Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 12/1/2025

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
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 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
J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9019	INJECTION ASPARAGINASE ERWINAZE 1000 IU	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9020	INJECTION ASPARAGINASE 10000 UNITS	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9021	Injection, asparaginase, recombinant, (Rylaze),...	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9022	Inj, atezolizumab,10 mg	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9023	Injection, avelumab, 10 mg	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9039	Injection, blinatumomab	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9098	INJECTION CYTARABINE LIPOSOME 10 MG	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
J9151	INJ DAUNORUBICIN CITRATE LIPOSOMAL FORM 10 MG	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP

J9153	Injection, liposomal, 1 mg daunorubicin and…	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9198	Injection, gemcitabine hydrochloride, (Infugem)...	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9203	Gemtuzumab ozogamicin 0.1 mg	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9228	INJECTION IPILIMUMAB 1 MG	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
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9271	Inj pembrolizumab	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9298	Injection, nivolumab and relatlimab-rmbw 3 mg/1 mg	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9299	Injection, nivolumab	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
J9328	INJECTION TEMOZOLOMIDE 1 MG	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
Q2017	INJECTION TENIPOSIDE 50 MG	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP

Q2049	INJ DOXORUBICIN HCl LIP IMPORTED LIPODOX 10 MG	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
Q2050	Injection, doxorubicin hydrochloride, liposomal,	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
Q5101	Injection, zarxio	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
Q5111	Injection, udenyca 0.5 mg	Remove PA for < 18 years old	All Plans, **EXCEPT** Medicaid / CHIP
C9303	Injection, zolbetuximab-clzb, 1 mg	Remove Retired Code	All Plans
C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, … lumbar/sacrum	Remove Retired Code	All Plans
C9753	DESTRUC IO BASIVERTEB NERV EA ADD VERT BODY L/S	Remove Retired Code	All Plans
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM)	Remove Retired Code	All Plans
K0554	Receiver (monitor), dedicated, for use with therapeutic CGM system	Remove Retired Code	All Plans
0085T	BREATH TEST HEART TRANSPLANT REJECTION	Remove Retired Code	All Plans
0126T	COMMON CAROTID INTIMA MEDIA THICKNESS STUDY	Remove Retired Code	All Plans
0381T	EXT HEART RATE FOR EPI SZ UP TO 14 DAYS COMPLETE	Remove Retired Code	All Plans

0382T	EXT HEART RATE FOR EPI SZ UP TO 14 DAYS R&I ONLY	Remove Retired Code	All Plans
0383T	EXT HEART RATE FOR EPI SZ UP TO 30 DAYS COMPLETE	Remove Retired Code	All Plans
0384T	EXT HEART RATE FOR EPI SZ UP TO 30 DAYS R&I ONLY	Remove Retired Code	All Plans
0385T	EXT HEART RATE FOR EPI SZ OVER 30 DAYS COMPLETE	Remove Retired Code	All Plans
0386T	EXT HEART RATE FOR EPI SZ OVER 30 DAYS R&I ONLY	Remove Retired Code	All Plans
C9025	Injection, ramucirumab, 5mg	Remove Retired Code	All Plans
C9131	Injection, ado-trastuzumab emtansine, 1 mg	Remove Retired Code	All Plans
C9453	Injection, nivolumab, 1mg	Remove Retired Code	All Plans
J1055	Injection, medrxyprogester acetate	Remove Retired Code	All Plans
J1680	Injection, human fibrinogen conc	Remove Retired Code	All Plans
J1850	Injection, kanamycin sulfate, up to 75 mg	Remove Retired Code	All Plans
J3487	Injection, zoledronic acid, 1mg	Remove Retired Code	All Plans

J3488	Injection, zoledronic acid, 1mg	Remove Retired Code	All Plans
J7303	Contraceptive supply, hormone containing vaginal ring, each	Remove Retired Code	All Plans
J7335	Capsaicin 8% patch, per 10 square centimeters	Remove Retired Code	All Plans
J9001	Injection, doxorubicin hcl liposome	Remove Retired Code	All Plans
J9002	Injection, doxil	Remove Retired Code	All Plans
Q0090	Levonorgestrel-releasing intrauterine contraceptive system, (skyla), 13.5 mg	Remove Retired Code	All Plans
Q0171	Chlorpromazine hydrochloride, 10 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour	Remove Retired Code	All Plans
Q0244	Injection, casirivimab and imdevimab, 1200 mg	Remove Retired Code	All Plans
Q0247	Injection, sotrovimab, 500 mg	Remove Retired Code	All Plans
Q3026	Injection, interferon beta-1a, 11 mcg for subcutaneous use	Remove Retired Code	All Plans

Prior Authorization List Changes
(30-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

Prior Authorization List Changes
(60-Day Notice / FIRST NOTICE)
Effective 2/1/2026

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 J3590	Injection, denosumab-nxxp, SC	Add	All Plans, **EXCEPT** Medicaid / CHIP
C9399 J9999	Intravesical, gemcitabine system	Add	All Plans, **EXCEPT** Medicaid / CHIP
C9399 J3590	Injection, zopapogene imadenovac-drba	Add	All Plans, **EXCEPT** Medicaid / CHIP
C9399 J9999	Injection, pembrolizumab and berahyaluronidase alfa-pmph	Add	All Plans, **EXCEPT** Medicaid / CHIP
J3590	Injection, denosumab-kyqq	Add	All Plans, **EXCEPT** Medicaid / CHIP
C9399 J3590	Injection, immune globulin, human, 10% liquid	Add	All Plans, **EXCEPT** Medicaid / CHIP
J3590	Injection, denosumab-qbde	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