



## Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 3/1/2026

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
215 – Medications Covered Under Medical Insurance Policy	Changed authorization renewal criteria to apply to continuation of therapy. Adjusted authorization duration to maximum 12 months	03/01/2026
219 – Cancer Chemotherapy / Therapy Guidelines	Updated authorization duration to maximum 12 months	03/01/2026
254 – Emapalumab (Gamifant)	Adjusted renewal authorization duration to 12 months	03/01/2026
257—Esketamine (Spravato)	Adjusted authorization duration to 12 months.	03/01/2026
280 – Gene Based Therapies for Duchenne Muscular Dystrophy	Adjusted authorization duration to 12 months for casimersen, eteplirsen, golodirsen, and viltolarsen	03/01/2026
301 – Lecanemab-irmb (Leqembi)	Adjusted authorization duration to 12 months	03/01/2026
306 – Step Therapy – Commercial Plans	Removed methotrexate class	03/01/2026
307 – Step Therapy – Medicare Part B	Removed methotrexate class	03/01/2026
308 – Elivaldogene autotemcel (Skysona)	Updated HCPCS code. Simplified background section.	03/01/2026

316 – Alglucosidase alfa (Lumizyme)	Minor formatting updates. Adjusted authorization duration to 12 months	03/01/2026
317 – Patisiran (Onpatro)	Minor formatting updates. Adjusted authorization duration to 12 months	03/01/2026
319 – Ravulizumab (Ultomiris)	Adjusted authorization duration to 12 months	03/01/2026
025 – Deep Brain Stimulation	Updated Background Section; added additional reference	03/01/2026
214 – Chiropractic Services	Removed hyperlinks and references to retired CMS billing/coding; Removed several expired hyperlinks.	03/01/2026
296 – Clinical Trials	Removed non-working hyperlink.	03/01/2026
026 -- Dental Services and Anesthesia for Dental Services	Updated Section 1862(a)(12) of the Social Security Act (the Act)	03/01/2026
028 –Durable Medical Equipment and Over The Limit Supplies	Updated definition of DME in Background section	03/01/2026
065- Cardiac Monitoring	Added Additional References	03/01/2026
072 - Discography	Updated References	03/01/2026
049 – Dermatoscopy	No changes	03/01/2026
244 – Peer to Peer (P2P) Opportunity	Updated hyperlinks to TAC	03/01/2026
261 – Out of Network Requests	Updated hyperlinks to TAC	03/01/2026
042: Custodial Care	No changes	04/01/2026

044 – Hyperbaric Oxygen Therapy	Updated hyperlink for NCD 20.29, Updated Background information, Updated references, added new indications and exclusion	04/01/2026
258 – Fetal Surgery	Updated Hyperlink to Fetal Surgery in TMPPM	04/01/2026
215 – Medications Covered Under Medical Insurance	Added all cellular and gene therapy review to be completed by clinical pharmacist and medical director	05/01/2026
315 – Obecabtagene autoleucl (Aucatzyl)	Added exclusion of prior therapy with CAR-T cell immunotherapy	05/01/2026
052 – Incontinence Treatment	Specified Baylor Scott & White Health Plan where BSWHP is first written; replaced Transurethral RF with Transurethral Radiofrequency; added trademark to Renessa® System; removed “not medically necessary” from the Renessa system (just listed as E&I); removed the word percutaneous from PTNS; Add criteria for sacral nerve stimulator for fecal incontinence	05/01/2026
248 – Assistant Surgeon Policy	Added clarification of services of provider types not reimbursed by Medicare	05/01/2026

**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  
Termed Codes - Codes No Longer in Active Use  
Effective 12/31/2025**

Service Code	Description	PA Change	Line of Business
C9305	Injection, nipocalimab-aahu, IV	Code Termed	All Plans
C9306	Injection, telisotuzumab vedotin-vedotin-tllv, IV	Code Termed	All Plans
J0172	Injection, aducanumab-avwa, 2mg	Code Termed	All Plans
J1562	Injection, immune globulin, 100mg	Code Termed	All Plans
J1572	Injection, immune globulin, 500mg	Code Termed	All Plans
J2504	Injection, pegademase bovine, 25 iu	Code Termed	All Plans
J9019	Injection, asparaginase, 1000 iu	Code Termed	All Plans

J9020	Injection, asparaginase, 10,000 iu	Code Termined	All Plans
J9098	Injection, cytarabine liposome, 10mg	Code Termined	All Plans
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	Code Termined	All Plans
Q2017	Injection, teniposide, 50 mg	Code Termined	All Plans
Q5109	Injection, infliximab-qbtx, 10mg	Code Termined	All Plans
S0013	Esketamine, nasal spray, 1 mg	Code Termined	All Plans
S0189	Testosterone pellet, 75 mg	Code Termined	All Plans

**Prior Authorization List Changes  
Effective 3/1/2026**

Service Code	Description	PA Change	Line of Business
	<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>		
J9999	Injection, belantamab mafodotin-blmf	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP

C9399 / J3590	Injection, ustekinumab-hmny, SC or IV	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
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, <b>EXCEPT</b> 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, <b>EXCEPT</b> Medicaid / CHIP
J3403	Intravitreal, revakinagene taroretcel-lwey, implant	Add	Medicaid / CHIP
J3402	Injection, remestemcel-L-rknd	Add	Medicaid / CHIP
J3389	Topical, prademagene zamikeracel sheets	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J9256	Injection, nipocalimab-aahu, IV	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J9282	Intravesical, mitomycin	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J9326	Injection, telisotuzumab vedotin-vedotin-tllv, IV	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP

Q5160	Injection, bevacizumab-nwgd IV	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J9184	Injection, gemcitabine (Avyxa 505(b)(2))	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J0013	Nasal, esketamine, 1mg nasal spray	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J1073	Implant, testosterone pellet, 75mg	Add	Medicaid/CHIP
J3387	Injection, elivaldogene autotemcel	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J7528	Oral, mycophenolate mofetil, 100mg	Add	Medicare

**Prior Authorization List Changes  
(30-Day Notice / SECOND NOTICE)  
Effective 4/1/2026**

Service Code	Description	PA Change	Line of Business
	<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 / J3590	Injection, denosumab-nxxp, SC	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 / J9999	Intravesical, gemcitabine system	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP

C9399 / J3590	Injection, zopapogene imadenovac-drba	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 / J9999	Injection, pembrolizumab and berahyaluronidase alfa-pmph	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J3590	Injection, denosumab-kyqq	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 / J3590	Injection, immune globulin, human, 10% liquid	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J3590	Injection, denosumab-qbde	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9308	Injection, carboplatin (avyxa), 1 mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J9999	Pertuzumab-dpzb	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J3590	Pegfilgrastim-unne	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J3590	Denosumab-desu	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 / J3590	depemokimab-ulaa injection, SC	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 / J3590	onasemnogene abeparvovec-brve injection, intrathecal	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 / J3490	plozasiran injection, SC	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP

**Prior Authorization List Changes  
(60-Day Notice / FIRST NOTICE)  
Effective 5/1/2026**

Service Code	Description	PA Change	Line of Business
	<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 / J3590	Injection, denosumab-qbde, SC	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J3490	Topical ophthalmic use, riboflavin 5'-phosphate ophthalmic solution	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 / J9999	Injection, amivantamab and hyaluronidase-lpuj, SC	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 / J3590	Injection, narsoplimab-wuug, IV	Add	All Plans, <b>EXCEPT</b> 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](mailto:HPMedicalDirectors@BSWHealth.org)

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