



## Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 11/1/2026

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 |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 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     |

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|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |
| 306 – Step Therapy – Commercial                    | Added HCPCS codes to table. Updated class language for PD-1 inhibitors to include recurrent nasopharyngeal cancer, Added non-preferred drugs to PD-1 inhibitors for recurrent or metastatic nasopharyngeal cancer. Updated medical policy 314 name to Non-Muscle Invasive Bladder Cancer Treatment.                                                                                                                                                                                                                                                                                                                                                                          | 01/01/2027 |
| 307 – Step Therapy – Medicare Part B               | Added HCPCS codes to table. Updated class language for PD-1 inhibitors to include recurrent nasopharyngeal cancer, Added non-preferred drugs to PD-1 inhibitors for recurrent or metastatic nasopharyngeal cancer. Updated medical policy 314 name to Non-Muscle Invasive Bladder Cancer Treatment.                                                                                                                                                                                                                                                                                                                                                                          | 01/01/2027 |
| 314 – Non-Muscle Invasive Bladder Cancer Treatment | Renamed Nodapendekin alfa inbakicept (Anktiva) policy to Non-Muscle Invasive Bladder Cancer Treatment, Incorporated Inlexzo (gemcitabine intravesical system) into medical policy, Updated criteria to include BCG unresponsive NMIBC, Ta/T1 papillary only without CIS, Revised dosing criteria language by removing references to FDA-approved labeled dosing, Updated BCG unresponsive definition, Updated prerequisite therapy to reflect either or instead of both, Added experimental and investigational language, Added language requiring pharmacist and medical director review, Updated background section, Updated references section, Minor formatting changes. | 01/01/2027 |

**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 11/1/2026**

| Service Code   | Description                                                                                                                                                                 | PA Change | Line of Business                  |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|
|                | <b>NOTE: The following additions are for pharmaceuticals that required prior authorization while using miscellaneous codes, which are now assigned unique HCPCS code(s)</b> |           |                                   |
| C9312          | Injection, trabectedin, IV                                                                                                                                                  | Add       | Commercial, Medicare, Self-funded |
| C9313          | Injection, pivekimab sunirine-pvzy, IV                                                                                                                                      | Add       | Commercial, Medicare, Self-funded |
|                | <b>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</b>       |           |                                   |
| C9399<br>J3590 | Injection, bulevirtide-gmod, SC                                                                                                                                             | Add       | Commercial, Medicare, Self-funded |
| C9399<br>J3590 | Intracochlear Infusion, lunsotogene parvec-cwha suspension                                                                                                                  | Add       | Commercial, Medicare, Self-funded |

|                |                                                                                                 |     |                                   |
|----------------|-------------------------------------------------------------------------------------------------|-----|-----------------------------------|
| J3590          | Injection, pegfilgrastim-pccg                                                                   | Add | Commercial, Medicare, Self-funded |
| C9399<br>J3590 | Injection, veligrotug-vvze, IV                                                                  | Add | Commercial, Medicare, Self-funded |
| C9399<br>J3490 | Injection, fosaprepitant, IV, 505(b)(2)                                                         | Add | Commercial, Medicare, Self-funded |
| C9399<br>J9999 | Injection, isatuximab-irfc, SC                                                                  | Add | Commercial, Medicare, Self-funded |
| C9399<br>J3590 | Injection, allogeneic regulatory T cell immunotherapy with HSPC and T cells-vldq suspension, IV | Add | Commercial, Medicare, Self-funded |
| C9399<br>J3590 | Injection, atacicept-vymj, SC                                                                   | Add | Commercial, Medicare, Self-funded |

**Prior Authorization List Changes  
(30-Day Notice / SECOND 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](mailto:HPMedicalDirectors@BSWHealth.org)  
*BSWHP Medical Director*