

Code Updates

March 2026

As a reminder to the network, the following codes are covered with prior authorization required via eviCore for MGB ACO Plans:

| Code | Description |
|-------|---------------------------------------------------------------------------------------------------------------------------------------|
| 81283 | IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant |
| 81346 | TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant) |

As a reminder to the network, the following service is not covered for all LOB.

| Code | Description |
|------------------|-------------|
| No specific code | NeuroLens |

The following code is covered with no prior authorization for Commercial and ASO Plans:

| Code | Description | Effective Date |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 87812 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B | 1/1/2026 |

The following code is covered with no prior authorization for Medicare Advantage Plans:

| Code | Description | Effective Date |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 87812 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B | 1/1/2026 |

The following code is covered with no prior authorization for One Care and Senior Care Options Plans:

| Code | Description | Effective Date |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 87812 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B | 1/1/2026 |

Drug Code Updates

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 |
|------------------|--------------------------------------------------------------------|------------------|----------------|
| J3403 | Revakinagene taroretcel-lwey, per implant | Encelto | 11/24/2025 |
| No Specific Code | Injection, mosunetuzumab-axgb for subcutaneous use | Lunsumio Velo | 2/1/2026 |
| No Specific Code | Injection, amivantamab and hyaluronidase-lpuj for subcutaneous use | Rybrevant Faspro | 2/1/2026 |
| No Specific Code | Injection, ustekinumab-hmny for intravenous use | Starjemza IV | 2/1/2026 |

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

| Code | Description | Brand Name | Effective Date |
|-------|--------------------------------------------|------------|----------------|
| C9307 | Injection, livoseltamab-gcpt, 1 mg | Lynozytic | 3/2/2026 |
| J9282 | Mitomycin, intravesical instillation, 1 mg | Zusduri | 3/2/2026 |

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

| Code | Description | Brand Name | Effective Date |
|-------|------------------------------------------------------|-----------------|----------------|
| J9264 | Injection, paclitaxel protein-bound particles, 1 mg | Abraxane | 6/1/2026 |
| J9305 | Injection, pemetrexed, NOS, 10 mg | Alimta | 6/1/2026 |
| J0881 | Injection, darbepoetin alfa, 1 mcg (non-ESRD use) | Aranesp | 6/1/2026 |
| J1555 | Injection, immune globulin (Cuvitru), 100 mg | Cuvitru | 6/1/2026 |
| J9144 | Injection, daratumumab, 10 mg and hyaluronidase-fihj | Darzalex Faspro | 6/1/2026 |
| J3403 | Revakinagene taroretcel-lwey, per implant | Encelto | 10/01/2025 |
| J9358 | Injection, fam-trastuzumab deruxtecan-nxki, 1 mg | Enhertu | 6/1/2026 |
| J1302 | Injection, sutimlimab-jome, 10 mg | Enjaymo | 6/1/2026 |
| J9055 | Injection, cetuximab, 10 mg | Erbix | 6/1/2026 |



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|------------------|-------------------------------------------------------------------------------------------------|---------------------------------|----------|
| J1569 | Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg | Gammagard Liquid | 6/1/2026 |
| J1561 | Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg | Gammaked | 6/1/2026 |
| J1561 | Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg | Gamunex-C | 6/1/2026 |
| J9301 | Injection, obinutuzumab, 10 mg | Gazyva | 6/1/2026 |
| J9173 | Injection, durvalumab, 10 mg | Imfinzi | 6/1/2026 |
| J1439 | Injection, ferric carboxymaltose, 1 mg | Injectafer | 6/1/2026 |
| J9354 | Injection, ado-trastuzumab emtansine, 1 mg | Kadcyla | 6/1/2026 |
| J9271 | Injection, pembrolizumab, 1 mg | Keytruda | 6/1/2026 |
| J9047 | Injection, carfilzomib, 1 mg | Kyprolis | 6/1/2026 |
| J9119 | Injection, cemiplimab-rwlc, 1 mg | Libtayo | 6/1/2026 |
| J1437 | Injection, ferric derisomaltose, 10 mg | Monoferric | 6/1/2026 |
| J2802 | Injection, romiplostim, 1 mcg | Nplate | 6/1/2026 |
| J9205 | Injection, irinotecan liposome, 1 mg | Onivyde | 6/1/2026 |
| J9264 | Injection, paclitaxel protein-bound particles, 1 mg | Paclitaxel Albumin-Bound | 6/1/2026 |
| J9177 | Injection, enfortumab vedotin-ejfv, 0.25 mg | Padcev | 6/1/2026 |
| J9306 | Injection, pertuzumab, 1 mg | Perjeta | 6/1/2026 |
| J9309 | Injection, polatuzumab vedotin-piiq, 1 mg | Polivy | 6/1/2026 |
| J1459 | Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg | Privigen | 6/1/2026 |
| J9317 | Injection, sacituzumab govitecan-hziy, 2.5 mg | Trodelyv | 6/1/2026 |
| J2323 | Injection, natalizumab, 1 mg | Tysabri | 6/1/2026 |
| J9303 | Injection, panitumumab, 10 mg | Vectibix | 6/1/2026 |
| J9228 | Injection, ipilimumab, 1 mg | Yervoy | 6/1/2026 |
| No Specific Code | Injection, mosunetuzumab-axgb for subcutaneous use | Lunsumio Velo | 2/1/2026 |
| No Specific Code | Injection, amivantamab and hyaluronidase-lpuj for subcutaneous use | Rybrevant Faspro | 2/1/2026 |
| No Specific Code | Injection, ustekinumab-hmny for intravenous use | Starjemza IV | 2/1/2026 |



| | | | |
|------------------|-------------------------------------------------|---------------------------------------------|----------|
| No Specific Code | Injection, ustekinumab-hmny for intravenous use | Starjemza SC vial, prefilled syringe | 2/1/2026 |
| J1073 | Testosterone pellet, implant, 75 mg | Testopel | 5/1/2026 |

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

| Code | Description | Brand Name | Effective Date |
|-------|--------------------------------|----------------------|----------------|
| J1308 | Injection, famotidine, 0.25 mg | Famotidine IV | 2/1/2026 |

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

| Code | Description | Brand Name | Effective Date |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------|
| J0458 | Injection, aztreonam/avibactam, 7.5 mg/2.5 mg (10 mg) | Emblaveo | 1/1/2026 |
| J1308 | Injection, famotidine, 0.25 mg | Famotidine IV | 2/1/2026 |
| J0738 | Injection, lenacapavir, 1 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (PrEP) (not for use as treatment for HIV) | Yeztugo Vial | 1/1/2026 |
| J0681 | Injection, ceftobiprole medocaril sodium, 3 mg | Zevtera | 1/1/2026 |

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

| Code | Description | Brand Name | Effective Date |
|-------|--------------------------------|----------------------|----------------|
| J1308 | Injection, famotidine, 0.25 mg | Famotidine IV | 2/1/2026 |

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

| Code | Description | Brand Name | Effective Date |
|------------------|-------------------------------------------------|--------------------------------------|----------------|
| No Specific Code | Injection, adalimumab-bwwd for subcutaneous use | adalimumab-bwwd autoinjector, | 2/1/2026 |



| | | | |
|------------------|--------------------------------------------------|---------------------------------------------|----------|
| | | prefilled syringe | |
| No Specific Code | Injection, ustekinumab-hmny for subcutaneous use | Starjemza SC vial, prefilled syringe | 2/1/2026 |

