

**Please See the Coverage Summary for April 2026 New Drug Codes Below:**

**Not covered under medical benefit for Commercial and MGB ACO: Redirected under pharmacy benefit:**

Code	Description	Drug Name
C9818	Suzetrigine, oral, 1 mg	Journavx

**New to Market not covered unless prior authorized for Commercial:**

Code	Description	Drug Name
J9003	Leuprolide injectable (camcevi etm), 1 mg	Camcevi ETM

**New to Market not covered unless prior authorized for MGB ACO:**

Code	Description	Drug Name
C9309	Injection, onasemnogene abeparvovec-brve, per treatment	Itvisma
J1553	Injection, immune globulin (yimmugo), 100 mg	Yimmugo
J9003	Leuprolide injectable (camcevi etm), 1 mg	Camcevi ETM
J9278	Injection, carboplatin (avyxa), 1 mg	Kyxata
Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	Aukelso/Bosaya
Q5162	Injection, denosumab-nxxp (bilydos/bilprevda), biosimilar, 1 mg	Bilydos/Bilprevda

**Prior authorization required for Commercial:**

Code	Description	Drug Name
C9309	Injection, onasemnogene abeparvovec-brve, per treatment	Itvisma
J1553	Injection, immune globulin (yimmugo), 100 mg	Yimmugo
J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	Papzimeos
J9183	Gemcitabine intravesical system, 225 mg	Inlexzo
J9277	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	Keytruda Qlex
J9278	Injection, carboplatin (avyxa), 1 mg	Kyxata
J9601	Injection, linvoseltamab-gcpt, 1 mg	Lynozytic
Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	Aukelso/Bosaya
Q5162	Injection, denosumab-nxxp (bilydos/bilprevda), biosimilar, 1 mg	Bilydos/Bilprevda

**Prior authorization required for MGB ACO:**

Code	Description	Drug Name
J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	Papzimeos
J9183	Gemcitabine intravesical system, 225 mg	Inlexzo
J9277	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	Keytruda Qlex
J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	Papzimeos
J9601	Injection, linvoseltamab-gcpt, 1 mg	Lynozytic

**Prior authorization required for Medicare Advantage, One Care and Senior Care Options (SCO):**

Code	Description	Drug Name
C9309	Injection, onasemnogene abeparvovec-brve, per treatment	Itvisma
J1553	Injection, immune globulin (yimmugo), 100 mg	Yimmugo
J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	Papzimeos
J9183	Gemcitabine intravesical system, 225 mg	Inlexzo
J9277	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	Keytruda Qlex
J9278	Injection, carboplatin (avyxa), 1 mg	Kyxata
J9601	Injection, linvoseltamab-gcpt, 1 mg	Lynozytic
Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	Aukelso/Bosaya
Q5162	Injection, denosumab-nxxp (bildyos/bilprevda), biosimilar, 1 mg	Bildyos/Bilprevda

**No prior authorization required for Commercial:**

Code	Description	Drug Name
J0463	Injection, atropine sulfate (fresenius and therapeutically equivalent), 0.01 mg	Atropine Sulfate
J1164	Injection, diltiazem hydrochloride in 0.72% sodium chloride, 0.5 mg	Diltiazem HCL in Sodium Chloride
J8502	Injection, aprepitant (aponvie), 1 mg	Aponvie
Q0238	Injection, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 mg	TYENNE for COVID-19

**No prior authorization required for ACO:**

<b>Code</b>	<b>Description</b>	<b>Drug Name</b>
J0463	Injection, atropine sulfate (fresenius and therapeutically equivalent), 0.01 mg	Atropine Sulfate
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<b>Code</b>	<b>Description</b>	<b>Drug Name</b>
C9818	Suzetrigine, oral, 1 mg	Journavx
J0463	Injection, atropine sulfate (fresenius and therapeutically equivalent), 0.01 mg	Atropine Sulfate
J1164	Injection, diltiazem hydrochloride in 0.72% sodium chloride, 0.5 mg	Diltiazem HCL in Sodium Chloride
J8502	Injection, aprepitant (aponvie), 1 mg	Aponvie
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