

Code Updates

The following service(s) are now covered under the medical benefit no prior authorization required for the Commercial/ASO line of business.

Code	Description	Effective Date
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	10/6/2023
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	10/6/2023

Drug Code Updates

The following drug(s) are not covered under the medical benefit for the Commercial/ASO line of business:

Code	Description	Brand Name	Effective Date
Q5131	Injection, adalimumab-aacf (Idacio), biosimilar, 20 mg	Idacio	11/1/2023

The following drug(s) are now covered under the medical benefit no prior authorization required for the Commercial/ASO line of business:

Code	Description	Brand Name	Effective Date
C9144	Injection, bupivacaine (Posimir), 1 mg	Posimir	11/1/2023
J2598	Injection, vasopressin, 1 unit	Vasopressin PFS	11/1/2023
J2599	Injection, vasopressin (American Regent) not therapeutically equivalent to J2598, 1 unit		

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

Code	Description	Brand Name	Effective Date
Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg	Releuko PFS	11/1/2023
No Specific Code	Bevacizumab Injection	Bevacizumab PFS	11/1/2023

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

Code	Description	Brand Name	Effective Date
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	Nexviazyme	12/4/2023
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	Adstiladrin	12/4/2023
J9345	Injection, retifanlimab-dlwr, 1 mg	Zynyz	12/4/2023
Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg	Releuko PFS	11/1/2023

The following drug(s) are now covered under the medical benefit no prior authorization required for the MGB ACO line of business:

Code	Description	Brand Name	Effective Date
C9144	Injection, bupivacaine (Posimir), 1 mg	Posimir	11/1/2023
C9154	Injection, buprenorphine extended-release (Brixadi), 1 mg	Brixadi injection	12/4/2023
J2598	Injection, vasopressin, 1 unit	Vasopressin PFS	11/1/2023
J2599	Injection, vasopressin (American Regent) not therapeutically equivalent to J2598, 1 unit		
No Specific Code	Bevacizumab Injection	Bevacizumab PFS	11/1/2023

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

Code	Description	Brand Name	Effective Date
No Specific Code	Bevacizumab Injection	Bevacizumab PFS	1/1/2024
Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg	Releuko PFS	1/1/2024

The following drug(s) are now covered under the medical benefit no prior authorization required for the Medicare Advantage lines of business:

Code	Description	Brand Name	Effective Date
C9144	Injection, bupivacaine (Posimir), 1 mg	Posimir	11/1/2023



J2598	Injection, vasopressin, 1 unit	Vasopressin PFS	11/1/2023
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