

Please see the coverage summary for Jan 2026 HCPCS Drug Codes for All Lines of Business as below:

Not covered experimental and investigational for Commercial and ASO:

J3389	Topical administration, prademagene zamikeracel, per treatment
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Covered when prior authorized for Commercial and ASO:

C9307	Injection, linvoseltamab-gcpt, 1 mg
C9308	Injection, carboplatin (avyxa), 1 mg
J0013	Esketamine, nasal spray, 1 mg
J1073	Testosterone pellet, implant, 75 mg
J3387	Injection, elivaldogene autotemcel, per treatment
J9184	Injection, gemcitabine hydrochloride (avyxa), 200 mg
J9256	Injection, nipocalimab-aahu, 3 mg
J9282	Mitomycin, intravesical instillation, 1 mg
J9326	Injection, telisotuzumab vedotin-tllv, 1 mg
Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg

Covered with no prior authorization required for Commercial and ASO:

J0162	Injection, epinephrine (fresenius), not therapeutically equivalent to j0165, 0.1 mg
J0654	Injection, liothyronine, 1 mcg
J1737	Injection, meloxicam (azurity), 1 mg
J1837	Injection, posaconazole, 1 mg
J2516	Injection, pentamidine isethionate, 1 mg
J2596	Injection, vasopressin (long grove), not therapeutically equivalent to j2598, 1 unit
J2711	Injection, neostigmine methylsulfate 0.1 mg and glycopyrrolate 0.02 mg

J3291	Injection, tranexamic acid in sodium chloride, 5 mg
J3376	Injection, vancomycin hcl (hikma), not therapeutically equivalent to j3373, 10 mg
J3379	Injection, valproate sodium, 5 mg

Not covered under medical benefit, coverage redirected under pharmacy benefit for Commercial /ASO and MGB ACO:

J7528	Mycophenolate mofetil, for suspension, oral, 100 mg
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Covered under medical benefit as preventive for Commercial/ASO and MGB ACO:

J7299	Intrauterine copper contraceptive (miudella)
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New to Market not covered unless prior authorized for MGB ACO:

C9307	Injection, linvoseltamab-gcpt, 1 mg
C9308	Injection, carboplatin (avyxa), 1 mg
J9282	Mitomycin, intravesical instillation, 1 mg

Covered when prior authorized for MGB ACO:

J0013	Esketamine, nasal spray, 1 mg
J1073	Testosterone pellet, implant, 75 mg
J9256	Injection, nipocalimab-aahu, 3 mg
J9326	Injection, telisotuzumab vedotin-tllv, 1 mg

Covered with no prior authorization required for MGB ACO:

J0162	Injection, epinephrine (fresenius), not therapeutically equivalent to j0165, 0.1 mg
J0654	Injection, liothyronine, 1 mcg
J1736	Injection, meloxicam (delova), 1 mg
J1737	Injection, meloxicam (azurity), 1 mg

J1837	Injection, posaconazole, 1 mg
J2516	Injection, pentamidine isethionate, 1 mg
J2596	Injection, vasopressin (long grove), not therapeutically equivalent to j2598, 1 unit
J2711	Injection, neostigmine methylsulfate 0.1 mg and glycopyrrolate 0.02 mg
J3291	Injection, tranexamic acid in sodium chloride, 5 mg
J3376	Injection, vancomycin hcl (hikma), not therapeutically equivalent to j3373, 10 mg
J3379	Injection, valproate sodium, 5 mg
J9184	Injection, gemcitabine hydrochloride (avyxa), 200 mg
Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg

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

J3387	Injection, elivaldogene autotemcel, per treatment
J3389	Topical administration, prademagene zamikeracel, per treatment

Covered with prior authorized required for Medicare Advantage and DSNP Duals:

C9307	Injection, linvoseltamab-gcpt, 1 mg
C9308	Injection, carboplatin (avyxa), 1 mg
J3387	Injection, elivaldogene autotemcel, per treatment
J3389	Topical administration, prademagene zamikeracel, per treatment
J9184	Injection, gemcitabine hydrochloride (avyxa), 200 mg
J9256	Injection, nipocalimab-aahu, 3 mg
J9282	Mitomycin, intravesical instillation, 1 mg

J9326	Injection, telisotuzumab vedotin-tllv, 1 mg
Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg

Covered with no prior authorization required for Medicare Advantage and DSNP Duals:

J0162	Injection, epinephrine (fresenius), not therapeutically equivalent to j0165, 0.1 mg
J0654	Injection, liothyronine, 1 mcg
J1073	Testosterone pellet, implant, 75 mg
J1736	Injection, meloxicam (delova), 1 mg
J1737	Injection, meloxicam (azurity), 1 mg
J1837	Injection, posaconazole, 1 mg
J2516	Injection, pentamidine isethionate, 1 mg
J2596	Injection, vasopressin (long grove), not therapeutically equivalent to j2598, 1 unit
J2711	Injection, neostigmine methylsulfate 0.1 mg and glycopyrrolate 0.02 mg
J3376	Injection, vancomycin hcl (hikma), not therapeutically equivalent to j3373, 10 mg
J3379	Injection, valproate sodium, 5 mg
J7528	Mycophenolate mofetil, for suspension, oral, 100 mg

Non-Covered for Medicare Advantage and DSNP Duals:

J0013	Esketamine, nasal spray, 1 mg
J3291	Injection, tranexamic acid in sodium chloride, 5 mg
J7299	Intrauterine copper contraceptive (miudella)