Part B changes

Prior Authorization Changes

- Effective **1/1/2027**, the following codes will require prior authorization before they will be covered under a member's Part B medical benefit. This change will impact the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Core (HMO-POS), Mass General Brigham Plus (HMO-POS), Mass General Brigham Advantage Group (PPO), Mass General Brigham Senior Care Options (SCO), and Mass General Brigham One Care plans.

HCPCS	Drug Name	Code Description	Effective Date
J9066	bendamustine	injection, bendamustine hydrochloride (avyxa), 1 mg	1/1/2027
J9172	Docivyx	injection, docetaxel (docivyx), 1 mg	1/1/2027
J7318	Durolane	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg	1/1/2027
J0586	Dysport	injection, abobotulinumtoxinA, 5 units	1/1/2027
Q5170	Eydenzelt	Injection, aflibercept-boav (eydenzelt), biosimilar, 1 mg	1/1/2027
Q0138	Feraheme	injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	1/1/2027
J7322	Hymovis	Hyaluronan or derivative, hymovis or hymovis one, for intra-articular injection, 1 mg	1/1/2027
Q5117	Kanjinti	injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	1/1/2027
Q5107	Mvasi	injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	1/1/2027
J2506	Neulasta Onpro	injection, pegfilgrastim, excludes biosimilar, 0.5 mg	1/1/2027
Q5168	Nufymco	injection, ranibizumab-leyk (Nufymco), biosimilar, 0.1 mg	1/1/2027
Q5116	Trazimera	injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	1/1/2027
Q5115	Truxima	injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	1/1/2027
Q5111	Udenyca Onbody	injection, pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg	1/1/2027
J7321	Visco-3	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose	1/1/2027
J0588	Xeomin	injection, incobotulinumtoxinA, 1 unit	1/1/2027
Q5118	Zirabev	injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	1/1/2027

Part B Step Therapy changes

- Effective **1/1/2027**, the following codes will require step-through of a preferred product*. This change will impact the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Core (HMO-POS), Mass General Brigham Plus (HMO-POS), Mass General Brigham Advantage Group (PPO), Mass General Brigham Senior Care Options (SCO), and Mass General Brigham One Care plans.

HCPCS	Drug Name	Code Description	Effective Date
J9264	Abraxane/Paclitaxel Albumin-Bound	Injection, paclitaxel protein-bound particles, 1 mg	1/1/2027
J1552	Alyglo	Injection, immune globulin (Alyglo), 500 mg	1/1/2027
J1554	Asceniv	Injection, immune globulin (asceniv), 500 mg	1/1/2027
J9184	Avgemsi	Injection, gemcitabine HCl (Avyxa), 200 mg	1/1/2027
J9174	Beizray	Injection, docetaxel (Beizray), 1 mg	1/1/2027
J9036	Belrapzo/bendamustine	Injection, bendamustine HCl, (Belrapzo/bendamustine), 1 mg	1/1/2027
J9066	bendamustine	Injection, bendamustine hydrochloride (avyxa), 1 mg	1/1/2027
J9034	Bendeka	Injection, bendamustine HCl (Bendeka), 1 mg	1/1/2027
Q5162	Bildyos/Bilprevda	Injection, denosumab-nxxp (bildyos/bilprevda), biosimilar, 1 mg	1/1/2027
J1556	Bivigam	Injection, immune globulin (Bivigam), 500 mg	1/1/2027
Q5152	Bkemv	Injection, eculizumab-aeeb (Bkemv), biosimilar, 2 mg	1/1/2027
Q5124	Byooviz	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	1/1/2027
J9999	Cligavyx	Not otherwise classified, antineoplastic drugs	1/1/2027
J1555	Cuvitru	Injection, immune globulin (Cuvitru), 100 mg	1/1/2027
J9172	Docivyx	Injection, docetaxel (Docivyx), 1 mg	1/1/2027
J2361	Exdensur	Injection, depemokimab-ulaa, 1 mg	1/1/2027
Q0138	Feraheme	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	1/1/2027
Q5172	Filkri	Injection, filgrastim-laha (filkri), biosimilar, 1 microgram	1/1/2027
J1572	Flebogamma	Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg	1/1/2027

J1569	Gammagard ERC SC/Gammagard Liquid SC	Injection, immune globulin, (Gammagard Liquid/Gammagard Liquid ERC), 500 mg	1/1/2027
J1561	Gammaked SC/ Gamunex-C SC	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g. liquid), 500 mg	1/1/2027
J1566	Gammagard S/D	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	1/1/2027
J1557	Gammaplex	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	1/1/2027
Q5146	Hercessi	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	1/1/2027
J7322	Hymovis One	Hyaluronan or derivative, Hymovis or Hymovis One, for intra-articular injection, 1 mg	1/1/2027
J1439	Injectafer	Injection, ferric carboxymaltose, 1 mg	1/1/2027
J9183	Inlexzo	Gemcitabine intravesical system, 225 mg	1/1/2027
J2782	Izervay	Injection, avacincaptad pegol, 0.1 mg	1/1/2027
Q5160	Jobevne	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	1/1/2027
J9278	Kyxata	Injection, carboplatin (Avyxa), 1 mg	1/1/2027
J0641	leucovorin calcium	Injection, levoleucovorin, not otherwise specified, 0.5 mg	1/1/2027
J1437	Monoferric	Injection, ferric derisomaltose, 10 mg	1/1/2027
J3490	Navitrux	Unclassified drugs	1/1/2027
Q5168	Nufymco	Injection, ranibizumab-leyk (Nufymco), biosimilar, 0.1 mg	1/1/2027
J1576	Panzyga	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	1/1/2027
J1307	Piasky	Injection, crovalimab-akkz, 10 mg	1/1/2027
J1577	Qivigy	Injection, immune globulin (Qivigy), 100 mg	1/1/2027
J1299	Soliris	Injection, eculizumab, 2 mg	1/1/2027
Q9997	Ustekinumab-ttwe IV	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	1/1/2027
J7321	Visco-3	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose	1/1/2027
J9056	Vivimusta	Injection, bendamustine HCl (Vivimusta), 1 mg	1/1/2027
J1553	Yimmugo	Injection, immune globulin (Yimmugo), 100 mg	1/1/2027

***Preferred products and step therapy criteria requirements can be found by viewing the posted list of Part B Medications Requiring Step Therapy [ST] posted on our website at https://massgeneralbrighamadvantage.org/plans/rx-information. This list is updated throughout the year and contains the latest information regarding step therapy requirements.**