



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 10/1/2025

The following medical coverage policies are either new policies, policies that have been updated, or policies that have completed their annual review. The second column provides significant information regarding content change that might be of importance to you. The third column provides the effective date of the policy changes and when the updated / new policy will be posted on the [Provider Medical Resource website](#).

BSWHP Medical Policies	Change	Effective Date
213 – Medical Necessity Determination	Remove the phrase “Prior Authorization: Not Applicable”; Updated Texas Administrative Code hyperlink	10/01/2025
219 – Cancer Chemotherapy/ Therapy Guidelines	Added renewal criteria	10/01/2025
230 – Nusinersen (Spinraza)	Added requirement of submitted documentation. Updated initial and renewal request heading. Updated to standard language for indication, prescriber, dosing. Rearranged criteria to standardized order. Updated experimental and investigational language. Background section simplified.	10/01/2025
236 – Medications, Services & Supplies NOT Medically Necessary	Removed codes that are termed (C1834, C1841, C9752, C9753, M0239, Q0239, 0346U, 0380U, 0396U, 0398T,	10/01/2025
306 – Step Therapy Policy – Commercial	Added denosumab biosimilars to bone antiresorptive therapy class	10/01/2025
307 – Step Therapy Policy – Medicare Part B	Added denosumab biosimilars to bone antiresorptive therapy class	10/01/2025
235 – Palivizumab (Synagis)	No changes.	11/01/2025

238 – Cerliponase alfa (Brineura)	Updated universal and renewal request heading. Updated to standard language for indication and experimental and investigational language. Background section simplified.	11/01/2025
263 – Cosmetic Procedure and Treatment	Removed “Medicare NCD or LCD specific InterQual criteria may be used when available.” Added the following procedures with their respective CPT codes to the table along with guidance: Genioplasty (21120, 21121, 21122, 21123), Maxillofacial procedures (21082, 21083, 21087, 21088, 21089), mandible augmentation (21125, 21127), orthognathic surgery (21193, 21194, 21198, 21199, 21206, 21208, 21210, 21215), Reconstructive Surgeries Involving Bones of the Skull and Face (21175 and 21183) and rhinoplasty (30400, 30410, 30420, 30430, 30435, 30450, 30460)	11/01/2025
278 – Axicabtagene (Yescarta)	Updated beginning note to align with standard language, Updated age requirement to align with standard language, Updated prescriber requirement to align with standard language, Updated dosing and administration language to align with standard language, Updated monotherapy language to align with standard language, Removed REMS program requirement, Updated apheresis language to align with standard language, Updated formatting of no prior treatment with CAR T-cell immunotherapy requirement, Added examples of anti-CD19 therapy, Updated universal exclusion criteria language, Updated universal exclusion criteria from “Primary CNS lymphoma” to “CNS involvement”, Removed the following universal exclusion criteria to align with OncoHealth: History of CNS disorders, Active inflammatory disorder requiring systemic immunosuppression, Richter transformation, Active GVHD, Unmanaged venous thrombosis or embolism, Pregnant, Updated lifetime treatment and experimental and investigational language to align with standard language, Updated background section, Removed duplicate citation, Updated citation to AMA format.	11/01/2025
279 – Tisagenlecleucel (Kymriah)	Updated beginning note to align with standard language, Updated age requirement to align with standard language, Updated prescriber requirement to align with standard language, Removed REMS program requirement, Updated indication specific title, Updated dosing and administration language to align with standard language, Updated monotherapy language to align with standard language, Updated apheresis language to align with standard language, Updated formatting of no prior treatment with CAR T-cell immunotherapy requirement, Added examples of anti-CD19 therapy, Updated universal exclusion criteria language, Removed the following universal exclusion criteria to align with OncoHealth: Active GVHD, On immunosuppression for autoimmune disorder/transplant, Pregnant, Updated lifetime treatment and experimental and investigational language to align with standard language, Updated background section, Updated citation to AMA format.	11/01/2025
281 – Brexucabtagene (Tecartus)	Updated beginning note to align with standard language, Updated age requirement to align with standard language, Updated prescriber requirement to align with standard language, Updated dosing and administration language to align with standard language, Updated monotherapy language to align with standard language, Updated apheresis language to align with standard language, Removed REMS program requirement, Updated formatting of no prior treatment with CAR T-cell immunotherapy requirement, Added examples of anti-CD19 therapy, Updated universal exclusion criteria language, Removed the following universal exclusion criteria to align with OncoHealth: History of CNS disorders, Primary immunodeficiency, Pregnant, Added "Central nervous system involvement" to MCL exclusion criteria, Updated B- ALL exclusion criteria from “History of CNS” to “Presence of CNS” Removed the following B-ALL exclusion criteria to align with OncoHealth: Active inflammatory disorder requiring systemic immunosuppression, Active GVHD Updated lifetime treatment and experimental and investigational language to align with standard language, Updated background section, Updated citation to AMA format.	11/01/2025

305 – Nirsevimab (Beyfortus)	No changes.	11/01/2025
280 – Medications for Duchenne Muscular Dystrophy	Renamed policy to “Gene Based Therapies for Duchenne Muscular Dystrophy” Updated universal request heading. Updated to standard language for authorization duration and experiment and investigational language. Background section simplified. Reference section standardized to AMA format	12/01/2025
314 – Nogapendekin alfa inbakicept (Anktiva)	Updated beginning note to align with standard language, Added criteria title to align with standard language, Updated formatting of age requirement, Updated to standard language for indication and prescriber, Streamlined urothelial cell histology language, Added language to clarify BCG unresponsive definitions, Added standard language for dosing and administration, Added renewal criteria, Added maximum treatment authorization, Added CPT Code, Updated HCPCS codes, Added ICD-10 codes, Updated reference note to align with standard language, Updated references to AMA style	12/01/2025

Notice:

New to market medical specialty drugs may require prior authorization. This includes new medical drugs with a drug specific Healthcare Common Procedure Coding System (HCPCS) code as well as drugs with a miscellaneous HCPCS code. Please note inclusion of a drug in this update document does not guarantee benefit coverage. You should verify benefits prior to requesting authorization. Payment for authorized services is contingent upon verification of eligibility for benefits, the benefits available in the member's plan, the applicable contractual limitations, restrictions and exclusions.

**Prior Authorization List Changes
Effective 10/1/2025**

Service Code	Description	PA Change	Line of Business
95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	Add	ASO / Self-funded
95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	Remove	Medicare (Not Covered)
J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	Remove	All Plans, EXCEPT Medicaid / CHIP
	NOTE: The following additions are for pharmaceuticals previously requiring Prior Authorization using miscellaneous codes and now have been assigned a unique code		
C9305	Injection, nipocalimab-aahu, IV	Add	All Plans, EXCEPT Medicaid / CHIP
C9306	Injection, telisotuzumab vedotin-vedotin-tllv, IV	Add	All Plans, EXCEPT Medicaid / CHIP
J0614	Injection, treosulfan	Add	All Plans
J0681	Injection, ceftobiprole medocartil sodium, IV	Add	All Plans, EXCEPT Medicaid / CHIP
J1809	Injection, fosdenopterin, 0.1mg	Add	All Plans, EXCEPT Medicaid / CHIP
J3403	Intravitreal, revakinagene taroretcel-lwey, implant	Add	All Plans, EXCEPT Medicaid / CHIP

J7174	Injection, fitusiran, SC	Add	Medicare
J9011	Injection, datopotamab deruxtecan-dlnk	Add	All Plans, EXCEPT Medicaid / CHIP
Q5157	Injection, denosumab-bmwo, SC	Add	All Plans, EXCEPT Medicaid / CHIP
Q5158	Injection, denosumab-bnht	Add	All Plans, EXCEPT Medicaid / CHIP
Q5159	Injection, denosumab-dssb, 70mg/ml	Add	All Plans, EXCEPT Medicaid / CHIP

**Prior Authorization List Changes
(30-Day Notice / SECOND NOTICE)
Effective 11/1/2025**

Service Code	Description	PA Change	Line of Business
J3402	Injection, remestemcel-L-rknd	Add	All Plans, EXCEPT Medicaid / CHIP
J7173	Injection, concizumab-mtci	Add	All Plans, EXCEPT Medicaid / CHIP
Q5115	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Remove	All Plans
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Remove	All Plans
Q5154	Injection, omalizumab-igec, biosimilar, 5mg	Add	All Plans, EXCEPT Medicaid / CHIP
Q5155	Injection, aflibercept-jbvf, biosimilar, 1mg	Add	All Plans, EXCEPT Medicaid / CHIP
Q5156	Injection, tocilizumab-anoh, biosimilar, 1mg	Add	All Plans, EXCEPT Medicaid / CHIP

	NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated to HCPCS code(s) when new code(s) are assigned		
C9399 J3590	Topical, prademagene zamikeracel sheets	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Intravesical, mitomycin	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, linvoseltamab-gcpt, IV	Add	All Plans, EXCEPT Medicaid / CHIP

**Prior Authorization List Changes
(60-Day Notice / FIRST NOTICE)
Effective 12/1/2025**

Service Code	Description	PA Change	Line of Business
	NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated to HCPCS code(s) when new code(s) are assigned		
J9999	Injection, bendamustine	Add	All Plans, EXCEPT Medicaid / CHIP
C9399	Injection, gemcitabine (Avyxa 505(b)(2))	Add	All Plans, EXCEPT Medicaid / CHIP
C9399	Injection, bevacizumab-nwgd IV	Add	All Plans, EXCEPT Medicaid / CHIP
C9399	Injection, carboplatin IV	Add	All Plans, EXCEPT Medicaid / CHIP

Additional Information for Providers

The rendering provider must be the same on the preauthorization request and on the claim's submission. If there is a change, it is imperative

that the utilization review team is notified to amend the preauthorization in a timely manner.

[Click here](#) and scroll down to 12-Month Archive (Medical and Prior Authorization Policies) to access Coverage Policy and Prior Authorization Update Notices from the previous 12 months.

As always, we welcome your comments. You can reach us at: HPMedicalDirectors@BSWHealth.org

BSWHP Medical Director