Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 9/1/2026

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
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	Clarified codes may be in scope when diagnosis is related to cancer. 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
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

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 9/1/2026

Service Code	Description	PA Change	Line of Business
C9310	Injection, leucovorin calcium (avyxa), 1 mg	Add	Commercial, Medicare, Self-funded
	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	Commercial, Medicare, Self-funded

Prior Authorization List Changes
(60-Day Notice / FIRST NOTICE)
Effective 11/1/2026

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 J9999	Injection, pivekimab sunirine-pvzy, IV	Add	Commercial, Medicare, Self-funded
C9399 J9999	Injection, trabectedin, IV	Add	Commercial, Medicare, Self-funded
C9399 J3590	Injection, bulevirtide-gmod, SC	Add	Commercial, Medicare, Self-funded
C9399 J3590	Intracochlear Infusion, lunsotogene parvec-cwha suspension	Add	Commercial, Medicare, Self-funded
J3590	Injection, pegfilgrastim-pccg	Add	Commercial, Medicare, Self-funded
C9399 J3590	Injection, veligrotug-vvze, IV	Add	Commercial, Medicare, Self-funded
C9399 J3490	Injection, fosaprepitant, IV, 505(b)(2)	Add	Commercial, Medicare, Self-funded
C9399 J9999	Injection, isatuximab-irfc, SC	Add	Commercial, Medicare, Self-funded
C9399 J3590	Injection, allogeneic regulatory T cell immunotherapy with HSPC and T cells-vldq suspension, IV	Add	Commercial, Medicare, Self-funded
C9399 J3590	Injection, atacicept-vymj, SC	Add	Commercial, Medicare, Self-funded

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