



## Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 9/1/2025

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
All Policies	The following phrase was removed from all policies "Medicare NCD or LCD specific InterQual criteria may be used when available"	09/01/2025
045 – Immune Globulin Therapy	No changes	09/01/2025
084 - Vertebroplasty Kyphoplasty Sacroplasty	Updated policy to state that "BSWHP considers sacroplasty experimental, investigational and unproven, and therefore NOT considered medically necessary for all lines of business"; added cpt codes 0200T and 0201T to non-covered; ending note sections updated to align with CMS requirements and business entity changes	09/01/2025
239 – Infliximab Biosimilar Products	No changes	09/01/2025
249 – Voretigene Neparvovec-rzyl (Luxturna)	Added requirement of submitted documentation. Added requirement of attestation to use authorized treatment center. Changed systemic corticosteroid requirement to dosing per FDA labeling. Rearranged criteria to standardized order. Updated lifetime treatment and experimental and investigational language. Background section simplified.	09/01/2025
253 Onasemnogene Abeparvovec (Zolgensma)	Added requirement of submitted documentation. Updated to standard language for indication, prescriber, dosing. Changed patient to member within criteria. Rearranged criteria to standardized order. Updated lifetime treatment and experimental and investigational language. Background section simplified.	09/01/2025

290 – Idecabtagene vicleucel (Abecma)	Corrected spelling error, Updated beginning note to align with standard language, Updated criteria #1-4 language to align with standard language, Added “Idecabtagene will be used as monotherapy”, Updated treatment center criteria to attestation only, , Updated criteria to include examples of BCMA targeted therapy, Added allogeneic/autologous HSCT exclusion criteria, Added CNS exclusion criteria, Updated ending note section to algin with business entity changes, Updated drug name in background	09/01/2025
291 – Lisocabtagene maraleucel (Breyanzi)	Updated beginning note to align with standard language, Updated formatting of age requirement, Updated to standard language for dosing and administration, Updated to standard language for monotherapy criteria, Updated formatting of REMS requirement, Updated to standard language for indication and prescriber, Updated formatting of no prior treatment with CAR T-cell immunotherapy requirement, Updated formatting for exclusion criteria, Updated lifetime treatment and experimental and investigational language. Background section simplified.	09/01/2025
298 – Ciltacabtagene autoleucel (Carvykti)	Updated beginning note to align with standard language, Updated criteria #1-4 language to align with standard language, Added “Ciltacabtagene will be used as monotherapy”, Updated treatment center criteria to attestation only, Updated criteria to include examples of immunomodulators/proteasome inhibitors/BCMA targeted therapy, Removed cardiac conditions/LVEF/cumulative dose of corticosteroids exclusion criteria, Updated ending note section to align with business entity changes, Updated drug name in background.	09/01/2025
301 – Lecanemab (Leqembi)	Updated initial and renewal request heading and consolidated authorization durations. Added requirement of submitted documentation and FDA dosing criteria. Updated experimental and investigational language. Background section simplified.	09/01/2025
303 – Teplizumab-mzwv (Tzield)	Updated dysglycemia criteria to align with ADA 2025 Standards of Care in Diabetes. Updated experimental and investigational language for consistency. Updated ending note sections to align with business entity changes.	09/01/2025
304 – Valoctocogenexaparvovec-rvox (Roctavian)	Require documentation to be provided. Removed specific prophylactic therapy names. Added requirement of FVIII for 150+ days. Exclude previous use of other hemophilia A gene therapy. Changed exclusion of concomitant emicizumab use to be all prophylactic therapy to be discontinued. Updated experimental and investigational language for consistency. Updated ending note sections to align with business entity changes.	09/01/2025
306 – Step Therapy Policy – Commercial plans	Added non-muscle invasive bladder cancer treatment class. Added ustekinumab class.	09/01/2025
307 – Step Therapy Policy – Medicare Part B	Added non-muscle invasive bladder cancer treatment class.	09/01/2025
309 – Atidarsagene autotemcel (Lenmeldy)	Updated HCPCS code	09/01/2025
312 – Etranacogene dezaparvovec-drlb (Hemgenix)	Added requirement of submitted documentation. Updated to standard language for indication and prescriber. Updated lifetime treatment and experimental and investigational language. Background section simplified.	09/01/2025

213 – Medical Necessity Determination	Remove the phrase “Prior Authorization: Not Applicable”; Updated Texas Administrative Code hyperlink	10/01/2025
219 – Cancer Chemotherapy/ Therapy Guidelines	Added renewal criteria	10/01/2025
230 – Nusinersen (Spinraza)	Added requirement of submitted documentation. Updated initial and renewal request heading. Updated to standard language for indication, prescriber, dosing. Rearranged criteria to standardized order. Updated experimental and investigational language. Background section simplified.	10/01/2025
236 – Medications, Services & Supplies NOT Medically Necessary	Removed codes that are termed (C1834, C1841, C9752, C9753, M0239, Q0239, 0346U, 0380U, 0396U, 0398T,	10/01/2025
306 – Step Therapy Policy – Commercial	Added denosumab biosimilars to bone antiresorptive therapy class	10/01/2025
307 – Step Therapy Policy – Medicare Part B	Added denosumab biosimilars to bone antiresorptive therapy class	10/01/2025
235 – Palivizumab (Synagis)	No changes.	11/01/2025
238 – Cerliponase alfa (Brineura)	Updated universal and renewal request heading. Updated to standard language for indication and experimental and investigational language. Background section simplified.	11/01/2025
263 – Cosmetic Procedure and Treatment	Removed “Medicare NCD or LCD specific InterQual criteria may be used when available.” Added the following procedures with their respective CPT codes to the table along with guidance: Genioplasty (21120, 21121, 21122, 21123), Maxillofacial procedures (21082, 21083, 21087, 21088, 21089), mandible augmentation (21125, 21127), orthognathic surgery (21193, 21194, 21198, 21199, 21206, 21208, 21210, 21215), Reconstructive Surgeries Involving Bones of the Skull and Face (21175 and 21183) and rhinoplasty (30400, 30410, 30420, 30430, 30435, 30450, 30460)	11/01/2025
305 – Nirsevimab (Beyfortus)	No changes.	11/01/2025

**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 9/1/2025

Service Code	Description	PA Change	Line of Business
A9586	Florbetapir F-18, diagnostic, per study dose, up to 10 mCi	Add	Medicare
J3391	Injection, atidarsagene autotemcel, per treatment	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J9275	Injection, cosibelimab-ipdl, 2mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5153	Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q9999	Injection, ustekinumab-aauz, biosimilar, 1mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
0346U	Beta amyloid, AB40 and AB42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma	Remove Retired Code	All Plans
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants	Remove Retired Code	All Plans
0398T	MRGFUS STEREOTACTIC ABLATION LESION INTRACRANIAL	Remove Retired Code	All Plans
0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Remove Retired Code	All Plans

0538T	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F/TRNS	Remove Retired Code	All Plans
0539T	CAR-T THERAPY RECEIPT & PREP CAR-T CELLS F/ADMN	Remove Retired Code	All Plans
0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Remove Retired Code	All Plans
0553T	PERQ TCAT PLMT ILIAC ARVEN ANASTOMOSIS IMPLANT	Remove Retired Code	All Plans
0564T	ONC CHEMO RX CYTOTOX CSC 14	Remove Retired Code	All Plans
0567T	PERM FLP TUBE OCCLS W/IMPLT	Remove Retired Code	All Plans
0568T	INTRO MIX SALINE&AIR F/SSG	Remove Retired Code	All Plans
0616T	INSERTION OF IRIS PROSTH W/SUTURE FIXATION & REPAIR/REMOVAL IRIS	Remove Retired Code	All Plans
0617T	INSERTION OF IRIS PROSTH W/SUTURE & REPAIR/REMOVAL, INS OF OCULAR LENS	Remove Retired Code	All Plans
0618T	INSERTION OF IRIS PROSTH W/SUTURE & REPAIR/REMOVAL, SECONDARY LENS	Remove Retired Code	All Plans
81436	HEREDITARY COLON CA SYND DUP/DEL ANALYS 8 GENES	Remove Retired Code	All Plans
0396U	Obstetrics (pre-implantation genetic testing), evaluation of 300000 DNA single-nucleotide polymorphisms (SNPs) by microarray, embryonic tissue, algorithm reported as a probability for single gene germline conditions	Remove Retired Code	All Plans
0012U	GERMLN DO GENE REARGMT DETCJ DNA WHOLE BLOOD	Remove Retired Code	All Plans
0013U	ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS	Remove Retired Code	All Plans
0014U	HEM HMTLMF NEO GENE REARGMT DNA WHL BLD/MARROW	Remove Retired Code	All Plans
0097U	GI PTHGN MULT REV TRANS&AMP PRB TECH 22 TRGT	Remove Retired Code	All Plans
0151U	NFCT BCT/VIR RESP NFCTJ 33	Remove Retired Code	All Plans

C1834	Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable),	Remove Retired Code	All Plans
C1841	RETINAL PROSTHESIS, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Remove Retired Code	All Plans
C9173	Injection, filgrastim-txid, biosimilar, 1mcg	Remove Retired Code	All Plans
C9174	Injection, datopotamab deruxtecan-dlnk	Remove Retired Code	All Plans
C9175	Injection, treosulfan	Remove Retired Code	All Plans
C9301	Obecabtagene autoleucel, up to 410 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures	Remove Retired Code	All Plans
C9302	Injection, zanidatamab-hrii, 2mg	Remove Retired Code	All Plans
C9304	Injection, marstacimab-hncq, 0.5mg	Remove Retired Code	All Plans
J2503	Injection, pegaptanib sodium, 0.3mg	Remove Retired Code	All Plans
	<b>NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated to HCPCS code(s) when new code(s) are assigned</b>		
C9399 J3590	Intravitreal, revakinagene taroretcel-lwey, implant	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 J3490	Injection, fitusiran, SC	Add	Medicare
C9399 J3490	Injection, ceftobiprole medocaril sodium, IV	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J3590	Injection, denosumab-bmwo	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J3590	Injection, denosumab-bnht	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 J9999	Injection, telisotuzumab vedotin-vedotin-tllv, IV	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 J3590	Injection, nipocalimab-aahu, IV	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP

**Prior Authorization List Changes  
(30-Day Notice / SECOND NOTICE)  
Effective 10/1/2025**

Service Code	Description	PA Change	Line of Business
95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	Add	ASO / Self-funded
95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	Remove	Medicare (Not Covered)
J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	Remove	All Plans, <b>EXCEPT</b> Medicaid / CHIP
	<b>NOTE: The following additions are for pharmaceuticals previously requiring Prior Authorization using miscellaneous codes and now have been assigned a unique code</b>		
J0614	Injection, treosulfan	Add	All Plans
J0681	Injection, ceftobiprole medocartil sodium, IV	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J1809	Injection, fosdenopterin, 0.1mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J3403	Intravitreal, revakinagene taroretcel-lwey, implant	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J7174	Injection, fitusiran, SC	Add	Medicare
J9011	Injection, datopotamab deruxtecan-dlnk	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5157	Injection, denosumab-bmwo, SC	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5158	Injection, denosumab-bnht	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5159	Injection, denosumab-dssb, 70mg/ml	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP

**Prior Authorization List Changes  
(60-Day Notice / FIRST NOTICE)  
Effective 11/1/2025**

Service Code	Description	PA Change	Line of Business
J3402	Injection, remestemcel-L-rknd	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J7173	Injection, concizumab-mtci	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5154	Injection, omalizumab-igec, biosimilar, 5mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5155	Injection, aflibercept-jbvf, biosimilar, 1mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5156	Injection, tocilizumab-anoh, biosimilar, 1mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
	<b>NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated to HCPCS code(s) when new code(s) are assigned</b>		
C9399 J3590	Topical, prademagene zamikeracel sheets	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 J9999	Intravesical, mitomycin	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 J9999	Injection, linvoseltamab-gcpt, IV	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)

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