

## Code Updates

As a reminder to the network, the following code is covered with no prior authorization required for Med Adv Plans effective 03/01/2023:

| Code  | Description  |
|-------|--|
| E2103 | Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver |

The following new service codes will not be covered-investigational and experimental for Commercial/ASO and MGB ACO Plans:

| Code  | Description  | Effective Date |
|-------|--|----------------|
| E2104 | Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge        | 4/1/2024       |
| A4271 | Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month | 4/1/2024       |

The following service(s) will be covered with no prior authorization required for Commercial/ASO and MGB ACO Plans:

| Code  | Description  | Effective Date |
|-------|--|----------------|
| 31660 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe          | 4/1/2024       |
| 31661 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes | 4/1/2024       |

The following device(s) are not covered under the medical benefit and should be submitted to the pharmacy benefit for the MGB ACO Plans:

| Device Name              | Effective Date |
|--------------------------|----------------|
| Freestyle Libre 3 Reader | 5/6/2024       |

The following service(s) will be covered with prior authorization required for Commercial/ASO Plans:

| Code  | Description   | Effective Date |
|-------|---|----------------|
| A9901 | DME delivery, set up, and/or dispensing service component of another HCPCS code | 7/1/2024       |

# 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 |
|------------------|---|--------------------|----------------|
| C9166            | Injection, secukinumab, IV, 1 mg            | <b>Cosentyx IV</b> | 4/1/2024       |
| J0589            | Injection, daxibotulinumtoxina-lanm, 1 unit | <b>Daxxify</b>     | 4/1/2024       |
| No Specific Code | Injection, toripalimab-tpzi, 1 mg           | <b>Loqtorzi</b>    | 4/1/2024       |

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

| Code  | Description                              | Brand Name       | Effective Date |
|-------|--|------------------|----------------|
| J1323 | Injection, elranatamab-bcmm, 1 mg        | <b>Elrexio</b>   | 5/6/2024       |
| J2782 | Injection, avacincaptad pegol, 0.1 mg    | <b>Izervay</b>   | 5/6/2024       |
| J9203 | Injection, gemtuzumab ozogamicin, 0.1 mg | <b>Mylotarg</b>  | 5/6/2024       |
| J9295 | Injection, necitumumab, 1 mg             | <b>Portrazza</b> | 5/6/2024       |
| J9061 | Injection, amivantamab-vmjw, 2 mg        | <b>Rybrevant</b> | 5/6/2024       |
| J3055 | Injection, talquetamab-tgvs, 0.25 mg     | <b>Talvey</b>    | 5/6/2024       |
| J9376 | Injection, pozelimab-bbfg, 1 mg          | <b>Veopoz</b>    | 5/6/2024       |
| J9223 | Injection, lurbinectedin, 0.1 mg         | <b>Zepzelca</b>  | 5/6/2024       |

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

| Code             | Description                                 | Brand Name         | Effective Date |
|------------------|---|--------------------|----------------|
| C9167            | Injection, apadamtase alfa, 10 units        | <b>Adzynma</b>     | 7/1/2024       |
| C9166            | Injection, secukinumab, IV, 1 mg            | <b>Cosentyx IV</b> | 4/1/2024       |
| J0589            | Injection, daxibotulinumtoxina-lanm, 1 unit | <b>Daxxify</b>     | 4/1/2024       |
| No Specific Code | Injection, toripalimab-tpzi, 1 mg           | <b>Loqtorzi</b>    | 4/1/2024       |
| C9168            | Injection, mirikizumab-mrkz, 1 mg           | <b>OmvoH IV</b>    | 4/1/2024       |



The following drug(s) are not covered under the medical benefit and should be submitted to the pharmacy benefit for the Commercial/ASO and MGB ACO Plans:

| Code  | Description  | Brand Name | Effective Date                                    |
|-------|--|------------|---|
| S0174 | Dolasetron mesylate, oral 50 mg (for circumstances falling under the Medicare statute, use Q0180)  | Anzemet    | COMM/ASO:<br>7/1/2024<br><br>MGB ACO:<br>5/6/2024 |
| Q0180 | Dolasetron mesylate, 100 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen | Anzemet    | COMM/ASO:<br>7/1/2024<br><br>MGB ACO:<br>5/6/2024 |
| Q0167 | Dronabinol, 2.5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen          | Marinol    | COMM/ASO:<br>7/1/2024<br><br>MGB ACO:<br>5/6/2024 |
| J7520 | Sirolimus, oral, 1 mg  | Rapamune   | COMM/ASO:<br>7/1/2024<br><br>MGB ACO:<br>5/6/2024 |
| J0593 | Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)   | Takhzyro   | COMM/ASO:<br>7/1/2024<br><br>MGB ACO:<br>5/6/2024 |

As a reminder to the network, the following drug(s) are not covered per benefit under the medical benefit for the MGB ACO Plans:

| Code  | Description                                 | Brand Name |
|-------|---|------------|
| J0589 | Injection, daxibotulinumtoxina-lanm, 1 unit | Daxxify    |

