Mass General Brigham Health Plan

Code Updates

August 2026

The following codes are covered with no prior authorization required for MGB ACO Plans:

Code	Description	Effective Date
64728	Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance	1/1/2026
63032	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)	1/1/2026

The following code is covered with prior authorization required for MGB ACO Plans:

Code	Description	Effective Date
64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	1/1/2026

Drug Code Updates

The following drug(s) are not covered under the medical benefit for Commercial and ASO Plans:

Description	Brand Name	Effective Date
Injection, anifrolumab-fnia for intravenous, or subcutaneous use	Saphnelo SC autoinjector	7/1/2026
Injection, navepegritide, for subcutaneous use	Yuviwel vial	7/1/2026

The following drug(s) are not covered under the medical benefit for MGB ACO Plans:

Description	Brand Name	Effective Date
Injection, anifrolumab-fnia for intravenous, or subcutaneous use	Saphnelo SC autoinjector	7/1/2026
Injection, navepegritide, for subcutaneous use	Yuviwel vial	7/1/2026

The following drug(s) are now covered under the medical benefit with prior authorization for Commercial and ASO Plans:

Description	Brand Name	Effective Date
Injection, filgrastim-laha for subcutaneous or intravenous use	Filkri prefilled syringe	7/1/2026
Injection pegzilarginase-nbln, for intravenous or subcutaneous use	Loargys vial	7/1/2026

The following drug(s) are now covered under the medical benefit with prior authorization for MGB ACO Plans:

	Description	Brand Name	Effective Date
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	Lymphir injection	8/10/2026
J2326	Injection, nusinersen, 0.1 mg	Spinraza high dose (HD) vial	8/10/2026

The following drug(s) are now covered under the medical benefit with no prior authorization for MGB ACO Plans:

	Description	Brand Name	Effective Date
J9999	Injection, etoposide, 10 mg	Avopef	7/1/2026
J0528	Injection, fosfomycin disodium, 20 mg	Contepo	8/10/2026
Injection, filgrastim-laha for subcutaneous or intravenous use		Filkri prefilled syringe	7/1/2026
J1744	Injection, icatibant, 1 mg	Firazyr	8/10/2026
J9218	Leuprolide acetate, per 1 mg	Leuprolide acetate	7/1/2026
J9295	Injection, necitumumab, 1 mg	Portrazza	7/1/2026

The following drug(s) are now covered under the medical benefit with prior authorization for Medicare Advantage, Senior Care Options, and One Care Plans:

Description	Brand Name	Effective Date
Injection, filgrastim-laha for subcutaneous or intravenous use	Filkri prefilled syringe	7/1/2026
Injection pegzilarginase-nbln, for intravenous or subcutaneous use	Loargys vial	7/1/2026
Injection, anifrolumab-fnia for intravenous, or subcutaneous use	Saphnelo SC autoinjector	7/1/2026
Injection, navepegritide, for subcutaneous use	Yuviwel vial	7/1/2026