

## Code Updates

### April 2025

As a reminder to the network the following code(s) are covered with prior authorization for Medicare Advantages Plans:

Code	Description	Effective Date
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	1/1/2025
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	1/1/2025
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	1/1/2025
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	1/1/2025

## Drug Code Updates

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, datopotamab deruxtecan-dlnk, for intravenous use	<b>Datroway IV</b>	4/1/2025
	Injection, cyclophosphamide, for intravenous use	<b>Frindovyx IV</b>	4/1/2025
C9304	Injection, marstacimab-hncq, 0.5 mg	<b>Hympavzi</b>	4/1/2025
No Specific Code	Injection, melphalan for intravenous use	<b>Ivra IV</b>	4/1/2025
J9038	Injection, axatilimab-csfr, 0.1 mg	<b>Niktimvo</b>	4/1/2025

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

Code	Description	Brand Name	Effective Date
J2351	Injection, cyclophosphamide, for intravenous use	<b>Ocrevus Zunovo SC</b>	5/12/2025

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

Code	Description	Brand Name	Effective Date
J9292	Injection, pemetrexed (Avyxa), not therapeutically equivalent to J9305, 10 mg	<b>Axtle</b>	5/12/2025
No Specific Code	Injection, cyclophosphamide, for intravenous use	<b>Frindovyx IV</b>	4/1/2025
J9324	Injection, pemetrexed (Pemrydi RTU), 10 mg	<b>Pemrydi RTU</b>	5/12/2025

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, datopotamab deruxtecan-dlnk, for intravenous use	<b>Datroway IV</b>	4/1/2025
C9304	Injection, marstacimab-hncq, 0.5 mg	<b>Hympavzi</b>	4/1/2025
J9038	Injection, axatilimab-csfr, 0.1 mg	<b>Niktimvo</b>	4/1/2025

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, cyclophosphamide, for intravenous use	<b>Frindovyx IV</b>	4/1/2025
	Injection, melphalan for intravenous use	<b>Ivra IV</b>	4/1/2025

