

## Code Updates

The following service(s) will be covered when prior authorized for all lines of business:

Code	Description	Effective Date
43999	Unlisted procedure, stomach	05/01/2024

The following service(s) are covered with no prior authorization for Commercial/ASO Plans:

Code	Description	Effective Date
G0166	External counterpulsation, per treatment session	03/01/2023

## Drug Code Updates

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, cipaglucoisidase alfa-atga 105 MG Solution	<b>Pombiliti</b>	02/01/2024
J0349	Injection, rezafungin, 1 mg	<b>Rezzayo</b>	02/01/2024

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

Code	Description	Brand Name	Effective Date
J9286	Injection, glofitamab-gxbm, 2.5 mg	<b>Columvi</b>	03/04/2024
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	<b>Enhertu</b>	03/04/2024
J9321	Injection, epcoritamab-bysp, 0.16 mg	<b>Epkinly</b>	03/04/2024
J9274	Injection, tebentafusp-tebn, 1 mcg	<b>Kimmtrak</b>	03/04/2024
J1304	Injection, tofersen, 1 mg	<b>Qalsody</b>	03/04/2024
J0349	Injection, rezafungin, 1 mg	<b>Rezzayo</b>	03/04/2024
J9333	Injection, rozanolixizumab-noli, 1 mg	<b>Rystiggo</b>	03/04/2024
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	<b>Skyrizi</b>	03/04/2024

J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	<b>Vyvgart Hytrulo</b>	03/04/2024
C9164	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	<b>Ycanth</b>	03/04/2024

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

<b>Code</b>	<b>Description</b>	<b>Brand Name</b>	<b>Effective Date</b>
J1447	Injection, tbo-filgrastim, 1 mcg	<b>Granix</b>	03/04/2024
J7168	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity	<b>Kcentra</b>	02/01/2024
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg	<b>Nivestym</b>	03/04/2024
Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg	<b>Releuko</b>	03/04/2024
J7516	Cyclosporine, parenteral, 250 mg	<b>Sandimmune IV</b>	03/04/2024
J2561	Injection, phenobarbital sodium (Sezaby), 1 mg	<b>Sezaby</b>	03/04/2024
J0480	Injection, basiliximab, 20 mg	<b>Simulect</b>	03/04/2024
No specific Code	Injection, sulbactam/durlobactam	<b>Xacduro</b>	03/04/2024
Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg	<b>Zarxio</b>	03/04/2024

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

<b>Code</b>	<b>Description</b>	<b>Brand Name</b>	<b>Effective Date</b>
Q5132	Injection, adalimumab-afzb (Abrilada), biosimilar, 10 mg	<b>Abrilada</b>	03/04/2024
No specific Code	Injection, vedolizumab, 1 mg	<b>Entyvio Subcutaneous</b>	03/04/2024
Q5131	Injection, adalimumab-aacf (Idacio), biosimilar, 20 mg	<b>Idacio</b>	03/04/2024
J2403	Chloroprocaine HCl ophthalmic, 3% gel, 1 mg	<b>Iheezo 3% gel</b>	03/04/2024



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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, carboprost tromethamine (prefilled syringe)	<b>Carboprost Tromethamine</b>	02/01/2024

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, cipaglucoisidase alfa-atga 105 MG Solution	<b>Pombiliti</b>	02/01/2024
J0349	Injection, rezafungin, 1 mg	<b>Rezzayo</b>	02/01/2024

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

Code	Description	Brand Name	Effective Date
No Specific Code	Injection, carboprost tromethamine (prefilled syringe)	<b>Carboprost Tromethamine</b>	02/01/2024

