

## Blue Cross and Blue Shield of Minnesota and Blue Plus MHCP - PMAP/MNCare/MSC+ Prior Authorization and Notification Requirements

### Overview

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has a prior authorization process for various services, procedures, prescription drugs, and medical devices. The lists clarify medical policy, prior authorization, and notification requirements for the **Families and Children (F&C)**, **MinnesotaCare (MNCare)** and **Minnesota Senior Care Plus (MSC+)** products.

The full list of services, procedures, prescription drugs, and medical devices that require prior authorization can be found at the end of this document. The precertification process determines whether medical necessity exists based on *Clinical Criteria* and is not a reflection of a member's benefits or eligibility. Benefits and eligibility must be verified each time a member seeks services.

### Submitting Notification

**Pre-Admission notification is required** for all medical and behavioral health admissions.

- Starting 1/1/2024 the acute medical and behavioral health acute admission notification and discharge requirements will become automated for MN providers (including bordering counties) that are participating in the MN Encounter Alert Service (MN EAS) service.
- **For providers that are not participating** with MN EAS, admission and discharge notification is required and can be completed through the **Availity Essentials** portal at [availity.com/essentials](https://www.availity.com/essentials)
- **Post-acute facilities that require precertification**, the provider can complete the precertification and concurrent review processes (including medical record submission) through the **Availity Essentials** Portal.
- **All admissions to a non-participating facility require a prior authorization**

### Submitting Prior Authorizations

The Prior Authorization Look Up Tool is available on the Blue Cross website under Medical Management:

[Prior Authorization Lookup Tool | Blue Cross MN](#)

Providers can quickly determine if a service or item requires prior authorization from the health plan before care is provided by entering the member group number, date of service and procedure code. The PA Look Up tool response also includes details related to the medical policy or evidence-based criteria that may apply and any special instructions related to the prior authorization process.

### **MCG Care Guidelines**

Blue Cross licenses and utilizes MCG Care Guidelines to guide utilization management decisions and has the right to customize MCG Care Guidelines, as applicable. MCG Care Guidelines criteria are available upon request.

### **Accessing the Medical Policies:**

- [Minnesota Department of Human Services — Minnesota Health Care Program \(MHCP\) Provider Manual](#)
- Substance Use Disorder (SUD) Services, American Society of Addiction Medicine (ASAM)
- [Blue Cross Prior Authorization](#)
  - [Medical Policies](#)
    - Enter a specific medical policy name or part of a policy, word, or phrase into the search bar to search.
  - [Clinical Criteria Pharmacy Policies](#)

### **Prior Authorization and Notification List**

All services are subject to the member's benefits and medical necessity guidelines. Blue Cross may request a medical necessity review of a service even if precertification or PA is not required. Guidelines applied are based upon the member's product.

### **Retrospective PA Requests**

Retrospective clinical review will be considered by Blue Cross **prior** to the claim being submitted in consideration of scenarios that make obtaining an approval prior to rendering the service difficult, such as after-hours urgent situations.

**The following codes are included for informational purposes only and are subject to change without notice.**

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

| Blue Cross and Blue Shield of Minnesota and Blue Plus PMAP/MNCare/MS+ - Prior Authorization and Notification List |  |  |
|---|--|--|
| Criteria  | Service Category   | CPT/HCPCS Codes  |
| <b>Notification</b>   |  |  |
|   | Acute Medical and Acute Behavioral Health Inpatient Admissions           | <p><b>Participating Provider responsibility:</b></p> <ul style="list-style-type: none"> <li>Admission notification is required for all Medical and Behavioral Health admissions</li> <li>Non-Participating Providers must submit a Prior Authorization for all inpatient admissions.</li> </ul> <p><b>Blue Cross responsibility:</b></p> <ul style="list-style-type: none"> <li>Utilization department may contact providers for select continued stay reviews and discharge planning</li> </ul> |
| <b>Ancillary Services</b>   |  |  |
| MHCP  | Non-emergent fixed wing air ambulance                                    | A0430, A0431, A0435, A0436   |
| <b>Behavioral Health</b>  |  |  |
| MHCP  | Applied Behavioral Analysis (EIDBI)                                      | 97153, 97154, 97155, 97156, 97157, 0373T   |
| <b>Inpatient Subacute Facilities</b>  |  |  |
| MCG   | Inpatient Rehabilitation   | No specific codes  |
| MCG   | Long Term Acute Care (LTAC)  | No specific codes  |
| MCG   | Mental Health Residential Services, Eating Disorder Residential Services | H0019  |
| MHCP  | Children's Mental Health and Residential Treatment                       | H0019  |
| MHCP  | Intensive Residential Treatment Services (IRTS)                          | H0019  |
| ASAM  | Substance Use Disorder Residential Services                              | Residential 5-digit Value Codes for Billing Direct Access  |
| <b>Durable Medical Equipment</b>  |  |  |
| MHCP  | Cochlear Implants  | L8614, L8615, L8619, L8627, L8628, L8691   |

|                         |  |  |
|-------------------------|--|--|
| MHCP, VII-16            | Microprocessor Controlled Lower Limb Prosthesis  | K1014, L2006, L5856, L5857, L5858, L5859, L5969, L5973, L5990  |
| MHCP                    | Power Wheelchairs  | E1230, E1239, K0013, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899 |
| MHCP                    | Unlisted DME if billed amount per item is over \$1500  | E1399, K0108, K0669  |
| <b>Genetic Testing</b>  |  |  |
| VI-16                   | Genetic Testing for Hereditary Breast and Ovarian Cancer   | 0102U, 0103U, 0129U, 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217, 81307, 81308, 81432, 81433, 81479   |
| MHCP                    | Gene Expression Profiling for Managing Breast Cancer Treatment   | 81518, 81599, 84999  |
| <b>Home Health Care</b> |  |  |
| MCG                     | Home Care Nursing (HCN) — Private Duty Nursing ( <b>MSC+ Only</b> )<br><br><b>Not covered by Blue Cross for Families and Children or MNCare members</b>  | T1000, T1002, T1003  |
| MHCP                    | Home Health Care (Skilled Nursing Visit and Home Health Aide)<br><br><b>Families and Children and MNCare members:</b> Home care visits after 20 visits (skilled nursing and/or home health aide)<br><br><b>MSC+ members:</b> Precertification/PA is not required for Medicare PPS episodes. Home care agencies should coordinate visits and need for PA with the member's care coordinator. <b>All home care requests must come from the care coordinator.</b> | T1021, T1030, T1031  |

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|--|---|---|
| MHCP   | Personal Care Assistant (PCA)<br><br><b>MSC+ members:</b> PCA agencies should coordinate visits and need for PA with the member's care coordinator. <b>All PCA requests must come from the care coordinator.</b><br><br><b>Not covered by Blue Cross for Families and Children or MNCare members.</b> | T019  |
| <b>Housing Stabilization (PA obtained through DHS)</b> |   |   |
| MHCP   | Housing stabilization   | T2024 (U8), H2015 (U8/TS)   |
| MHCP   | Moving Expenses   | T2038 (UA)  |
| <b>Medical</b>   |   |   |
| II-144   | Cellular Immunotherapy for Prostate Cancer  | Q2043   |
| <b>Surgical</b>  |   |   |
| IV-01  | Balloon Sinus Ostial Dilation   | 31295, 31296, 31297   |
| MHCP, IV-19  | Bariatric Surgery and Other Treatments for Clinically Severe Obesity  | 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888 |
| IV-17  | Blepharoplasty and Brow Ptosis Repair   | 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908   |
| IV-14  | Breast Implant, Removal or Replacement<br>(*No PA required for breast reduction due to breast cancer)   | 11970, 19325, 19328, 19330, 19340, 19342, 19396, L8600  |
| IV-143   | Closure Devices for Atrial Septal Defects and Patent Foramen Ovale  | 93580   |
| IV-123   | Gender Affirming Procedures   | 55970, 55980, 56805, 57291, 57292, 57335  |
| IV-80  | Implanted Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea  | 64582, 64583  |
| IV-71  | Gynecomastia Surgery  | 19300   |

|                          |   |   |
|--------------------------|---|---|
| IV-86                    | Ventricular Assist Devices and Total Artificial Hearts            | 33927, 33928, 33929, 33975, 33976, 33979, 33981, 33982, 33983, 33990, 33991, 33995  |
| IV-16                    | Orthognathic Surgery  | 21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, |
| IV-24                    | Panniculectomy/Excision of Redundant Skin or Tissue               | 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839  |
| IV-164                   | Perirectal Spacer for Use During Radiotherapy for Prostate Cancer | 55874   |
| IV-32                    | Reduction Mammoplasty   | 19318   |
| IV-73                    | Rhinoplasty, Septorhinoplasty, and Septoplasty                    | 30400, 30410, 30420, 30430, 30435, 30450  |
| MCG                      | Spine – Cervical Fusion   | 22548, 22551, 22552, 22554, 22585, 22590, 22595, 22600, 22614   |
| MCG                      | Spine – Lumbar Fusion   | 22533 22534, 22558, 22585, 22612, 22630, 22632, 22633, 22634  |
| IV-126                   | Spine – Sacroiliac Joint Fusion                                   | 27279   |
| V-10                     | Transcatheter Uterine Artery Embolization                         | 37243, 37244  |
| <b><i>Transplant</i></b> |   |   |
| MHCP                     | Pancreas Transplantation and Pancreas Kidney Transplantation      | 48550, 48551, 48552, 48554, 48556, 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50547  |
| MHCP                     | Small Bowel, Small Bowel/Liver and Multivisceral Transplantation  | 44132, 44133, 44135, 44136, 44715, 44720, 44721, 47143, 47144, 47145, 47146, 47147, 48551, 48552  |
| MHCP                     | Heart Transplant  | 33940, 33944, 33945   |
| MHCP                     | Heart/Lung Transplant   | 33930, 33933, 33935   |
| MHCP                     | Hematopoietic Stem Cell Transplant                                | 38205, 38206, 38210, 38211, 38212, 38213, 38214, 38215, 38230, 38232, 38240, 38241, 38243   |
| MHCP                     | Intestinal Transplant   | 44132, 44133, 44135, 44136, 44715, 44720, 44721   |
| MHCP                     | Liver Transplant  | 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147  |

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|---|---|---|
| MHCP  | Lung Transplant                                 | 32850, 32851, 32852, 32853, 32854, 32855, 32856 |
| MHCP  | Pancreatic Islet Cell Transplant                | 48160, G0341, G0342, G0343                      |
| <i>Drugs and Injectables Under the Medical Benefit</i>  |   |   |
| <i>Note: Specialty drugs that require PA but have a coverage/price factor code of 4 on the MHCP Fee Schedule are not covered when billed separately. They may only be covered when approved as medically necessary and billed as part of a covered inpatient hospital stay.</i> |   |   |
| II-252  | Abecma (idecabtagene vicleucel)                 | Q2055   |
| II-181  | Actemra & Tofidence (tocilizumab)               | J3262, J3490, J3590, C9399                      |
| MHCP  | Actimmune (Interferon Gamma-1 b)                | J9216   |
| MHCP  | Adakveo (crizanlizumab)                         | J0791   |
| MHCP  | Adcetris (brentuximab vedotin)                  | J9042   |
| II-274  | Adstiladrin (nadofaragene firadenovec)          | C9399, J3490, J3590                             |
| MHCP  | Aduhelm (aducanumab)                            | J0172   |
| II-186, II-256  | Agents for Pompe Disease (Lumizyme, Nexviazyme) | J0219, J0221                                    |
| MHCP  | Akynzeo (fosnetupitant and palonosetron)        | J1454   |
| II-216  | Aldurazyme (laronidase)                         | J1931   |
| II-264  | Amvuttra (vutrisiran)                           | J0225   |
| MHCP  | Aliqopa (copanlisib)                            | J9057   |
| II-206  | Alpha-1 Proteinase Inhibitor Therapy            | J0256, J0257                                    |
| II-251  | Amondys 45 (casimersen)                         | J1426   |
| II-173  | Aphexda (Motixafortide)                         | C9399, J3490, J3590                             |
| MHCP  | Bavencio (avelumab)                             | J9023   |
| II-152  | Benlysta (belimumab)                            | J0490   |
| MHCP  | Besponsa (inotuzumab ozogamicin)                | J9229   |
| II-16   | Botox (onabotulinumtoxinA)                      | J0585   |
| II-249  | Breyanzi (lisocabtagene maraleucel)             | Q2054   |

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|---------|--|---------------------|
| MHCP    | Brineura (cerliponase alfa)  | J0567               |
| II-275  | Briumvi (Ublituximab)  | C9399, J3490, J3590 |
| II-262  | Carvykti (ciltacabtagene autoleucel)   | Q2056               |
| II-173  | Casgevy (Exagamglogene autotemcel)   | C9399, J3490, J3590 |
| II-03   | Chelation Therapy  | M0300, J3520        |
| II-179  | Cimzia (certolizumab pegol) (when drug administered under the direct supervision of a physician, not when drug is self-administered) | J0717               |
| II-202  | Cinqair (reslizumab)   | J2786               |
| MHCP    | Crysvita (burosumab-twza)  | J0584               |
| MHCP    | Darzalex (daratumumab)   | J9145               |
| II-173  | Daxxify (DaxibotulinumtoxinA-lamn)   | C9160, J3490, J3590 |
| MHCP    | Denosumab Agents (Prolia, Xgeva)   | J0897               |
| MHCP    | Durysta (bimatoprost implant)  | J7351               |
| II-16   | Dysport (abobotulinumtoxinA)   | J0586               |
| II-215  | Elaprase (idurasufase)   | J1743               |
| II- 173 | Elevidys (delandistrogene moxeparvovec-rokl)   | C9399, J3490, J3590 |
| II-281  | Elfabrio (pegunigalsidase alfa)  | C9399, J3490, J3590 |
| MHCP    | Elzonris (tagraxofusp-ezrs)  | J9269               |
| MHCP    | Empliciti (elotuzumab)   | J9176               |
| MHCP    | Enbrel (etanercept) (when drug administered under the direct supervision of a physician, not when drug is self-administered)         | J1438               |
| MHCP    | Enhertu (fam-trastuzumab deruxtecan-nxki)  | J9358               |
| II-263  | Enjaymo (sutimlimab-jome)  | J1302               |
| II-182  | Entyvio (vedolizumab)  | J3380               |
| II-214  | Enzyme Replacement Therapy for Gaucher Disease   | J1786, J3060, J3385 |



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|--------|---|---|
| MHCP   | Erwinaze (asparaginase)   | J9019   |
| MHCP   | Evenity (romosozumab-aqqg)  | J3111   |
| II-250 | Evkeeza (evinacumab)  | J1305   |
| MHCP   | Exondys 51 (eteplirsen)   | J1428   |
| II-26  | Fabrazyme (agalsidase beta)   | J0180   |
| II-203 | Fasenra (benralizumab)  | J0517   |
| II-204 | Gamifant (emapalumab-lzsg)  | J9210   |
| II-273 | Gene Therapy for Hemophilia (Hemgenix)  | J1411   |
| II-268 | Gene Therapy for Cerebral Adrenoleukodystrophy: Skysona (elivaldogene autotemcel) | J3490, J3590, C9399   |
| MHCP   | Givlaari (givosiran)  | J0223   |
| MHCP   | Granisetron   | J1627   |
| MHCP   | Growth Hormone (somatrem, somatropin)   | J2940, J2941  |
| MHCP   | Humira (adalimumab)   | J0135, C9399, J3590   |
| MHCP   | Ilaris (canakinumab)  | J0638   |
| II-222 | Ilumya (tildrakizumab)  | J3245   |
| MHCP   | Imlygic (talimogene laherparepvec)  | J9325   |
| II-51  | Immunoglobulins   | 90281, 90283, 90284, C9399, J1459, J1460, J1555, J1556, J1557, J1559, J1560, J1561, J1566, J1568, J1569, J1572, J1575, J1599, J3490 |
| MHCP   | Implantable and Extended-Release Buprenorphine-Containing Agents                  | J0570, Q9991, Q9992   |
| II-97  | Infliximab  | J1745, Q5103, Q5104, Q5109, Q5121   |
| MHCP   | Interferon, alfa-N3, (human leukocyte derived)                                    | J9215   |
| II-29  | Intra-articular Hyaluronan Injections for Osteoarthritis                          | J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329, J7331, J7332   |

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|--------|---|----------------------------|
| II-100 | Intravitreal Corticosteroid Implants (Retisert, Iluvien, Ozurdex) | J7311, J7312, J7313        |
| MHCP   | Intravitreal Corticosteroid Implant (Yutiq)                       | J7314                      |
| II-243 | Iron Agents (Feraheme, Injectafer, Monoferric) (Medicaid only)    | J1437, J1439, Q0138        |
| MHCP   | Kalbitor (ecallantide)  | J1290                      |
| MHCP   | Kanuma (sebelipase alfa)  | J2840                      |
| II-147 | Krystexxa (pegloticase)   | J2507                      |
| II-183 | Kymriah (tisagenlecleucel)  | Q2042                      |
| II-278 | Lamzede (velmanase alfa)  | C9399, J3490, J3590        |
| MHCP   | Lartruvo (olaratumab)   | J9285                      |
| II-184 | Lemtrada (alemtuzumab)  | J0202                      |
| II-173 | Leqembi (lecanemab)   | J0174                      |
| II-258 | Leqvio (inclisiran)   | J1306                      |
| MHCP   | Libtayo (cemiplimab-rwlc)   | J9119                      |
| MHCP   | Lumoxiti (moxetumomab pasudotox-tdfk)                             | J9313                      |
| MHCP   | Lutathera (lutetium Lu 177 dotatate)                              | A9513                      |
| MHCP   | Luxturna (voretigene neparvovec-rzyl)                             | J3398                      |
| II-173 | Lyfgenia (Lovotibeglogene autotemcel)                             | C9399, J3490, J3590        |
| MHCP   | Mepsevii (vestronidase alfa)                                      | J3397                      |
| MHCP   | Monjuvi (tafasitamab-cxix)  | J9349                      |
| MHCP   | Mozobil (plerixafor)  | J2562                      |
| II-16  | Myobloc (rimabotulinumtoxinB )                                    | J0587                      |
| II-217 | Naglazyme (galsulfase)  | J1458                      |
| II-223 | Naltrexone Implantable Pellets                                    | 22999, 49999, J3490, J7999 |
| II-211 | Nplate (romiplostim)  | J2796                      |
| II-201 | Nucala (mepolizumab)  | J2182                      |

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|--------|--|----------------------------|
| II-210 | Nulibry (fosdenopterin)  | J3490, J3590, C9399        |
| MHCP   | Nulojix (belatacept)   | J0485                      |
| II-185 | Ocrevus (ocrelizumab)  | J2350                      |
| MHCP   | Onpattro (patisiran)   | J0222                      |
| II-161 | Orencia (abatacept)  | J0129                      |
| II-248 | Oxlumo (lumasiran)   | J0224                      |
| MHCP   | Padcev (enfortumab vedotin)  | J9177                      |
| MHCP   | Phesgo (pertuzumab/trastuzumab/hyaluronidase)  | J9316                      |
| MHCP   | Polivy (polatuzumab vedotin-piiq)  | J9309                      |
| II-107 | Prostacyclin Infusion and Inhalation Therapy   | J1325, J3285               |
| II-173 | Qalsody (tofersen)   | C9399, J3490, J3590        |
| MHCP   | Radicava (edaravone)   | J1301                      |
| MHCP   | Reblozyl (luspaterecept)   | J0896                      |
| MHCP   | Revcovi (elapegedemase)  | C9399, J3590               |
| II-47  | Rituximab Agents for Non-Oncologic Indications   | J9312, Q5115, Q5119, Q5123 |
| II-173 | Roctavian (valoctocogene roxaparvovec-rvox)  | C9399, J3490, J3590        |
| II-287 | Rystiggo (Rozanolixizumab)   | J9333                      |
| II-255 | Saphnelo (anifrolumab-fnia)  | J0491                      |
| MHCP   | Sarclisa (isatuximab-irfc)   | J9227                      |
| II-238 | Scenesse (afamelanotide)   | J7352                      |
| II-71  | Selective Vascular Endothelial Growth Factor (VEGF) Antagonists (Byooviz)                                | Q5124                      |
| II-71  | Selective Vascular Endothelial Growth Factor (VEGF) Inhibitors (Beovu, Eylea, Cimerli and Lucentis only) | J0178, J0179, Q5128, J2778 |
| II-180 | Simponi (golimumab)  | J1602                      |

|                 |   |                            |
|-----------------|---|----------------------------|
| II-265          | Skyrizi (risankizumab-rzaa) (Intravenous only)              | J2327                      |
| MHCP            | Soliris (eculizumab)  | J1300                      |
| II-269          | Spevigo (spesolimab-sbzo)                                   | J1747                      |
| MHCP            | Spinraza (nusinersen)                                       | J2326                      |
| MHCP            | Spravato (esketamine) Nasal Spray                           | S0013, C9399, J3490        |
| II-168          | Stelara (ustekinumab)                                       | J3357, J3358               |
| II-159          | Subcutaneous Hormonal Implants (for estrogen implants only) | J3490                      |
| II-277          | Syfovre (pegcetacoplan)                                     | C9399, J3490, J3590        |
| MHCP            | Synagis (palivizumab)                                       | 90378                      |
| II-245          | Tecartus (brexucabtagene autoleucel)                        | Q2053                      |
| MHCP            | Tecentriq (atezolizumab)                                    | J9022                      |
| MHCP            | Tepezza (teprotumumab-trbw)                                 | J3241                      |
| MHCP            | Testopel (subcutaneous testosterone implant)                | S0189                      |
| II-259          | Tezspire (tezepelumab-ekko)                                 | J2356                      |
| MHCP            | Trodelyv (sacituzumab govitecan)                            | J9317                      |
| MHCP            | Trogarzo (ibalizumab-uiyk)                                  | J1746                      |
| II-49           | Tysabri (natalizumab)                                       | J2323                      |
| II-272          | Tzield (teplizumab)   | C9399, J3490, J3590        |
| MHCP            | Ultomiris (ravulizumab-cwvz)                                | J1303                      |
| MHCP and II-173 | Unclassified drugs  | C9399, J3490, J3590, J9999 |
| II-244          | Uplizna (inebilizumab)                                      | J1823                      |
| MHCP            | Viltepsa (viltolarsen)                                      | J1427                      |
| MHCP            | Vimizim (elosulfase alfa)                                   | J1322                      |
| MHCP            | Vyepti (eptinezumab)  | J3032                      |
| MHCP            | Vyondys 53 (golodirsen)                                     | J1429                      |
| II-260          | Vyvgart & Vyvgart Hytrulo (efgartigimod alfa-fcab)          | J9332, J9334               |

Blue Cross and Blue Shield of Minnesota and Blue Plus  
 MHCP - PMAP/MNCare/MS+  
 Prior Authorization/Notification List



|        |   |                     |
|--------|---|---------------------|
| II-270 | Xenpozyme (olipudase alfa)                            | J0218               |
| II-16  | Xeomin (incobotulinumtoxinA)                          | J0588               |
| II-145 | Xiaflex (clostridial collagenase histolyticum)        | J0775               |
| II-257 | Xipere (triamcinolone acetone) for Suprachoroidal Use | J3299               |
| II-34  | Xolair (omalizumab)                                   | J2357               |
| II-187 | Yescarta (axicabtagene ciloleucel)                    | Q2041               |
| MHCP   | Yondelis (trabectedin)                                | J9352               |
| MHCP   | Zepzelca (lurbinectedin)                              | J9223               |
| MHCP   | Zinplava (bezlotoxumab)                               | J0565               |
| II-230 | Zolgensma (onasemnogene abeparvovec)                  | J3399               |
| II-231 | Zulresso (brexanolone)                                | J1632               |
| II-173 | Zymfentra (Infliximab-dyyb)                           | C9399, J3490, J3590 |
| II-267 | Zynteglo® (Betibeglogene autotemcel)                  | C9399, J3490, J3590 |