

Code Updates

December 2025

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

Code	Description	Brand Name	Effective Date
	Injection, ustekinumab-aekn (Selarsdi), biosimilar, 1 mg	SELARSDI SC vial	12/1/2025
Q9999	Injection, ustekinumab-aauz (Otulfi), biosimilar, 1 mg	OTULFI	11/1/2025

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, (octreotide acetate) pen injector	BYNFEZIA	11/1/2025

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

Code	Description	Brand Name	Effective Date
No Specific Code	Gemcitabine intravesical system	INLEXZO	11/1/2025
No Specific Code	Injection, pembrolizumab and berahyaluronidase (alfa-pmph) for subcutaneous use	KEYTRUDA QLEX	11/1/2025
J0174	Injection, lecanemab-irmb, 1 mg	LEQEMBI	02/1/2026
Q5159	Injection, denosumab-dssb (Ospomyv/Xbryk), biosimilar, 1 mg	OSPOMYV PFS	12/1/2025
J0570	Buprenorphine implant, 74.2 mg	PROBUPHINE	2/1/2026
Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg	TYRUKO	11/1/2025

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

Code	Description	Brand Name	Effective Date
J9054	Injection, bortezomib (Boruzu), 0.1 mg	BORUZU	1/5/2026
Q5098	Injection, ustekinumab-srlf (Imuldosa), biosimilar, 1 mg	IMULDOSA	1/5/2026
Q9999	Injection, ustekinumab-aauz (Otulfi), biosimilar, 1 mg	OTULFI	11/1/2025

Q9998	Injection, ustekinumab-aekn (Selarsdi), biosimilar, 1 mg	SELARSDI SC vial	12/1/2025
J9041	Injection, bortezomib, 0.1 mg	VELCADE	1/5/2026

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

Code	Description	Brand Name	Effective Date
J9174	Injection, docetaxel (Beizray), 1 mg	BEIZRAY	2/1/2026
No Specific Code	Gemcitabine intravesical system	INLEXZO	1/1/2026
No Specific Code	Injection, pembrolizumab and berahyaluronidase (alfa-pmpm) for subcutaneous use	KEYTRUDA QLEX	11/1/2025
Q5159	Injection, denosumab-dssb (Ospomyv/Xbryk), biosimilar, 1 mg	OSPOMYV PFS	12/1/2025
Q9999	Injection, ustekinumab-aauz (Otulfi), biosimilar, 1 mg	OTULFI	11/1/2025
Q9998	Injection, ustekinumab-aekn (Selarsdi), biosimilar, 1 mg	SELARSDI SC vial	12/1/2025
Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg	TYRUKO	11/1/2025

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

Code	Description	Brand Name	Effective Date
J9174	Injection, docetaxel (Beizray), 1 mg	BEIZRAY	12/1/2025

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

Code	Description	Brand Name	Effective Date
J2403	Chloroprocaine HCl ophthalmic, 3% gel, 1 mg	IHEEZO	1/5/2026
J0570	Buprenorphine implant, 74.2 mg	PROBUPHINE	10/1/2025
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	RETACRIT	1/5/2026
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	RETACRIT	1/5/2026
J9341	Injection, thiotepa (Tepylute), 1 mg	TEPYLUTE	12/1/2025



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

Code	Description	Brand Name	Effective Date
J0570	Buprenorphine implant, 74.2 mg	PROBUPHINE	10/1/2025

