

Code Updates

May 2026

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

Code	Description	Effective Date
C1739	Tissue marker, uniquely detectable and identifiable with probe/sensor, any method (implantable), with delivery system	1/1/2025

The following code is covered with prior authorization required for MGB ACO and Commercial/ASO Plans:

Code	Description	Effective Date
A9606	Radium RA-223 dichloride, therapeutic, per UCI	7/1/2026

The following codes are covered with prior authorization required for Medicare Advantage Plans:

Code	Description	Effective Date
A9606	Radium RA-223 dichloride, therapeutic, per UCI	7/1/2026

The following codes are covered with prior authorization required for DSNP Duals Plans:

Code	Description	Effective Date
A9606	Radium RA-223 dichloride, therapeutic, per UCI	7/1/2026

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
Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	Aukelso/Bosaya	4/1/2026

No Specific Code	Injection, denosumab-qbde for subcutaneous use	Enoby/Xtrenbo	7/1/2026
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Imlygic	7/1/2026
J1599	Injection, (immune globulin intravenous, human-kthm) 10% solution	Qivigy	4/1/2026

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

Code	Description	Brand Name	Effective Date
Q5162	Injection, denosumab-nxxp (bildyos/bilprevda), biosimilar, 1 mg	Bildyos/Bilprevda	5/11/2026
No Specific Code	Injection, denosumab-qbde for subcutaneous use	Enoby/Xtrenbo	5/11/2026
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Imlygic	7/1/2026
Q5159	Injection, denosumab-dssb (Ospomyv/Xbryk), biosimilar, 1 mg	Ospomyv	5/11/2026

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

Code	Description	Brand Name	Effective Date
Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	Aukelso/Bosaya	4/1/2026
J1599	Injection, (immune globulin intravenous, human-kthm) 10% solution	Qivigy	4/1/2026
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Imlygic	7/1/2026

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

Code	Description	Brand Name	Effective Date
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No Specific Code	Injection, leucovorin calcium, for intravenous or intramuscular use	Vykoura	4/1/2026
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The following drug(s) are now covered under the medical benefit with no prior authorization for Medicare Advantage, SCO, and One Care Plans:

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, leucovorin calcium, for intravenous or intramuscular use	Vykoura	4/1/2026

