

Code Updates

September 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
No Specific Code	Liquid, (human-stwk) immune globulin intravenous, 10%	Alyglo	8/1/2024
J7355	Injection, travoprost, intracameral implant, 1 mcg	iDose TR intracameral implant	8/1/2024
No Specific Code	Injection, spesolimab-sbzo, for subcutaneous use	Spevigo SC	8/1/2024

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

Code	Description	Brand Name	Effective Date
J9172	Injection, docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg	Docivyx IV	8/1/2024
J1434	Injection, fosaprepitant (Focinvez), 1 mg	Focinvez IV	8/1/2024

The following drug(s) are not covered under the medical benefit for MGB ACO Plans; Submit to Pharmacy Benefit:

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, spesolimab-sbzo, for subcutaneous use	Spevigo SC	8/12/2024

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

Code	Description	Brand Name	Effective Date
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No Specific Code	Liquid, (human-stwk) immune globulin intravenous, 10%	Alyglo	10/1/2024
J1434	Injection, fosaprepitant (Focinvez), 1 mg	Focinvez IV	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
J9172	Injection, docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg	Docivyx IV	8/1/2024

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

Code	Description	Brand Name	Effective Date
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	Tofidence IV	8/1/2024
No Specific Code	Injection, tocilizumab-aazg, IV	Tyenne IV	8/1/2024

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

Code	Description	Brand Name	Effective Date
J9172	Injection, docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg	Docivyx IV	8/1/2024
J1434	Injection, fosaprepitant (Focinvez), 1 mg	Focinvez IV	8/1/2024
J7355	Injection, travoprost, intracameral implant, 1 mcg	iDose TR intracameral implant	8/1/2024

