



## Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 12/1/2024

The following medical coverage policies are either new policies, policies that have been updated, or policies that have completed their annual review. The second column provides significant information regarding content change that might be of importance to you. The third column provides the effective date of the policy changes and when the updated / new policy will be posted on the [Provider Medical Resource website](#).

BSWHP Medical Policies	Change	Effective Date
230 – Nusinersen (Spinraza)	Updated layout moving criteria under initiation of treatment (1), updated initiation of treatment language (4b), added criteria under initiation of treatment (7), removed RHS as an acceptable motor function test, extended timeline to 6 months for documentation of motor function, added language to define improvement or maintenance in motor function test, added “improvement in more categories of motor milestones than worsening” to each motor function tests, reworded language to clarify criteria for members who have received prior gene therapy, updated background to include recommended age limits for motor function tests, reformatted background, added references (9-15).	12/1/2024
236 – Medications, Services & Supplies NOT Medically Necessary	Added 0407U (PA effective 2/1/2025). Removed 0421T, 0446T – 0448T, 0479T, 0480T, 0671T, 0780T, 53854 are considered medically necessary under certain circumstances. Changed 78434 to covered for Medicare.	12/1/2024
215 - Medications Covered Under Medical	Minor formatting changes, added hyperlinks.	1/1/2025
219 - Cancer Chemotherapy / Therapy Guidelines	Updated format. Removed Oncohealth exclusion language. Added dosing, approval duration, and sequential therapy criteria. Added appendix for auth duration. Added hyperlinks to other BSWHP policies.	1/1/2025

235 – Palivizumab (Synagis)	Rename policy for consistency. Updated to reflect most recent AAP/ACIP recommendations used.	1/1/2025
238 – Cerliponase alfa (Brineura)	Renamed policy. Applied new format and layout. Updated criteria to align with FDA expanded indication for age, stage of disease, contraindications, and background.	1/1/2025
278 – Axicabtagene ciloleucel (Yescarta)	Reformatted with Universal and Specific criteria, updated universal criteria to align exclusion criteria when applicable across CAR-T therapies.	1/1/2025
279 – Tisagenlecleucel (Kymriah)	Reformatted with Universal and Specific criteria, updated universal criteria to align exclusion criteria when applicable across CAR-T therapies.	1/1/2025
280 – Medications for Duchenne Muscular Dystrophy	Updated format and layout to separate out universal criteria, added criteria and background information for delandistrogene, updated authorization duration, added requirement of both RPh and medical director review.	1/1/2025
281 – Brexucabtagene autoleucel (Tecartus)	Reformatted with Universal and Specific criteria, updated universal criteria to align exclusion criteria when applicable across CAR-T therapies.	1/1/2025
305 – Nirsevimab (Beyfortus)	Updated to reflect most recent AAP/ACIP recommendations used.	1/1/2025
306 - Step Therapy Policy – Commercial plans	Added bendamustine, bone antisorptive therapy, and taxane classes. Added hyperlinks.	1/1/2025
307 - Step Therapy Policy – Medicare Part B	Added bendamustine, bone antisorptive therapy, and taxane classes. Added hyperlinks.	1/1/2025
314 – Nodapendekin alfa inbakicept (Anktiva)	New policy	1/1/2025
219 – Cancer Chemotherapy and Therapy Guidelines	Added Tecentriq Hybreza to Appendix A.	2/1/2025

**Notice:**  
New to market medical specialty drugs may require prior authorization. This includes new medical drugs with a drug specific Healthcare Common Procedure Coding System (HCPCS) code as well as drugs with a miscellaneous HCPCS code. Please note inclusion of a drug in this update document does not guarantee benefit coverage. You should verify benefits prior to requesting authorization. Payment for authorized services is contingent upon verification of eligibility for benefits, the benefits available in the member's plan, the applicable contractual limitations, restrictions and exclusions.

**Prior Authorization List Changes  
Effective 9/1/2024**

Service Code	Description	PA Change	Line of Business
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> PFU/ml vector genomes, per 0.1 ml	Updated Coverage per TMPPM.  For Medicaid plans, coverage restricted to ICD Q81.2 and ages 6 months and older with prior authorization (Effective 9/1/2024)	Medicaid

**Prior Authorization List Changes  
Effective 11/1/2024**

Service Code	Description	PA Change	Line of Business
	NOTE: The following additions are for pharmaceuticals that previously required PA using miscellaneous codes OR there has been a code change and now are being updated to require PA with newly assigned HCPCS / CPT code(s)		
J0870	Injection, imetelstat	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
	NOTE: The following additions are for pharmaceuticals that Medicaid has advised to require PA		
C9169	Injection, nogapendekin alfa inbakicept-pmln	Add	Medicaid
C9170	Injection, tarlatamab-dlle	Add	Medicaid

**Prior Authorization List Changes  
Effective 12/1/2024**

Service Code	Description	PA Change	Line of Business
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Remove	All Plans, <b>EXCEPT</b> Medicaid / CHIP
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	Remove	All Plans, <b>EXCEPT</b> Medicaid / CHIP

	NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated to HCPCS code(s) when new HCPCS codes(s) are assigned		
C9399 J3590	Injection, nemolizumab-ilto	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 J9999	Injection, afamitresgene autoleucel	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP

**Prior Authorization List Changes  
(30-Day Notice / SECOND NOTICE)  
Effective 1/1/2025**

Service Code	Description	PA Change	Line of Business
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
	NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated to HCPCS code(s) when new HCPCS codes(s) are assigned		
J9999	Injection, denileukin diftitox-cxdi 300mcg	Add	All Plans, <b>INCLUDING</b> Medicaid / CHIP
	NOTE: The following additions are for pharmaceuticals that previously required PA using miscellaneous codes OR there has been a code change and now are being updated to require PA with newly assigned HCPCS / CPT code(s)		
J1307	Injection, crovalimab-akkz, 10mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J3392	Injection, exagamglogene autotemcel	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5146	Injection, trastuzumab-strf, 10mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J9292	Injection, pemetrexed, 10mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J9028	Injection, nogapendekin alfa inbakicept-pmln	Add	All Plans, <b>INCLUDING</b> Medicaid / CHIP
J1414	Injection, fidanacogene elaparvovec-dzkt	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J9026	Injection, tarlatamab-dlle	Add	All Plans, <b>INCLUDING</b> Medicaid / CHIP
J1552	Injection, immune globulin, 100mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J2802	Injection, romiplostim, 1 mcg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP

**Prior Authorization List Changes  
(60-Day Notice / FIRST NOTICE)  
Effective 2/1/2025**

Service Code	Description	PA Change	Line of Business
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5139	Injection, eculizumab-aeeb, biosimilar, 10mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J7514	Oral, mycophenolate mofetil suspension 200mg/ml	Add	Medicare
Q9997	Injection, ustekinumab-ftwe, biosimilar, 1mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J1628	Injection, guselkumab, 1mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J9020	Injection, asparaginase, 10,000 units	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
<p style="text-align: center;"><b>NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated to HCPCS code(s) when new HCPCS codes(s) are assigned</b></p>			
C9399 J3590	Injection, aflibercept-ayyh, intravitreal injection (biosimilar to Eylea)	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 J3490	Injection, foscarbidopa and foslevodopa, subcutaneous infusion	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 J9999	Injection, zolbetuximab-clzb	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 J3590	Injection, ocrelizumab and hyaluronidase-ocsq	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 J9999	Injection, atezolizumab and hyaluronidase-tqjs	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP

## **Additional Information for Providers**

*The rendering provider must be the same on the preauthorization request and on the claim's submission. If there is a change, it is imperative that the utilization review team is notified to amend the preauthorization in a timely manner.*

[Click here](#) and scroll down to 12-Month Archive (Medical and Prior Authorization Policies) to access Coverage Policy and Prior Authorization Update Notices from the previous 12 months.

As always, we welcome your comments. You can reach us at: [HPMedicalDirectors@BSWHealth.org](mailto:HPMedicalDirectors@BSWHealth.org)  
*BSWHP Medical Directors*