Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 11/1/2025

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
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
236 - Medications, Services & Supplies NOT Medically Necessary	Remove codes 0338T and 0339T as no longer consider E&I	12/01/2025
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

064 – Gender Affirming Care	Added section on coverage for FEHB plans. Added “Protecting Children from Chemical and Surgical Mutilation” executive order reference under “Mandates” section. Added FEHB Program Carrier Letter and Executive Order references to “References” section.	01/01/2026
306 – Step Therapy – Commercial	Removed denosumab biosimilars for Prolia. Added denosumab biosimilars for Xgeva. Added the following classes: anti-emetics, EGFR inhibitors, irinotecan, leucovorin, methotrexate, PD-1 inhibitors, pemetrexed, Trop-2 directed antibody inhibitors.	01/01/2026
307 – Step Therapy – Medicare	Removed denosumab biosimilars for Prolia. Added denosumab biosimilars for Xgeva. Added the following classes: irinotecan, leucovorin, methotrexate, PD-1 inhibitors, pemetrexed, Trop-2 directed antibody inhibitors.	01/01/2026
319 – Ravulizumab (Ultomiris)	New policy	01/01/2026

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 10/1/2025

Service Code	Description	PA Change	Line of Business
J3402	Injection, remestemcel-L-rknd	Add	Medicaid / CHIP
J3403	Intravitreal, revakinagene taroretcel-lwey, implant	Add	Medicaid / CHIP

Prior Authorization List Changes
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
(30-Day Notice / SECOND 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 J9999	Injection, gemcitabine (Avyxa 505(b)(2))	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, bevacizumab-nwgd IV	Add	All Plans, EXCEPT Medicaid / CHIP

C9399 J9999	Injection, carboplatin IV	Add	All Plans, EXCEPT Medicaid / CHIP
J9039	Injection, blinatumomab, 1 microgram	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9118	Injection, calaspargase pegol-mknl, 10 units	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9261	Injection, nelarabine, 50 mg	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP

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

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		
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Add	All Plans
A9517	Iodine I-131 sodium iodide capsule(s), therapeutic, per mCi	Add	All Plans, **EXCEPT** Medicaid / CHIP
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi	Add	All Plans
A9606	Radium RA-223 dichloride, therapeutic, per UCI	Add	All Plans, **EXCEPT** Medicaid / CHIP

J3403	Intravitreal, revakinagene taroretcel-lwey, implant	Add	Medicaid / CHIP
J3402	Injection, remestemcel-L-rknd	Add	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