NONE	Required	Required	Required	Required	Required	Required	Required	Required

Drug Category	Drug Brand Name	Drug Code (HCPCS/CPT)	Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP (VYV)	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
	Wezlana C	Q5138	Required	Required	Required	Required	Required	Required	Required	Required
	Wilate	J7183	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug	Winrevair C	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Wyost	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Xembify	J1558	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Xenpozyme	J0218	Required	Required	Required	Required	Required	Required	Required	Required
	Xeomin	J0588	NOT Required	NOT Required	NOT Required	Required	Required	NOT Required	Required	Required
	Xgeva	J0897	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Xiaflex	J0775	Required	Required	Required	Required	Required	Required	Required	Required
	Xolair C	J2357	Required	Required	Required	Required	Required	Required	Required	Required
	Xtrenbo	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Xyntha Solofuse	J7185	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug	Yartemlea	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Ycanth	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Yervoy	J9228	Required	Required	Required	Required	Required	Required	Required	Required
	Yesintek C	Q5100	Required	Required	Required	Required	Required	Required	Required	Required
	Yeztugo	J0799	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
Orphan Drug	Yondelis	J9352	Required	Required	Required	Required	Required	Required	Required	Required
CAR-T	Yescarta ⁂	Q2041	Required	Required	Required	Required	Required	Required	Required	Required
	Yimmugo	J1553	Required	Required	Required	Required	Required	Required	Required	Required
	Zaltrap	J9400	Required	Required	Required	Required	Required	Required	Required	Required
	Zemaira	J0256	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Zepzelca	J9223	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Zevaskyn	J3389	Required	Required	Required	Required	Required	Required	Required	Required
	Ziextenzo C	Q5120	Required	Required	Required	Required	Required	Required	Required	Required
MA Program	Ziihera ⁂	J9276	Required	Required	Required	Required	Required	Required	Required	Required
	Zilretta	J3304	Required	Required	Required	Required	Required	Required	Required	Required
	Zinplava	J0565	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Zoladex	J9202	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	Required	Required
Gene Therapy	Zolgensma ⁂	J3399	Required	Required	Required	Required	Required	Required	Required	Required
	Zusduri	J9282	Required	Required	Required	Required	Required	Required	Required	Required
	Zymfentra	J1748	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Zynlonta	J9359	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Zynteglo ⁂	J3393	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Zynyz	J9345	Required	Required	Required	Required	Required	Required	Required	Required