

Code Updates

October 2026

The following service is Not Covered, Experimental and Investigational for All LOB:

Code	Description	Effective Date
Code N/A	Quantitative Transmission Imaging (QTI) Breast Scan	10/1/2026

The following code(s) will be added to the Preventive STI Screening Benefits for Commercial and MGB ACO: Chlamydia & Gonorrhea

Code	Description	Effective Date
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	1/1/2026

Drug Code Updates

As a reminder, coverage of APAD and APEC carve-out drugs will be redirected to MassHealth for MGB ACO Plans:

Code	Description	Brand Name	Effective Date
J3386	Injection, etuvetidigene autotemcel, per treatment	Waskyra	7/1/2026

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, tividenufusp alfa-eknm, 1 mg	Avlayah	9/1/2026
Q5168**	Injection, ranibizumab-leyk (Nufymco), biosimilar, 0.1 mg	Nufymco vial, prefilled syringe	1/1/2027
J9227	Injection, isatuximab-irfc, 10 mg	Sarclisa Escena Onbody injector	9/1/2026

**** Until 1/1/2027, Nufymco vial, prefilled syringe is considered New to Market; Prior authorization is required for Commercial and ASO Plans.**

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

Code	Description	Brand Name	Effective Date
Q5161	Injection, denosumab-kyqq (Aukelso/Bosaya), biosimilar, 1 mg	Aukelso	10/1/2026
J9184	Injection, gemcitabine HCl (Avyxa), 200 mg	Avgemsi	10/1/2026
J1757	Injection, tividenufusp alfa-eknm, 1 mg	Avlayah	10/1/2026
J9174	Injection, docetaxel (Beizray), 1 mg	Beizray	10/1/2026
Q5161	Injection, denosumab-kyqq (Aukelso/Bosaya), biosimilar, 1 mg	Bosaya	10/1/2026
J3380	Injection, vedolizumab, IV, 1 mg	Entyvio Vial	10/1/2026
J2789	Riboflavin 5'-phosphate, ophthalmic solution (Epioxa HD/Epioxa), up to 2 ml	Epioxa HD/Epioxa	10/1/2026
Q5160	Injection, bevacizumab-nwgd (Jobevne), biosimilar, 10 mg	Jobevne	10/1/2026
J9278	Injection, carboplatin (Avyxa), 1 mg	Kyxata	
J1818	Injection, pegzilarginase-nbln, 0.05 mg	Loargys	10/1/2026
J9350	Injection, mosunetuzumab-axgb, 1 mg	Lunsumlo Velo	10/1/2026
J1577	Injection, immune globulin (Qivigy), 100 mg	Qivigy	10/1/2026
J9318	Injection, romidepsin, nonlyophilized, 0.1 mg	Romidepsin inj 27.5/5.5	9/1/2026
J1289	Injection, narsoplimab-wuug, 1 mg	Yartemlea	10/1/2026
J1553	Injection, immune globulin (Yimmugo), 100 mg	Yimmugo	10/1/2026

**** Until 10/1/2026, Avlayah is considered New to Market; Prior authorization is required for the MGB ACO Plans.**

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, tividenufusp alfa-eknm, 1 mg	Avlayah	9/1/2026
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	Feraheme	1/1/2027



J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	Flebogamma Dif	11/1/2026
Q5168**	Injection, ranibizumab-leyk (Nufymco), biosimilar, 0.1 mg	Nufymco vial, prefilled syringe	1/1/2027
J9227	Injection, isatuximab-irfc, 10 mg	Sarclisa Escena Onbody injector	9/1/2026

****Dates of service (7/1/26-12/31/2026)** Nufymco vial, prefilled syringe will be covered without prior authorization for Medicare Advantage, Senior Care Options, and One Care Plans

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

Code	Description	Brand Name	Effective Date
J9318	Injection, romidepsin, nonlyophilized, 0.1 mg	Romidepsin inj 7.5/5.5	9/1/2026

The following drug(s) are now covered under the medical benefit without prior authorization for Medicare Advantage, Senior Care Options, and One Care Plans:

Code	Description	Brand Name	Effective Date
J9294	Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg	Pemetrexed	10/1/2026
J9296	Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg	Pemetrexed	10/1/2026
J9297	Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg	Pemetrexed	10/1/2026
J9314	Injection, pemetrexed (Teva), not therapeutically equivalent to J9305, 10 mg	Pemetrexed	10/1/2026
J9322	Injection, pemetrexed (BluePoint), not therapeutically equivalent to J9305, 10 mg	Pemetrexed	10/1/2026
J9323	Injection, pemetrexed ditromethamine, 10 mg	Pemetrexed	10/1/2026
J9318	Injection, romidepsin, nonlyophilized, 0.1 mg	Romidepsin inj 7.5/5.5	9/1/2026

