

## Code Updates

### January 2026

**The following service is not covered for MGB ACO, Commercial and ASO Plans:**

Code	Description	Effective Date
No Specific code	MAGnetic Expansion Control (MAGEC) System	10/27/2025

**The following codes are Not Covered Experimental/ Investigational for Medicare Advantage Plans:**

Code	Description	Effective Date
N/A	Magnetic Expansion Control (MAGEC) System	10/27/2025
E0743	External lower extremity nerve stimulator for restless legs syndrome, each	3/1/2026
A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome	3/1/2026

## Drug Code Updates

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, donidalorsen, for subcutaneous use)	Dawnzera Autoinjector	1/1/2026

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, belantamab mafodotin-blmf) for, for intravenous	Blenrep	3/1/2026
J7322	Hyaluronan or derivative, Hymovis or Hymovis One, for intra-articular injection, 1 mg	Hymovis One	1/1/2026

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

Code	Description	Brand Name	Effective Date
J9326	Injection, telisotuzumab vedotin-tllv, 1 mg	Emrelis	2/17/2026

J7322	Hyaluronan or derivative, Hymovis or Hymovis One, for intra-articular injection, 1 mg	<b>Hymovis One</b>	1/1/2026
No Specific Code	Gemcitabine intravesical system	<b>Inlexzo</b>	2/17/2026
No Specific Code	Injection, pembrolizumab and berahyaluronidase alfa-pmpm, for subcutaneous use	<b>Keytruda Qlex</b>	2/17/2026
Q9998	Injection, ustekinumab-aekn (Selarsdi), biosimilar, 1 mg	<b>Selarsdi 45mg/0.5ml</b>	2/17/2026
Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg	<b>Tyruko</b>	2/17/2026

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, belantamab mafodotin-blmf) for, for intravenous	<b>Blenrep</b>	2/1/2026
J7322	Hyaluronan or derivative, Hymovis or Hymovis One, for intra-articular injection, 1 mg	<b>Hymovis One</b>	1/1/2026
J9299	Injection, nivolumab, 1 mg	<b>Opdivo</b>	3/1/2026

**The following drug(s) are now covered under the medical benefit without prior authorization for Commercial/ASO Plans:**

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, furosemide, for subcutaneous use	<b>Lasix Onyu</b>	1/1/2026

**The following drug(s) are now covered under the medical benefit without prior authorization for MGB ACO Plans:**

Code	Description	Brand Name	Effective Date
Q5147	Injection, afibercept-ayyh (Pavblu), biosimilar, 1 mg	<b>Pavblu</b>	2/17/2026

**The following drug(s) are now covered under the medical benefit without prior authorization for Medicare Advantage Plans:**

Code	Description	Brand Name	Effective Date



No Specific Code	Injection, donidalorsen, for subcutaneous use)	<b>Dawnzera Autoinjector</b>	1/1/2026
No Specific Code	Injection, furosemide, for subcutaneous use	<b>Lasix Onyu</b>	1/1/2026

