

## Code Updates

### February 2025

The following code(s) are covered without prior authorization for Medicare Advantages Plans

Code	Description	Effective Date
E0784	External ambulatory infusion pump, insulin	1/1/2025

The following code(s) are covered with prior authorization for Medicare Advantages Plans

Code	Description	Effective Date
Q4216	Artacent Cord, per sq cm	1/1/2025
Q4252	Vendaje, per sq cm	1/1/2025
Q3262	Dual Layer Impax Membrane, per sq cm	1/1/2025
Q4268	SurGraft FT, per sq cm	1/1/2025

## Drug Code Updates

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

Code	Description	Brand Name	Effective Date
J0402	Injection, aripiprazole (Abilify Asimtufii), 1 mg	<b>Abilify Asimtufii</b>	2/1/2025
No Specific Code	Injection, paliperidone palmitate, extended-release suspension	<b>Erzofri</b>	1/1/2025
J2801	Injection, risperidone (Rykindo), 0.5 mg	<b>Rykindo</b>	2/1/2025
J2799	Injection, risperidone (Uzedy), 1 mg	<b>Uzedy</b>	2/1/2025

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

Code	Description	Brand Name	Effective Date
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg	Axtle	2/1/2025
No Specific Code	Injection, bortezomib, 0.1 mg	Boruzu Injection	2/1/2025
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Hercessi IV	2/1/2025
No Specific Code	Injection, aflibercept-ayyh, for intravitreal use	Pavblu Injection	2/1/2025
J9305	Injection, pemetrexed, NOS, 10 mg	Pemetrexed dipotassium IV	1/1/2025
No Specific Code	Injection, zolbetuximab-clzb), for intravenous use	Vyloy IV	2/1/2025

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

Code	Description	Brand Name	Effective Date
J1307	Injection, crovalimab-akkz, 10 mg	Piasky	2/18/2025
No Specific Code	Injection, atezolizumab/hyaluronidase-tqjs	Tecentriq Hybreza	2/18/2025
No Specific Code	Injection, zolbetuximab-clzb), for intravenous use	Vyloy IV	2/1/2025

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

Code	Description	Brand Name	Effective Date
J0402	Injection, aripiprazole (Abilify Asimtufii), 1 mg	Abilify Asimtufii	2/1/2025
No Specific Code	Injection, paliperidone palmitate, extended-release suspension	Erzofri	1/1/2025
J9305	Injection, pemetrexed, NOS, 10 mg	Pemetrexed dipotassium IV	1/1/2025
J2801	Injection, risperidone (Rykindo), 0.5 mg	Rykindo	2/1/2025



J2799	Injection, risperidone (Uzedy), 1 mg	<b>Uzedy</b>	2/1/2025
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**Redirect to Pharmacy for MGB ACO Plans:**

<b>Code</b>	<b>Description</b>	<b>Brand Name</b>	<b>Effective Date</b>
Q5137	Injection, ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg	<b>Wezlana SC</b>	2/1/2025

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

<b>Code</b>	<b>Description</b>	<b>Brand Name</b>	<b>Effective Date</b>
No Specific Code	Injection, bortezomib, 0.1 mg	<b>Boruzu Injection</b>	2/1/2025
J9305	Injection, pemetrexed, NOS, 10 mg	<b>Pemetrexed dipotassium IV</b>	1/1/2025

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

<b>Code</b>	<b>Description</b>	<b>Brand Name</b>	<b>Effective Date</b>
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg	<b>Axtle</b>	2/1/2025
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	<b>Hercessi IV</b>	2/1/2025
No Specific Code	Injection, aflibercept-ayyh, for intravitreal use	<b>Pavblu Injection</b>	2/1/2025
No Specific Code	Injection, zolbetuximab-clzb), for intravenous use	<b>Vyloy IV</b>	2/1/2025

