



South Country Health Alliance

Medicare Medical Pharmacy Prior Authorization Grid

Document 7589

Last Updated 10/1/2026

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	CMS Internet Only Manuals	FDA Criteria
Cell and Gene Therapy	Car T Cell Therapy	J7330	Carticel	CMS NCD 110.24 Himeric Antigen Receptor (CAR) T-cell Therapy		CMS Benefit Manual Ch15, Section 50	CMS MACI (autologous cultured chondrocytes on procine collagen membrane)
Cell and Gene Therapy	Car T Cell Therapy	Q2041	Yescarta	CMS NCD 110.24 Himeric Antigen Receptor (CAR) T-cell Therapy		CMS Benefit Manual Ch15, Section 50	FDA Yescarta (axicabtagene ciloleucel)
Cell and Gene Therapy	Car T Cell Therapy	Q2042	Kymriah (tisagenlecleucel)	CMS NCD 110.24 Himeric Antigen Receptor (CAR) T-cell Therapy		CMS Benefit Manual Ch15, Section 50	FDA Kymriah (tisagenlecleucel)
Cell and Gene Therapy	Car T Cell Therapy	Q2053	Tecartus (brexucabtagene)	CMS NCD 110.24 Himeric Antigen Receptor (CAR) T-cell Therapy		CMS Benefit Manual Ch15, Section 50	FDA Tecartus (brexucabtagene)
Cell and Gene Therapy	Car T Cell Therapy	Q2054	Breyanzi (lisocabtagene maraleucel)	CMS NCD 110.24 Himeric Antigen Receptor (CAR) T-cell Therapy		CMS Benefit Manual Ch15, Section 50	FDA Breyanzi (lisocabtagene maraleucel)
Cell and Gene Therapy	Car T Cell Therapy	Q2055	Abecma (idecabtagene vicleucel)	CMS NCD 110.24 Himeric Antigen Receptor (CAR) T-cell Therapy		CMS Benefit Manual Ch15, Section 50	FDA Abecma (idecabtagene vicleucel)
Cell and Gene Therapy	Car T Cell Therapy	Q2056	Carvykti (ciltacabtagene autoleucel)	CMS NCD 110.24 Himeric Antigen Receptor (CAR) T-cell Therapy		CMS Benefit Manual Ch15, Section 50	FDA Carvykti (ciltacabtagene autoleucel)
Cell and Gene Therapy	Car T Cell Therapy	Q2058	Aucatzyl (obecabtagene car pos t)	CMS NCD 110.24 Himeric Antigen Receptor (CAR) T-cell Therapy		CMS Benefit Manual Ch15, Section 50	FDA Aucatzyl (obecabtagene car pos t)
Cell and Gene Therapy	Cell Therapy	Q2057	Tecelra (afamitresgene autoleucel)			CMS Benefit Manual Ch15, Section 50	FDA Tecelra (afamitresgene autoleucel)
Cell and Gene Therapy	Cell Therapy	Q2043	Provenge (sipuleucel-T)	CMS NCD 110.22 Autologous Cellular Immunotherapy Treatment		CMS Benefit Manual Ch15, Section 50	FDA Provenge (sipuleucel-T)
Cell and Gene Therapy	Gene Therapy	J1411	Hemgenix (etranacogene dezaparvovec-drlb)			CMS Benefit Manual Ch15, Section 50	FDA Hemgenix (etranacogene dezaparvovec-drlb)
Cell and Gene Therapy	Gene Therapy	J1412	Roctavian (valoctocogene roxaparvovec-rvox) Removed from market (no longer available)			CMS Benefit Manual Ch15, Section 50	FDA Roctavian (valoctocogene roxaparvovec-rvox)
Cell and Gene Therapy	Gene Therapy	J1413	Elevidys (delandistrogene moxeparvovec-rokl)			CMS Benefit Manual Ch15, Section 50	FDA Elevidys (delandistrogene moxeparvovec-rokl)
Cell and Gene Therapy	Gene Therapy	J1414	Beqvez (fidanacogene elaparvovec-dzkt)			CMS Benefit Manual Ch15, Section 50	FDA Beqvez (fidanacogene elaparvovec-dzkt)
Cell and Gene Therapy	Gene Therapy	J3386 - effective 10.1.26	Waskyra (etuvetidigene autotemcel)			CMS Benefit Manual Ch15, Section 50	FDA Waskyra
Cell and Gene Therapy	Gene Therapy	J3387	Skysona (elivaldogene autotemcel)			CMS Benefit Manual Ch15, Section 50	FDA Skysona

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	CMS Internet Only Manuals	FDA Criteria
Cell and Gene Therapy	Gene Therapy	J3389	Zevaskyn (Topical administration, prademagene zamikeracel)			CMS Benefit Manual Ch15, Section 50	FDA Zevaskyn
Cell and Gene Therapy	Gene Therapy	J3391	Lenmeldy (atidarsagene autotemcel)			CMS Benefit Manual Ch15, Section 50	FDA Lenmeldy (atidarsagene autotemcel)
Cell and Gene Therapy	Gene Therapy	J3392	Casgevy (exagamglogene autotemcel)			CMS Benefit Manual Ch15, Section 50	FDA Casgevy (exagamglogene autotemcel)
Cell and Gene Therapy	Gene Therapy	J3393	Zynteglo (betibeglogene autotemcel)			CMS Benefit Manual Ch15, Section 50	FDA Zynteglo (betibeglogene autotemcel)
Cell and Gene Therapy	Gene Therapy	J3394	Lyfgenia (lovotibeglogene autotemcel)			CMS Benefit Manual Ch15, Section 50	FDA Lyfgenia (lovotibeglogene autotemcel)
Cell and Gene Therapy	Gene Therapy	J3398	Luxturna (voretigene neparvovec)			CMS Benefit Manual Ch15, Section 50	FDA Luxturna (voretigene neparvovec-rzyl)
Cell and Gene Therapy	Gene Therapy	J3399	Zolgensma (onasemnogene abeparvovec)			CMS Benefit Manual Ch15, Section 50	FDA Zolgensma (onasemnogene abeparvovec)
Cell and Gene Therapy	Gene Therapy	J3401	Vyjuvek (beremagene geperpavec-svdt)			CMS Benefit Manual Ch15, Section 50	FDA Vyjuvek (beremagene geperpavec-svdt)
Cell and Gene Therapy	Gene Therapy	J3402	Ryoncil (remestemcel-l-rknd)			CMS Benefit Manual Ch15, Section 50	FDA Ryoncil (remestemcel-l-rknd)
Cell and Gene Therapy	Gene Therapy	J3403	Encelto (revakinagene taroretcel-lwey)			CMS Benefit Manual Ch15, Section 50	FDA Encelto (revakinagene taroretcel-lwey)
Cell and Gene Therapy	Gene Therapy	J3405 - replacing C9309(deleted code as of 7/1/26)	Itvisma (onasemnogene abeparvovec-brve)			CMS Benefit Manual Ch15, Section 50	FDA Itvisma (onasemnogene abeparvovec-brve)
Cell and Gene Therapy	Gene Therapy	J9029	Adstiladrin (nadofaragene firadenovec-vncg)			CMS Benefit Manual Ch15, Section 50	FDA Adstiladrin (nadofaragene firadenovec-vncg)
Cell and Gene Therapy	Gene Therapy	J9325	Imlygic (talimogene laherparepvec)			CMS Benefit Manual Ch15, Section 50	FDA Imlygic (talimogene laherparepvec)
Cell and Gene Therapy	Gene Therapy	J3404	Papzimeos (zopapogene imadenovec-drba suspension)			CMS Benefit Manual Ch15, Section 50	FDA Papzimeos (zopapogene imadenovec-drba)
Hemophilia	Hemophilia Agents	J7172	Hympavzi (marstacimab-hncq)			CMS Benefit Manual Ch15, Section 50	FDA Hympavzi (marstacimab-hncq)

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	CMS Internet Only Manuals	FDA Criteria
Hemophilia	Hemophilia Agents	J7173	Alhemo (concizumab-mtci)			CMS Benefit Manual Ch15, Section 50	FDA Alhemo (concizumab-mtci)
Hemophilia	Hemophilia Agents	J7174	Qfitlia (fitusiran)			CMS Benefit Manual Ch15, Section 50	FDA Qfitlia (fitusiran)
Hemophilia	Hemophilia Agents	J7182	Factor VIII, (antihemophilic factor, recombinant), (NovoEight)			CMS Benefit Manual Ch15, Section 50	FDA Novoeight (antihemophilic factor, recombinant)
Hemophilia	Hemophilia Agents	J7185	Factor VIII (antihemophilic factor, recombinant) (Xyntha)			CMS Benefit Manual Ch15, Section 50	FDA Xyntha (antihemophilic factor [recombinant])
Hemophilia	Hemophilia Agents	J7186	antihemophilic Factor VIII/von Willebrand factor complex (human)			CMS Benefit Manual Ch15, Section 50	Alphanate (antihemophilic factor/von willebrand factor complex [human])
Hemophilia	Hemophilia Agents	J7187	von Willebrand factor complex (Humate-P)			CMS Benefit Manual Ch15, Section 50	CMS Antihemophilic Factor/von Willebrand Factor Complex (Humate-P)
Hemophilia	Hemophilia Agents	J7188	Factor VIII (antihemophilic factor, recombinant) (Obizur)			CMS Benefit Manual Ch15, Section 50	Obizur [antihemophilic Factor (Recombinant), Porcine Sequence]
Hemophilia	Hemophilia Agents	J7190	Factor VIII (antihemophilic factor, human)			CMS Benefit Manual Ch15, Section 50	
Hemophilia	Hemophilia Agents	J7192	Factor VIII (antihemophilic factor, recombinant)			CMS Benefit Manual Ch15, Section 50	
Hemophilia	Hemophilia Agents	J7202	Factor IX, albumin fusion protein, (recombinant), Idelvion			CMS Benefit Manual Ch15, Section 50	FDA Idelvion [Coagulation Factor IX (Recombinant), Albumin Fusion Protein]
Hemophilia	Hemophilia Agents	J7204	Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei			CMS Benefit Manual Ch15, Section 50	FDA Esperoct [antihemophilic factor (recombinant), glycopegylated-exei]
Hemophilia	Hemophilia Agents	J7205	Factor VIII Fc fusion protein (recombinant)			CMS Benefit Manual Ch15, Section 50	
Hemophilia	Hemophilia Agents	J7207	Factor VIII, (antihemophilic factor, recombinant), PEGylated			CMS Benefit Manual Ch15, Section 50	
Hemophilia	Hemophilia Agents	J7208	Factor VIII, (antihemophilic factor, recombinant), PEGylated-aucl, (Jivi)			CMS Benefit Manual Ch15, Section 50	FDA Jivi [antihemophilic factor (recombinant), PEGylated-aucl]
Hemophilia	Hemophilia Agents	J7209	Factor VIII, (antihemophilic factor, recombinant), (Nuwiq)			CMS Benefit Manual Ch15, Section 50	CMS Nuwiq, Antihemophilic Factor (Recombinant)

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	CMS Internet Only Manuals	FDA Criteria
Hemophilia	Hemophilia Agents	J7210	Factor VIII, (antihemophilic factor, recombinant), (Afstyla)			CMS Benefit Manual Ch15, Section 50	FDA Afstyla [Antihemophilic Factor (Recombinant), Single Chain}
Hemophilia	Hemophilia Agents	J7211	Factor VIII, (antihemophilic factor, recombinant), (Kovaltry)			CMS Benefit Manual Ch15, Section 50	FDA Kovaltry [Antihemophilic Factor (Recombinant)]
Hemophilia	Hemophilia Agents	J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact)			CMS Benefit Manual Ch15, Section 50	FDA Sevenfact [coagulation factor VIIa (recombinant)-Jncw]
Hemophilia	Hemophilia Agents	J7213	coagulation factor IX (recombinant), Ixinity			CMS Benefit Manual Ch15, Section 50	FDA Ixinity [coagulation factor IX (recombinant)]
Hormone Treatment	Follicle Stimulating Hormone (FSH)	J3355	Metrodin, Bravelle, Fertinex (urofollitropin)			CMS Benefit Manual Ch15, Section 50	FDA Bravelle (Urofollitropin)
Hormone Treatment	Follicle Stimulating Hormone (FSH)	S0126	Gonal-F (follitropin alfa)			CMS Benefit Manual Ch15, Section 50	FDA Gonal-F (follitropin alfa for inection)
Hormone Treatment	Follicle Stimulating Hormone (FSH)	S0128	Follistim (follitropin beta)			CMS Benefit Manual Ch15, Section 50	FDA Follistim (follitropin beta)
Hormone Treatment	Gonadotropin Releasing Hormone Agonists (GnRH)	J9226	Histrelin Implant (Supprelin LA)			CMS Benefit Manual Ch15, Section 50	FDA Supprelin LA (histrelin acetate)
Hormone Treatment	Gonadotropin Releasing Hormone Agonists (GnRH)	S0132	Antagon (ganirelix acetate)			CMS Benefit Manual Ch15, Section 50	FDA Ganirelix Acetate Injection
Hormone Treatment	Gonadotropins	J0725	Chorionic gonadotropin			CMS Benefit Manual Ch15, Section 50	Pregnyl (chorionic gonadotropin for injection)
Hormone Treatment	Gonadotropins	S0122	Humegon, Pergonal, Repronex (menotropins)			CMS Benefit Manual Ch15, Section 50	FDA Menopur (metrotropins for injection)
Hormone Treatment	Human Growth Hormone	J2940	Protopin (somatrem)			CMS Benefit Manual Ch15, Section 50	
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J0139	Humira (adalimumab)			CMS Benefit Manual Ch15, Section 50	FDA Humira (adalimumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J0172	Aduhelm (aducanumab)			CMS Benefit Manual Ch15, Section 50	FDA Aduhelm (aducanumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J0174	Leqembi (lecanemab-irmb)	CMS NCD 200.3 Monoclonal Antibodies for treatment of Alzheimers		CMS Benefit Manual Ch15, Section 50	FDA Leqembi (lecanemab-irmb)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J0175	Kisunla (donanemab-azbt)	CMS NCD 200.3 Monoclonal Antibodies for treatment of Alzheimers		CMS Benefit Manual Ch15, Section 50	FDA Kisunla (donanemab-azbt)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J0202	Lemtrada (alemtuzumab)			CMS Benefit Manual Ch15, Section 50	FDA Lemtrada (alemtuzumab)

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	CMS Internet Only Manuals	FDA Criteria
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J0490	Benlysta (Belimumab)			CMS Benefit Manual Ch15, Section 50	FDA Benlysta (belimumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J0491	Saphnelo (anifrolumab-fnia)			CMS Benefit Manual Ch15, Section 50	FDA Saphnelo (anifrolumab-fnia)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J0517	Fasenra (benralizumab)			CMS Benefit Manual Ch15, Section 50	FDA Fasenra (benralizumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J0565	Zinplava (Bezlotoxumab)			CMS Benefit Manual Ch15, Section 50	FDA Zinplava (Bezlotoxumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J0584	Crysvita (burosumab-twza)			CMS Benefit Manual Ch15, Section 50	FDA Crysvita (burosumab-twza)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J0593	Takhzyro (lanadelumab)			CMS Benefit Manual Ch15, Section 50	FDA Takhzyro (lanadelumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J0717	Cimzia (certolizumab)			CMS Benefit Manual Ch15, Section 50	FDA Cimzia (certolizumab pegol)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J0791	Adakveo (crizanlizumab-tmca)			CMS Benefit Manual Ch15, Section 50	FDA Adakveo (crizanlizumab-tmca)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J1289	Yartemlea (narsoplimab-wuug)			CMS Benefit Manual Ch15, Section 50	FDA Yartemlea
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J1299	(eculizumab)		LCD Article A545548 Eculizumab	CMS Benefit Manual Ch15, Section 50	FDA Eculizumab
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J1302	Enjaymo (sutimlimab-jome)			CMS Benefit Manual Ch15, Section 50	FDA Enjaymo (sutimlimab-jome)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J1303	Ultomiris (ravulizumab-cwvz)			CMS Benefit Manual Ch15, Section 50	FDA Ultomiris (ravulizumab-cwvz)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J1305	Evkeeza (evinacumab-dgnb)			CMS Benefit Manual Ch15, Section 50	FDA Evkeeza (evinacumab-dgnb)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J1307	Piasky (crovalimab-akkz)			CMS Benefit Manual Ch15, Section 50	FDA Piasky (crovalimab-akkz)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J1438	Enbrel (etanercept)			CMS Benefit Manual Ch15, Section 50	FDA Enbrel (etanercept)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J1602	Simponi (golimumab)			CMS Benefit Manual Ch15, Section 50	FDA Simponi (golimumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J1628	Tremfya (guselkumab)			CMS Benefit Manual Ch15, Section 50	FDA Tremfya (guselkumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J1745	Remicade (infliximab)		CMS Article A52423: Infliximab and Biosimilars	CMS Benefit Manual Ch15, Section 50	FDA Remicade (infliximab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J1746	Trogarzo (ibalizumab-uiyk)			CMS Benefit Manual Ch15, Section 50	FDA Trogarzo (ibalizumab-uiyk)

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	CMS Internet Only Manuals	FDA Criteria
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J1747	Spevigo (spesolimab-sbzo)			CMS Benefit Manual Ch15, Section 50	FDA Spevigo (spesolimab-sbzo)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J1748	Zymfentra (infliximab-dyyb)			CMS Benefit Manual Ch15, Section 50	FDA Zymfentra (infliximab-dyyb)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J1823	Uplizna (inebilizumab)			CMS Benefit Manual Ch15, Section 50	FDA Uplizna (inebilizumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J2182	Nucala (mepolizumab)			CMS Benefit Manual Ch15, Section 50	FDA Nucala (mepolizumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J2267	OmvoH (mirikizumab-mrkz)			CMS Benefit Manual Ch15, Section 50	FDA OmvoH (mirikizumab-mrkz)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J2323	Tysabri (natalizumb)			CMS Benefit Manual Ch15, Section 50	FDA Tysabri (natalizumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J2327	Skyrizi (risankizumab-rzaa)			CMS Benefit Manual Ch15, Section 50	FDA Skyrizi (risankizumab-rzaa)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J2329	Briumvi (ublituximab-xiiy)			CMS Benefit Manual Ch15, Section 50	FDA Briumvi (ublituximab-xiiy)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J2350	Ocrevus (ocrelizumab)			CMS Benefit Manual Ch15, Section 50	FDA Ocrevus (ocrelizumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J2351	(ocrelizumab and hyaluronidase-ocsq)			CMS Benefit Manual Ch15, Section 50	FDA Ocrevus Zunovo (ocrelizumab & hyaluronidase-ocsq)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J2356	Tezspire (tezepelumab-ekko)			CMS Benefit Manual Ch15, Section 50	FDA Tezspire (tezepelumab-ekko)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J2357	Xolair (omalizumab)		LCD Article A52448 Omalizumab	CMS Benefit Manual Ch15, Section 50	FDA Xolair (omalizumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J2361	Exdensus (depemokimab-ulaa)			CMS Benefit Manual Ch15, Section 50	FDA Exdensus
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J2786	Cinqair (reslizumab)			CMS Benefit Manual Ch15, Section 50	FDA Cinqair (reslizumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J3031	Ajovy (fremanezumab-vfrm)			CMS Benefit Manual Ch15, Section 50	FDA Ajovy (fremanezumab-vfrm)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J3032	Vyepti (eptinezumab-jjmr)			CMS Benefit Manual Ch15, Section 50	FDA Vyepti (eptinezumab-jjmr)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J3111	Evenity (romosozumab-aqqg)			CMS Benefit Manual Ch15, Section 50	FDA Evenity (romosozumab-aqqg)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J3241	Tepezza (teprotumumab-trbw)			CMS Benefit Manual Ch15, Section 50	FDA Tepezza (teprotumumab-trbw)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J3245	Ilumya (tildrakizumab)			CMS Benefit Manual Ch15, Section 50	FDA Ilumya (tildrakizumab)

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	CMS Internet Only Manuals	FDA Criteria
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J3247	Cosentyx (secukinumab)			CMS Benefit Manual Ch15, Section 50	FDA Cosentyx (secukinumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J3262	Actemra (tocilizumab)			CMS Benefit Manual Ch15, Section 50	FDA Actemra (tocilizumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J3357	Stelara (ustekinumab - for subcutaneous injection)		Article A53022 Self-Administered Drug Exclusion List	CMS Benefit Manual Ch15, Section 50	FDA Stelara (ustekinumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J3358	Stelara (ustekinumab - for intervenous injection)			CMS Benefit Manual Ch15, Section 50	FDA Stelara (ustekinumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J3380	Entyvio (vedolizumab)			CMS Benefit Manual Ch15, Section 50	FDA Entyvio (vedolizumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J3590	Kineret (anakinra)			CMS Benefit Manual Ch15, Section 50	FDA Kineret (anakinra)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J7170	Hemlibra (emicizumab)			CMS Benefit Manual Ch15, Section 50	FDA Hemlibra (emicizumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J9204	Poteligeo (mogamulizumab-kpkc)			CMS Benefit Manual Ch15, Section 50	FDA Poteligeo (mogamulizumab-kpkc)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J9210	Gamifant (emapalumab)			CMS Benefit Manual Ch15, Section 50	FDA Gamifant (emapalumab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J9311	Rituxan (rituximab)			CMS Benefit Manual Ch15, Section 50	FDA Rituxan (rituximab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J9312	Rituxan (rituximab)		LCD L39297 Off-label Use of Rituximab and Rituximab Biosimilars	CMS Benefit Manual Ch15, Section 50	FDA Rituxan (rituximab)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J9329	Tevimbra (tislelizumab-jsgr)			CMS Benefit Manual Ch15, Section 50	FDA Tevimbra (tislelizumab-jsgr)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J9333	Rystiggo (rozanolixizumab-noli)			CMS Benefit Manual Ch15, Section 50	FDA Rystiggo (rozanolixizumab-noli)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J9381	Tzield (teplizumab-mzww)			CMS Benefit Manual Ch15, Section 50	FDA Tzield (teplizumab-mzww)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5098	Imuldosa (ustekinumab-srlf)			CMS Benefit Manual Ch15, Section 50	FDA Imuldosa (ustekinumab-srlf)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5099	Steqeyma (ustekinumab-stba)			CMS Benefit Manual Ch15, Section 50	FDA Steqeyma (ustekinumab-stba)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5100	Yesintek (ustekinumab-kfce)			CMS Benefit Manual Ch15, Section 50	FDA Yesintek (ustekinumab-kfce)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5121	Avsola (infliximab biosimilar)		CMS LCD Article A52423: Infliximab and biosimilars	CMS Benefit Manual Ch15, Section 50	FDA Avsola (infliximab-axxq)

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	CMS Internet Only Manuals	FDA Criteria
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5133	Tofidence (tocilizumab-bavi)			CMS Benefit Manual Ch15, Section 50	FDA Tofidence (tocilizumab-bavi)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5134	Tyruko (natalizumab-sztn)			CMS Benefit Manual Ch15, Section 50	FDA Tyruko (natalizumab-sztn)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5135	Tyenne (tocilizumab-aazg)			CMS Benefit Manual Ch15, Section 50	FDA Tyenne (tocilizumab-aazg)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5137	Wezlana (ustekinumab-auub)			CMS Benefit Manual Ch15, Section 50	FDA Wezlana (ustekinumab-auub)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5138	Wezlana (ustekinumab-auub)			CMS Benefit Manual Ch15, Section 50	FDA Wezlana (ustekinumab-auub)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5140	Hulio (adalimumab-fkjp)			CMS Benefit Manual Ch15, Section 50	FDA Hulio (adalimumab-fkjp)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5141	Yuflyma (adalimumab-aaty)			CMS Benefit Manual Ch15, Section 50	FDA Yuflyma (adalimumab-aaty)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5142	Simlandi (adalimumab-ryvk)			CMS Benefit Manual Ch15, Section 50	FDA Simlandi (adalimumab-ryvk)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5143	Cyltezo (adalimumab-adbm)			CMS Benefit Manual Ch15, Section 50	FDA Cyltezo (adalimumab-adbm)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5144	Idacio (adalimumab-aacf)			CMS Benefit Manual Ch15, Section 50	FDA Idacio (adalimumab-aacf)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5145	Abrilada (adalimumab-afzb)			CMS Benefit Manual Ch15, Section 50	FDA Abrilada (adalimumab-afzb)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5151	Epysqli (eculizumab-aagh)		LCD Article A54548 Eculizumab - aagh Epysqli	CMS Benefit Manual Ch15, Section 50	FDA Epysqli (eculizumab-aagh)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5152	Bkemv (eculizumab-aeeb)		LCD Article A54548 Eculizumab - aeeb Bkemv	CMS Benefit Manual Ch15, Section 50	Bkemv (eculizumab-aeeb)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q5154	Omlyclo (omalizumab-igec)		LCD Article A52448 Omalizumab and biosimilar, OMLYCLO	CMS Benefit Manual Ch15, Section 50	FDA Omlyclo (omalizumab-igec)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q9996	Pyzchiva (ustekinumab-ttwe)			CMS Benefit Manual Ch15, Section 50	FDA Pyzchiva (ustekinumab-ttwe)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q9997	Pyzchiva (ustekinumab-ttwe)			CMS Benefit Manual Ch15, Section 50	FDA Pyzchiva (ustekinumab-ttwe)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q9998	Selarsdi (ustekinumab-aekn)			CMS Benefit Manual Ch15, Section 50	FDA Selarsdi (ustekinumab-aekn)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	Q9999	Otulfi (ustekinumab-aauz)			CMS Benefit Manual Ch15, Section 50	FDA Otulfi (ustekinumab-aauz)
Monoclonal Antibodies	Monoclonal Antibodies - Non-Oncology	J9256	Imaavy (nipocalimab-aahu, 3 mg)			CMS Benefit Manual Ch15, Section 50	FDA Imaavy (nipocalimab-aahu)

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	CMS Internet Only Manuals	FDA Criteria
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9308	Cyramza (ramucirumab)			CMS Benefit Manual Ch15, Section 50	FDA Cyramza (ramuclrumab)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J1246 (no longer active) Bill most appropriate unclassified drug code	Unituxin (dinutuximab)			CMS Benefit Manual Ch15, Section 50	FDA Unituxin (dinutuximab)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J1323	Elrexfio (elranatamab-bcmm)			CMS Benefit Manual Ch15, Section 50	FDA Elrexfio (elranatamab-bcmm)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J1326	(zolbetuximab)			CMS Benefit Manual Ch15, Section 50	FDA Vyloy (zolbetuximab-clzb)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J2277	Aphexda (motixafortide)			CMS Benefit Manual Ch15, Section 50	FDA Aphexda (motixafortide)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J3055	Talvey (talquetamab-tgvs)			CMS Benefit Manual Ch15, Section 50	FDA Talvey (talquetamab-tgvs)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J3263	Loqtorzi (toripalimab-tpzi)			CMS Benefit Manual Ch15, Section 50	FDA Loqtorzi (toripalimab-tpzi)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9011	Datroway (datopotamab deruxtecan-dlnk)			CMS Benefit Manual Ch15, Section 50	FDA Datroway (datopotamab deruxtecan-dlnk)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9023	Bavencio (Avelumab)			CMS Benefit Manual Ch15, Section 50	FDA Bavencio (avelumab)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9024	Tecentriq Hybreza (atezolizumab, 5 mg and hyaluronidase-tqjs)			CMS Benefit Manual Ch15, Section 50	FDA Tecentriq Hybreza (atezolizumab & Hyaluronidase - tqjs)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9026	Imdelltra (tarlatamab-dlle)			CMS Benefit Manual Ch15, Section 50	FDA Imdelltra (tarlatamab-dlle)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9028	Anktiva (nogapendekin alfa inbakicept-pmln)			CMS Benefit Manual Ch15, Section 50	FDA Anktiva (nogapendekin alfa inbakicept-pmln)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9042	Adcetris (brentuximab vedotin)			CMS Benefit Manual Ch15, Section 50	FDA Adcetris (brentuximab vendotin)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9053	Blenrep (belantamab mafodotin-blmf)			CMS Benefit Manual Ch15, Section 50	FDA Blenrep
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9063	Elahere (mirvetuximab soravtansine-gynx)			CMS Benefit Manual Ch15, Section 50	FDA Elahere (mirvetuximab soravtansine-gynx)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9119	Libtayo (cemiplimab)			CMS Benefit Manual Ch15, Section 50	FDA Libtayo (cemiplimab-rwlc)

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	CMS Internet Only Manuals	FDA Criteria
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9144	Darzalex Faspro (daratumumab/hyaluronidase)			CMS Benefit Manual Ch15, Section 50	FDA Darzalex Faspro (daratumumab and hyaluronidase-fihj)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9145	Darzalex (Daratumumab)			CMS Benefit Manual Ch15, Section 50	FDA Darzalex (daratumumab)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9161	denileukin diftitox-cxdl			CMS Benefit Manual Ch15, Section 50	FDA Lymphir (denileukin diftitox-cxdl)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9173	Imfinzi (durvalumab)			CMS Benefit Manual Ch15, Section 50	FDA Imfinzi (durvalumab)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9177	Padcev (enfortumab vedotin)			CMS Benefit Manual Ch15, Section 50	FDA Padcev (enfortumab vedotin-ejfv)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9203	Mylotarg (Gemtuzumab Ozogamicin)			CMS Benefit Manual Ch15, Section 50	FDA Mylotarg (gemtuzumab ozogamicin)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9228	Yervoy (ipilimumab)			CMS Benefit Manual Ch15, Section 50	FDA Yervoy (ipilimumab)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9229	Besponsa (inotuzumab ozogamicin)			CMS Benefit Manual Ch15, Section 50	FDA Besponsa (inotuzumab ozogamicin)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9271	Keytruda (pembrolizumab)			CMS Benefit Manual Ch15, Section 50	FDA Keytruda (pembrolizumab)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9272	Jemperli (dostarlimab-gxly)			CMS Benefit Manual Ch15, Section 50	FDA Jemperli (dostarlimab-gxly)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9273	Tivdak (Tisotumab)			CMS Benefit Manual Ch15, Section 50	FDA Tivdak (tisotumab vedotin-tftv)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9275	Unloxcyt (cosibelimab-ipdl)			CMS Benefit Manual Ch15, Section 50	FDA Unloxcyt (cosibelimab-ipdl)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9276	Ziihera (zanidatamab)			CMS Benefit Manual Ch15, Section 50	FDA Ziihera (Zanidatamab-hrii)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9286	Columvi (glofitamab-gxbm)			CMS Benefit Manual Ch15, Section 50	FDA Columvi (glofitamab-gxbm)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9289	Opdivo Qvantig (nivolumab and haluronidase-nvhy)			CMS Benefit Manual Ch15, Section 50	FDA Opdivo Qvantig (nivolumab and haluronidase-nvhy)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9298	Opdulag (nivolumab and relatlimab-rmbw)			CMS Benefit Manual Ch15, Section 50	FDA Opdulag (nivolumab & relatlimab-rmbw)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9299	Opdivo (nivolumab)			CMS Benefit Manual Ch15, Section 50	FDA Opdivo (nivolumab)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9306	Perjeta (pertuzumab)			CMS Benefit Manual Ch15, Section 50	FDA Perjeta (pertuzumab)

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	CMS Internet Only Manuals	FDA Criteria
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9313	Lumoxiti (moxetumomab pasudotoc-tdfk)			CMS Benefit Manual Ch15, Section 50	FDA Lumoxiti (moxetumomab pasudotox-tdfk)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9316	Phesgo (pertuzumab,trastuzumab,hyaluronidase)			CMS Benefit Manual Ch15, Section 50	FDA Phesgo (pertuzumab, trastuzumab, & hyaluronidase-zzxf)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9317	Trodelvy (sacituzumab govitecan-hziy)			CMS Benefit Manual Ch15, Section 50	FDA Trodelvy (sacituzumab govitecan-hziy)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9321	Epkinly (epcoritamab-bysp)			CMS Benefit Manual Ch15, Section 50	FDA Epkinly (epcoritamab-bysp)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9345	Zynyz (retifanlimab-dlwr)			CMS Benefit Manual Ch15, Section 50	FDA Zynyz (retifanlimab-dlwr)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9347	Imjudo (tremelimumab-actl)			CMS Benefit Manual Ch15, Section 50	FDA Imjudo (tremelimumab-actl)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9348	Danyelza (naxitamab-gqgk)			CMS Benefit Manual Ch15, Section 50	FDA Danyelza (naxitamab-gqgk)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9349	Monjuvi (tafasitamab-cxix)			CMS Benefit Manual Ch15, Section 50	FDA Monjuvi (tafasitamab-cxix)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9350	Lunsumo (mosunetuzumab-axgb)			CMS Benefit Manual Ch15, Section 50	FDA Lunsumio (mosunetuzumab-axgb)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9353	Margenza (margetuximab-cmkb)			CMS Benefit Manual Ch15, Section 50	FDA Margenza (margetuximab-cmkb)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9354	Kadcyla (ado-trastuzumab)			CMS Benefit Manual Ch15, Section 50	FDA Kadcyla (ado-trastuzumab emtansine)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9355	Herceptin (trastuzumab)			CMS Benefit Manual Ch15, Section 50	FDA Herceptin (trastuzumab)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9356	Herceptin (trastuzumab)			CMS Benefit Manual Ch15, Section 50	FDA Herceptin Hylecta (trastruzumab & hyaluronidase-oysk)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9380	Tecvayli (teclistamab-cqyv)			CMS Benefit Manual Ch15, Section 50	FDA Tecvayli (teclistamab-cqyv)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9382	Bizengri (zenocutuzumab-zbco)			CMS Benefit Manual Ch15, Section 50	FDA Bizengri (zenocutuzumab-zbco)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	Q5116	Herceptin (trastuzumab)			CMS Benefit Manual Ch15, Section 50	FDA Trazimera (trastuzumab-qyyp)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	Q5117	Herceptin (trastuzumab)			CMS Benefit Manual Ch15, Section 50	FDA kanjinti (trastuzumab-anns)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	Q5119	Ruxience (rituximabpvvr)		LCD - Off-Label Use of Rituximab & Rituximab Biosimilars L39297	CMS Benefit Manual Ch15, Section 50	FDA Ruxience (rituximab-pvvr)

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	CMS Internet Only Manuals	FDA Criteria
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	Q5123	Riabni (rituximab-arrx biosimilar)		LCD - Off-Label Use of Rituximab & Rituximab Biosimilars L39297	CMS Benefit Manual Ch15, Section 50	FDA Riabni (rituximab-arrx)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	Q5129	Vegzelma (bevacizumab-adcd)		CMS Article A52370 Bevacizumab & biosimilars	CMS Benefit Manual Ch15, Section 50	FDA Vegzelma (bevacizumab-abcd)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	Q5160	Jobevne (bevacizumab-nwgd)			CMS Benefit Manual Ch15, Section 50	
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	Q5146	Hercessi (trastuzumab-strf)			CMS Benefit Manual Ch15, Section 50	FDA Hercessi (trastuzumab-strf)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	Q5148	Nypozi (filgrastim-txid)			CMS Benefit Manual Ch15, Section 50	FDA Nypozi (filgrastim-txid)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9326	Emrelis (telisotuzumab vedotin-tllv)			CMS Benefit Manual Ch15, Section 50	FDA Emrelis (telisotuzumab vedotin-tllv)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9601 - Replacing C9307	Lynozyfic (linvoseltamab-gcpt)			CMS Benefit Manual Ch15, Section 50	FDA Lynozyfic (Linvoseltamab-gcpt)
Monoclonal Antibodies	Monoclonal Antibodies - Oncology	J9277	Keytruda QLEX (pembrolizumab)			CMS Benefit Manual Ch15, Section 50	FDA Keytruda Qlex (pembrolizumab)
Neurotoxins	Botulinums	J0585	Botox (onabotulinumtoxinA)		LCD L33646 Botulinum Toxins	CMS Benefit Manual Ch15, Section 50	FDA onabotulinumtoxinA
Neurotoxins	Botulinums	J0586	Dysport (abobotulinumtoxinA)		LCD L33646 Botulinum Toxins	CMS Benefit Manual Ch15, Section 50	FDA abobotulinumtoxinA
Neurotoxins	Botulinums	J0587	Myobloc (rimabotulinumtoxinB)		LCD L33646 Botulinum Toxins	CMS Benefit Manual Ch15, Section 50	FDA rimabotulinumtoxinB
Neurotoxins	Botulinums	J0588	Xeomin (incobotulinumtoxinA)		LCD L33646 Botulinum Toxins	CMS Benefit Manual Ch15, Section 50	FDA incobotulinumtoxinA
Neurotoxins	Botulinums	J0589	Daxxify (daxibotulinumtoxina-lanm)		LCD L33646 Botulinum Toxins	CMS Benefit Manual Ch15, Section 50	FDA daxibotulinumtoxina-lanm
Oncology	Antineoplastic Agents	A9607	Pluvicto (lutetium LU 177)			CMS Benefit Manual Ch15, Section 50	FDA Pluvicto (lutetium LU 177)
Oncology	Antineoplastic Agents	J9021	Rylaze (asparaginase recombinant)			CMS Benefit Manual Ch15, Section 50	FDA Rylaze (asparaginase recombinant)
Oncology	Antineoplastic Agents	J9036	Belrapzo			CMS Benefit Manual Ch15, Section 50	FDA Belrapzo (bendamustine hydrochloride)
Oncology	Antineoplastic Agents	J9061	Rybrevant (amivantamab-vmjw)			CMS Benefit Manual Ch15, Section 50	FDA Rybrevant (amivantamab-vmjw)
Oncology	Antineoplastic Agents	J9064	Sandoz (cabazitaxel)			CMS Benefit Manual Ch15, Section 50	FDA Cabazitaxel
Oncology	Antineoplastic Agents	J9118	Asparlas (calaspargase pegol-mknl)			CMS Benefit Manual Ch15, Section 50	FDA Asparlas (calaspargase pegol-mknl)
Oncology	Antineoplastic Agents	J9198	Infugem (gemcitabine)			CMS Benefit Manual Ch15, Section 50	FDA Infugem (gemcitabine)
Oncology	Antineoplastic Agents	J9205	Irinotecan Liposome			CMS Benefit Manual Ch15, Section 50	FDA Onivyde (Irinotecan Liposome)
Oncology	Antineoplastic Agents	J9223	Zepzelca (lurbinectedin)			CMS Benefit Manual Ch15, Section 50	FDA Zepzelca (lurbinectedin)

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	CMS Internet Only Manuals	FDA Criteria
Oncology	Antineoplastic Agents	J9246	Evomela (melphalan)			CMS Benefit Manual Ch15, Section 50	FDA Evomela (melphalan)
Oncology	Antineoplastic Agents	J9269	Elzonris (tagraxofusp-erza)			CMS Benefit Manual Ch15, Section 50	FDA Elzonris (tagraxofusp-erza)
Oncology	Antineoplastic Agents	J9274	Kimmtrak (tebentafuso-tebn)			CMS Benefit Manual Ch15, Section 50	FDA Kimmtrak (tebentafuso-tebn)
Oncology	Antineoplastic Agents	J9314	Istodax (Romidepsin)			CMS Benefit Manual Ch15, Section 50	FDA Istodax (Romidepsin)
Oncology	Antineoplastic Agents	J9352	Yondelis (trabectedin)			CMS Benefit Manual Ch15, Section 50	FDA Yondelis (trabectedin)
Oncology	Antineoplastic Agents	J9358	Enhertu (fam-trastuzumab deruxtecan-nxki)			CMS Benefit Manual Ch15, Section 50	FDA Enhertu (fam-trastuzumab deruxtecan-nxki)
Oncology	Antineoplastic Agents	J9359	Zynlonta (Loncastuximab tesirine)			CMS Benefit Manual Ch15, Section 50	FDA Zynlonta (Loncastuximab tesirine)
Oncology	Other Drugs/treatments	A9513	Lutathera (Lutetium LU 177 Dotatate)			CMS Benefit Manual Ch15, Section 50	FDA Lutathera (Lutetium LU 177 Dotatate)
Ophthalmology	Opthalmics	J0179	Beovu (brolucizumab)		LCD Article A52451 Brolucizumab-dbl	CMS Benefit Manual Ch15, Section 50	FDA Beovu (brolucizumab)
Ophthalmology	Opthalmics	J1097	Phenylephrine/Ketorolac solution			CMS Benefit Manual Ch15, Section 50	FDA Phenylephrine/Ketorolac solution
Ophthalmology	Opthalmics	J2777	Vabysmo (faricimab-svoa)		LCD Article A52451 Faricimab-svoa	CMS Benefit Manual Ch15, Section 50	FDA Vabysmo (faricimab-svoa)
Ophthalmology	Opthalmics	J2779	Susvimo (ranibizumab) Implant		CMS Article A52451 Ranibizumab and biosimilars	CMS Benefit Manual Ch15, Section 50	FDA Susvimo (ranibizumab) Implant
Ophthalmology	Opthalmics	J2781	Syfovre (pegcetacoplan)			CMS Benefit Manual Ch15, Section 50	FDA Syfovre (pegcetacoplan)
Ophthalmology	Opthalmics	J2782	Izervay (avacincaptad pegol)			CMS Benefit Manual Ch15, Section 50	FDA Izervay (avacincaptad pegol)
Ophthalmology	Opthalmics	J7314	Yutiq (fluocinolone) intravitreal implant			CMS Benefit Manual Ch15, Section 50	FDA Yutiq (fluocinolone) intravitreal implant
Ophthalmology	Opthalmics	J7351	Bimatoprost Intracameral Implant			CMS Benefit Manual Ch15, Section 50	FDA Bimatoprost Intracameral Implant
Ophthalmology	Opthalmics	J7355	Travoprost, intracameral implant			CMS Benefit Manual Ch15, Section 50	FDA Travoprost
Ophthalmology	Opthalmics	Q5124	Byooviz (Ranibizumab-nuna (biosimilar))		Article A53022 Self-Administered Drug Exclusion List	CMS Benefit Manual Ch15, Section 50	FDA Byooviz (Ranibizumab-nuna (biosimilar))
Ophthalmology	Opthalmics	Q5168	Nufymco (ranibizumab-leyk)			CMS Benefit Manual Ch15, Section 50	
Other	Antisense Oligonucleotide (AO)	J2326	Spinraza (nusinersen)			CMS Benefit Manual Ch15, Section 50	FDA Spinraza (nusinersen)

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	CMS Internet Only Manuals	FDA Criteria
Other	Antisense Oligonucleotide (AO)	J1304	Qalsody (tofersen)			CMS Benefit Manual Ch15, Section 50	FDA Qalsody (tofersen)
Other	Antisense Oligonucleotide (AO)	J1426	Amondys 45 (casimersen)			CMS Benefit Manual Ch15, Section 50	FDA Amondys 45 (casimersen)
Other	Antisense Oligonucleotide (AO)	J1427	Viltepso (viltolarsen)			CMS Benefit Manual Ch15, Section 50	FDA Viltepso (viltolarsen)
Other	Antisense Oligonucleotide (AO)	J1428	Exondys			CMS Benefit Manual Ch15, Section 50	FDA Exondys
Other	Cosmetic treatments	J0591	Kybella (deoxycholic acid)			CMS Benefit Manual Ch15, Section 50	FDA Kybella (deoxycholic acid)
Other	Cosmetic treatments	Q2028	Sculptra	CMS NCD 250.5 Dermal Injections for Treatment of Facial Lipodystrophy Syndrome		CMS Benefit Manual Ch15, Section 50	FDA Sculptra
Other	Enzyme Replacement Therapy	J0218	Xenpozyme (olipudase alfa-rpcp)			CMS Benefit Manual Ch15, Section 50	FDA Xenpozyme (olipudase alfa-rpcp)
Other	Enzyme Replacement Therapy	J0219	Nexviazyme (avalglucosidase alfa-ngpt)			CMS Benefit Manual Ch15, Section 50	FDA Nexviazyme (avalglucosidase alfa-ngpt)
Other	Enzyme Replacement Therapy	J0567	Brineura (cerliponase alfa)			CMS Benefit Manual Ch15, Section 50	FDA Brineura (cerliponase alfa)
Other	Enzyme Replacement Therapy	J2508	Elfabrio (pegunigalsidase alfa-iwxj)			CMS Benefit Manual Ch15, Section 50	FDA Elfabrio (pegunigalsidase alfa-iwxj)
Other	Enzyme Replacement Therapy	J7171	Adzynma (apadamtase alfa)			CMS Benefit Manual Ch15, Section 50	FDA Adzynma (ADAMTS13, recombinant-krhn)
Other	Genetic Disorder Agents	J0217	Lamzede (velmanase alfa-tycv)			CMS Benefit Manual Ch15, Section 50	FDA Lamzede (velmanase alfa-tycv)
Other	Genetic Disorder Agents	J1429	Vyondys (golodirsen)			CMS Benefit Manual Ch15, Section 50	FDA Vyondys (golodirsen)
Other	Gout Treatment	J2507	Krystexxa (pegloticase)			CMS Benefit Manual Ch15, Section 50	FDA Krystexxa (pegloticase)
Other	Hereditary Angioedema Ag	J0596	C1 esterase inhibitor (recombinant), Ruconest			CMS Benefit Manual Ch15, Section 50	FDA Ruconest (C1 esterase inhibitor [recombinant])
Other	Hereditary Angioedema Ag	J0597	C1 esterase inhibitor (human), Berinert			CMS Benefit Manual Ch15, Section 50	FDA Berinert [C1 Esterase Inhibitor (human)]
Other	Hereditary Angioedema Ag	J0598	C1 esterase inhibitor (human), Cinryze			CMS Benefit Manual Ch15, Section 50	FDA Cinrynze (C1 Esterase Inhibitor [human])

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	CMS Internet Only Manuals	FDA Criteria
Other	Hereditary Angioedema Ag	J0599	C1 esterase inhibitor (human), (Haegarda)			CMS Benefit Manual Ch15, Section 50	FDA Haegarda (C1 Esterase Inhibitor subcutaneous [human])
Other	Immunomodulators	J0129	Orencia (abatacept)			CMS Benefit Manual Ch15, Section 50	FDA Orencia (abatacept)
Other	Kinase Inhibitor	J9057	Aliqopa (copanlisib)			CMS Benefit Manual Ch15, Section 50	FDA Aliqopa (copanlisib)
Other	Miscellaneous Agents	J0222	Onpattro (patisiran)			CMS Benefit Manual Ch15, Section 50	FDA Onpattro (patisiran)
Other	Miscellaneous Agents	J0223	Givlaari (givosiran)			CMS Benefit Manual Ch15, Section 50	FDA Givlaari (givosiran)
Other	Miscellaneous Agents	J0224	Oxlumo (lumasiran)			CMS Benefit Manual Ch15, Section 50	FDA Oxlumo (lumasiran)
Other	Miscellaneous Agents	J0225	Amvuttra (vutrisiran)			CMS Benefit Manual Ch15, Section 50	FDA Amvuttra (vutrisiran)
Other	Miscellaneous Agents	J7352	Scenesse (afamelanotide implant)			CMS Benefit Manual Ch15, Section 50	FDA Scenesse (afamelanotide)
Other	Miscellaneous Agents	J9332	Vyvgart (efgartigimod)			CMS Benefit Manual Ch15, Section 50	FDA Vyvgart (efgartigimod alfa-fcab)
Other	Unclassified Drugs	C9399	Unclassified drugs or biologicals			CMS Benefit Manual Ch15, Section 50	
Other	Unclassified Drugs	J3490	Unclassified Drugs		See CMS for specific drug information	CMS Benefit Manual Ch15, Section 50	
Other	Unclassified Drugs	J3535	Drug administered through a metered dose inhaler			CMS Benefit Manual Ch15, Section 50	
Other	Unclassified Drugs	J3590	Unclassified Biologics		See CMS for specific drug information	CMS Benefit Manual Ch15, Section 50	
Other	Unclassified Drugs	J7599	Immunosuppressive drug, not otherwise classified			CMS Benefit Manual Ch15, Section 50	
Other	Unclassified Drugs	J7699	NOC drugs, inhalation solution administered through DME			CMS Benefit Manual Ch15, Section 50	
Other	Unclassified Drugs	J7799	NOC drugs, other than inhalation drugs, administered through DME			CMS Benefit Manual Ch15, Section 50	
Other	Unclassified Drugs	J7999	Compounded drug, not otherwise classified		CMS Article A53021: Self-Administered Drug Exclusion List	CMS Benefit Manual Ch15, Section 50	
Other	Unclassified Drugs	J8498	Antiemetic drug, rectal/suppository, not otherwise specified			CMS Benefit Manual Ch15, Section 50	
Other	Unclassified Drugs	J8499	Prescription drug, oral, nonchemotherapeutic, NOS			CMS Benefit Manual Ch15, Section 50	
Other	Unclassified Drugs	J8597	Antiemetic drug, oral, not otherwise specified			CMS Benefit Manual Ch15, Section 50	

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	CMS Internet Only Manuals	FDA Criteria
Other	Unclassified Drugs	J8999	Prescription drug, oral, chemotherapeutic, NOS			CMS Benefit Manual Ch15, Section 50	
Other	Unclassified Drugs	J9999	Not otherwise classified, antineoplastic drugs			CMS Benefit Manual Ch15, Section 50	
Other	Unclassified Drugs	Q4082	Drug or biological, not otherwise classified, Part B drug competitive acquisition program (CAP)			CMS Benefit Manual Ch15, Section 50	