



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 10/1/2026

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
230 Nusinersen (Spinraza)	Updated initial motor testing criteria to remove baseline requirement.	10/01/2026
235 Synagis (Palivizumab)	Retired	10/01/2026
238 Cerliponase alfa (Brineura)	No changes	10/01/2026
278 Axicabtagene Ciloleucel (Yescarta)	Added indication specific criteria for Primary CNS lymphoma, Pediatric PMBCL. Updated codes. Updated background section. Updated references section. Minor formatting updates.	10/01/2026
279 Tisagenlecleucel (Kymriah)	Updated codes. Minor formatting updates.	10/01/2026
281 Brexucabtagene autoleucel (Tecartus)	Updated codes. Minor formatting updates.	10/01/2026
305 Nirsevimab (Beyfortus)	Specified coverage allowed if pregnant parent was not vaccinated during current pregnancy. Updated background section and references.	10/01/2026
306 Step Therapy – Commercial	Added Vykoura to leucovorin class	10/01/2026
307 Step Therapy – Medicare	Added Vykoura to leucovorin class	10/01/2026

320 Beremagene geperpavec-svdt (Vyjuvek)	New policy	10/01/2026
321 Prademagene zamikeracel (Zevaskyn)	New policy	10/01/2026
254 Emapalumab (Gamifant)	Reformatted for universal and indication specific initial and renewal criteria. Changed molecular diagnosis mutations to examples. Added conventional treatment examples. Removed need for concomitant dexamethasone administration. Removed TB test examples. Added criteria for HLH/MAS. Updated authorization duration. Simplified background and added information for HLH/MAS.	11/01/2026
272 -- Therapy Services	Removed any references to Medicaid/CHIP, formatting changes	11/01/2026
201 – Ventricular Assist Devices	Formatting changes, added VAD Supplies and Accessories with supporting references	12/01/2026
280 – Gene Based Therapies for Duchenne Muscular Dystrophy	Added recent infection and liver impairment to delandistrogene exclusion criteria. Updated HCPCS codes.	12/01/2026
319 – Ravulizumab (Ultomiris)	No changes	12/01/2026

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 10/1/2026**

Service Code	Description	PA Change	Line of Business
J7514	Mycophenolate mofetil (myhibbin), oral suspension, 5mg	Termed Code Remove	All lines of business
J7528	Mycophenolate mofetil, for suspension, oral, 5 mg	Termed Code Remove	All lines of business
J9352	Injection, trabectedin, 0.01 mg	Termed Code Remove	All lines of business
A9517	Iodine I-131 sodium iodide capsule(s), therapeutic, per mCi	Remove	All lines of business
	NOTE: The following additions are for pharmaceuticals previously on PA using alternative / miscellaneous codes which have been assigned updated CPT / HCPCS code(s)		
J0644	Injection, leucovorin calcium (avyxa), 1 mg	Add	Commercial, Medicare, Self-funded
J1757	Injection, tividenofusp alfa-eknm, 1 mg	Add	Commercial, Medicare, Self-funded
J1818	Injection, pegzilarginase-nbln, 0.05 mg	Add	Commercial, Medicare, Self-funded

J3406	Injection, omidubicel-only, per therapeutic dose	Add	Commercial, Medicare, Self-funded
J9066	Injection, bendamustine hydrochloride (avyxa), 1 mg	Add	Commercial, Medicare, Self-funded
J9186	Injection, etoposide (avyxa), 1 mg	Add	Commercial, Medicare, Self-funded
J9191	Injection, fluorouracil (avyxa), 10 mg	Add	Commercial, Medicare, Self-funded
J9362	Injection, trabectedin, 0.01 mg	Add	Commercial, Medicare, Self-funded
Q5172	Injection, filgrastim-laha (filkri), biosimilar, 1mg	Add	Commercial, Medicare, Self-funded
Q5173	Injection, denosumab-adet (ponlimsi), biosimilar, 1mg	Add	Commercial, Medicare, Self-funded
J7524	Mycophenolate mofetil, oral, 5 mg	Add	Medicare
J7529	Mycophenolate mofetil, for suspension, oral, 5 mg	Add	Medicare
J7530	Mycophenolate mofetil (myhibbin), oral suspension, 5mg	Add	Medicare

**Prior Authorization List Changes
(30-Day Notice / SECOND NOTICE)
Effective 11/1/2026**

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		
C9399 J9999	Injection, pivekimab sunirine-pvzy, IV	Add	Commercial, Medicare, Self-funded
C9399 J9999	Injection, trabectedin, IV	Add	Commercial, Medicare, Self-funded
C9399 J3590	Injection, bulevirtide-gmod, SC	Add	Commercial, Medicare, Self-funded
C9399 J3590	Intracochlear Infusion, lunsotogene parvec-cwha suspension	Add	Commercial, Medicare, Self-funded
J3590	Injection, pegfilgrastim-pccg	Add	Commercial, Medicare, Self-funded
C9399 J3590	Injection, veligrotug-vvze, IV	Add	Commercial, Medicare, Self-funded
C9399 J3490	Injection, fosaprepitant, IV, 505(b)(2)	Add	Commercial, Medicare, Self-funded
C9399 J9999	Injection, isatuximab-irfc, SC	Add	Commercial, Medicare, Self-funded
C9399 J3590	Injection, allogeneic regulatory T cell immunotherapy with HSPC and T cells-vldq suspension, IV	Add	Commercial, Medicare, Self-funded
C9399 J3590	Injection, atacicept-vymj, SC	Add	Commercial, Medicare, Self-funded

**Prior Authorization List Changes
(60-Day Notice / FIRST NOTICE)
Effective 12/1/2026**

Service Code	Description	PA Change	Line of Business
J7531	Prednisolone sodium phosphate, orally disintegrating tablet, 1 mg	Add	Medicare

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