

# Code Updates

**October 2024**

The following service(s) are covered with prior authorization required for Medicare Advantage Plans:

Code	Description	Effective Date
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm	1/1/2025
Q4286	NuDYN SL or NuDYN SLW, per sq cm	1/1/2025
Q4319	SanoGraft, per sq cm	1/1/2025
Q4320	PelloGraft, per sq cm	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
J0175	Injection, donanemab-azbt, 2 mg	Kisunla	10/1/2024

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, nedosiran for subcutaneous use	Rivfloza	11/12/2024
C9170	Injection, tarlatamab-dlle, 1 mg	Imdelltra	11/12/2024
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	Daxxify	11/12/2024
J1434	Injection, fosaprepitant (Focinvez), 1 mg	Focinvez 150mg/50ml vial	11/12/2024
J1747	Injection, spesolimab-sbzo, 1 mg	Spevigo Vial	10/1/2024
J7355	Injection, travoprost, intracameral implant, 1 mcg	Idose TR	11/12/2024

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

Code	Description	Brand Name	Effective Date
J1325	Injection, epoprostenol, 0.5 mg	<b>Epoprostenol Flolan Veletri</b>	10/1/2024
J7519	Injection, mycophenolate mofetil, 10 mg	<b>Cellcept injection</b>	11/12/2024

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

Code	Description	Brand Name	Effective Date
J0175	Injection, donanemab-azbt, 2 mg	<b>Kisunla</b>	10/1/2024
J2277	Injection, faricimab-svoa, 0.1 mg	<b>Aphexda Vabysmo</b>	1/1/2025
J9034	Injection, bendamustine HCl (Bendeka), 1 mg	<b>Bendeka</b>	1/1/2025
J9036	Injection, bendamustine HCl, (Belrapzo/bendamustine), 1 mg	<b>Belrapzo</b>	1/1/2025
J9058	Injection, bendamustine HCl (Apotex), 1 mg	<b>Bendamustine</b>	1/1/2025
J9059	Injection, bendamustine HCl (Baxter), 1 mg	<b>Bendamustine</b>	1/1/2025
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	<b>Qntruzant</b>	1/1/2025
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	<b>Herzuma</b>	1/1/2025
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	<b>Ogivri</b>	1/1/2025
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	<b>Trazimera</b>	1/1/2025
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	<b>Kanjinti</b>	1/1/2025

