Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 8/1/2026

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
63 – Preventative Care-Affordable Care Act	Updates made to pediatric, adult and women's health preventative care based upon current guidelines and mandates	08/01/2026
084 -- Vertebroplasty Kyphoplasty Sacroplasty	Updated background section, updated sacroplasty criteria, updated references	08/01/2026
211-- Orthoptic and Vision Therapy	Updated Prior Authorization Criteria, Background Section and references	08/01/2026
216 – Preterm and Early Term Deliveries	Updated Background Section	08/01/2026
242 – Vitamin Assays	Updated NCD link; updated cpt code from 82306 to 82308,updated references	08/01/2026
303 Teplizumab (Tzield)	Updated age criteria to align with FDA labeling. Simplified background section. Added background for expanded indication. Minor formatting changes.	08/01/2026
304 Valoctocogene roxaparvovec (Roctavian)	Simplified background section.	08/01/2026
309 Atidarsagene autotemcel (Lenmeldy)	Clarified one treatment per lifetime authorized. Simplified background section.	08/01/2026

290 Idecabtagene Vicleucel (Abecma)	Removed REMS criteria. Updated criteria #10 to include examples of IMiD, PI, and anti-CD38 monoclonal antibodies. Simplified background section. Updated CPT, HCPCS, and ICD10 codes. Updated references section.	08/01/2026
298 Cilktacabtagene autoleucel (Carvykti)	Removed REMS criteria. Updated criteria #9 immunomodulator examples. Simplified background section. Updated CPT, HCPCS, and ICD10 codes. Updated references section.	08/01/2026
229 -- Peroral Endoscopic Myotomy (POEM) for Esophageal Achalasia	Updated inclusion criteria; updated references	09/01/2026
249 Voretigene neparvovec-rzyl (Luxturna)	Minor formatting changes	09/01/2026
253 Onasemnogene Abeparvovec (Zolgensma)	Minor formatting changes	09/01/2026
263 – Cosmetic Procedures and Treatments	No Changes	09/01/2026
275 - OncoHealth Inscope ICD-10 Codes	Added and removed Diagnoses Codes to reflect current Oncology Health In Scope Diagnoses Codes	09/01/2026
291 – Lisocabtagene maraleucel (Breyanzi)	Removed REMS criteria. Added indication specific criteria for MZL, Histologic (Richter) Transformation to DLBCL, and Pediatric PMBCL. Updated CPT codes. Added ICD-10 code for MZL. Updated background section. Updated references section. Minor formatting updates	09/01/2026
301 Lecanemab (Leqembi)	Updated renewal authorization MRI criteria to align with prescribing information	09/01/2026
312 Etanacogene dezaparvovec-drlb (Hemgenix)	Minor formatting changes	09/01/2026

315 Obecabtagene autoleucel (Aucatzyl)	Updated HCPCS Codes	09/01/2026
045 Immune Globulin Therapy	Code list revised	09/01/2026
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

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 7/1/2026

Service Code	Description	PA Change	Line of Business
J3405	Injection, onasemnogene abeparvovec-brve, per treatment	Add Per HHSC	Medicaid / CHIP
	NOTE: The following additions are for pharmaceuticals which previously required PA using a miscellaneous / alternative code which now have been assigned an updated HCPCS code		
J9053	Injection, belantamab mafodotin-blmf, 0.1 mg	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		
J3590	Kebilidi (eladocagene exuparvovec-tneq)	Add Per HHSC	Medicaid / CHIP

Prior Authorization List Changes
(30-Day Notice / FIRST NOTICE)
Effective 8/1/2026

Service Code	Description	PA Change	Line of Business
J0528	Injection, fosfomycin disodium, 20 mg	Add	All Plans, **EXCEPT** Medicaid / CHIP
J7176	Injection, human fibrinogen - chmt (fesilty), 1 mg	Add	All Plans, **EXCEPT** Medicaid / CHIP
J9232	Injection, docetaxel (hospira), not therapeutically equivalent to J9171, 1 mg	Add	All Plans, **EXCEPT** Medicaid / CHIP
Q5165	Injection, denosumab-mobz (oziltus), biosimilar, 1 mg	Add	All Plans, **EXCEPT** Medicaid / CHIP
Q5168	Injection, ranibizumab-leyk (nufymco), biosimilar, 0.1 mg	Add	All Plans, **EXCEPT** Medicaid / CHIP
Q5170	Injection, aflibercept-boav (eydenzelt), biosimilar, 1 mg	Add	All Plans, **EXCEPT** Medicaid / CHIP
Q5171	Injection, denosumab-mobz (boncresa), biosimilar, 1 mg	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 J9999	Injection, etoposide, IV	Add	All Plans, **EXCEPT** Medicaid / CHIP
C9399 J9999	Injection, fluorouracil, IV	Add	All Plans, **EXCEPT** Medicaid / CHIP
C9399 J3490	Injection, fosfomycin, IV	Add	All Plans, **EXCEPT** Medicaid / CHIP
C9399 J3590	Injection, pegzilarginase-nbln, IV or SC	Add	All Plans, **EXCEPT** Medicaid / CHIP
C9399 J3590	Injection, pegzilarginase-nbln, IV or SC	Add	All Plans, **EXCEPT** Medicaid / CHIP
C9399 J3590	Injection, tividenofusp alfa-eknm	Add	All Plans, **EXCEPT** Medicaid / CHIP

Prior Authorization List Changes
(60-Day Notice / FIRST NOTICE)
Effective 9/1/2026

Service Code	Description	PA Change	Line of Business
C9310	Injection, leucovorin calcium (avyxa), 1 mg	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		
J3590	Injection, denosumab-adet	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

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