

## Prior Authorization Requirement Updates

| Service Description | Procedure Code | Procedure Code Description                                                                                                                                                                                                                                        | Effective Date | Prior Authorization Rule |
|---------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|
| Laboratory Services | 0631U          | Oncology (solid tumor), DNA, sequence analysis of 15 genes including BRCA1 and BRCA2 for identification of clonal hematopoiesis, blood, reported as tumor-derived or nontumor-derived                                                                             | 7/1/2026       | Yes                      |
| Laboratory Services | 0632U          | Red blood cell antigen (fetal RhD gene analysis), multiplex polymerase chain reaction (PCR) and next-generation sequencing (NGS) of circulating cell-free DNA (cfDNA), plasma from pregnant individuals known to be RhD negative, reported as detected or not d   | 7/1/2026       | Yes                      |
| Laboratory Services | 0633U          | Obstetrics (single-gene noninvasive prenatal test), cell-free DNA (cfDNA), next-generation sequencing (NGS) analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants and to determine fetal inherit   | 7/1/2026       | Yes                      |
| Laboratory Services | 0634U          | Oncology (breast cancer), cell-free DNA (cfDNA), evaluation of 11 ESR1 variants (E380Q, S463P, L536R, Y537C, Y537N, Y537S, D538G, V422del, L536H, L536P, Y537D) using droplet digital PCR (ddPCR), plasma, reported as positive or negative                       | 7/1/2026       | Yes                      |
| Laboratory Services | 0635U          | Autoimmune (atopic dermatitis), mRNA, next-generation sequencing (NGS), gene expression profiling of 487 genes, noninvasive skin-surface scraping, algorithm reported as likelihood of response to therapy                                                        | 7/1/2026       | Yes                      |
| Laboratory Services | 0636U          | Babesia (Babesiosis), antibody detection of 20 recombinant protein groups, by immunoassay, IgG                                                                                                                                                                    | 7/1/2026       | Yes                      |
| Laboratory Services | 0637U          | Babesia (Babesiosis), antibody detection of 20 recombinant protein groups, by immunoassay, IgM                                                                                                                                                                    | 7/1/2026       | Yes                      |
| Laboratory Services | 0638U          | Bartonella (Bartonellosis), antibody detection of 32 recombinant protein groups, by immunoassay, IgG                                                                                                                                                              | 7/1/2026       | Yes                      |
| Laboratory Services | 0639U          | Bartonella (Bartonellosis), antibody detection of 32 recombinant protein groups, by immunoassay, IgM                                                                                                                                                              | 7/1/2026       | Yes                      |
| Laboratory Services | 0640U          | Oncology (leptomeningeal metastases), tumor cell selection, identification, detection and enumeration based on differential CD318(CDCP1), SUSD2, CD340(erbB2/HER2), HGFR/cMET, FOLR1, EGFR, N cadherin, MUC1, EpCAM, and TROP2 antibody biomarkers, cerebrospinal | 7/1/2026       | Yes                      |
| Laboratory Services | 0641U          | Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), using formalin-fixed paraffin-embedded (FFPE) tissue and blood samples, initial (baseline) assessment                                                                     | 7/1/2026       | Yes                      |
| Laboratory Services | 0642U          | Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), whole blood, comparison to previously performed analyses, reported as trend in circulating tumor DNA (ctDNA) level                                                        | 7/1/2026       | Yes                      |
| Laboratory Services | 0643U          | Oncology (genitourinary cancer), cell-free circulating tumor DNA (ctDNA), 200 genes, next-generation sequencing (NGS), interrogation for single-nucleotide variants (SNVs), insertions/deletions, gene rearrangements, copy number alterations, and tumor mutat   | 7/1/2026       | Yes                      |
| Laboratory Services | 0644U          | Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, blood or bone marrow, personalized assay design and baseline quantification                                                                                                     | 7/1/2026       | Yes                      |
| Laboratory Services | 0645U          | Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, based on digital PCR, blood or bone marrow, reported as not detected or detected with estimated abundance                                                                       | 7/1/2026       | Yes                      |
| Laboratory Services | 0646U          | Oncology (molecular residual disease), whole genome sequence analysis, cell-free DNA, whole blood, and formalin-fixed paraffin-embedded (FFPE) tumor tissue DNA, baseline assessment                                                                              | 7/1/2026       | Yes                      |
| Laboratory Services | 0647U          | Oncology (molecular residual disease), whole genome sequence analysis, cell-free DNA (cfDNA), whole blood, assessment utilizing patient-specific tumor information, reported as negative or percent circulating tumor DNA (ctDNA)                                 | 7/1/2026       | Yes                      |
| Laboratory Services | 0648U          | Oncology (solid tumor), targeted genomic sequencing analysis, to detect deletions, insertions, and substitutions in 42 genes, copy number amplifications in 10 genes, and fusions and splice variants in 18 driver genes from DNA and RNA extracted from formal   | 7/1/2026       | Yes                      |

## Prior Authorization Requirement Updates

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|---------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|
| Laboratory Services | 0649U | Neurology (Alzheimer disease), DNA, targeted next-generation sequencing (NGS) of AD-1 and AD-2 target regions, whole blood, prognostic algorithmic analysis, reported as categorization of cognitive status                                                     | 7/1/2026 | Yes |
| Laboratory Services | 0650U | Drug metabolism (adverse drug reactions and drug response), genotyping of 9 genes (ie, CYP2D6, CYP2C19, G6PD, SLCO1B1, HLA-B*58:01, NAT2, CYP2C9, VKORC1, ABCG2), reported as metabolizer status and transporter function                                       | 7/1/2026 | Yes |
| Laboratory Services | 0651U | Oncology (hereditary cancer), genomic DNA, 55 hereditary cancer pre-dispositioned genes, next-generation sequencing (NGS) and digital multiplex ligation-dependent probe amplification for variants, small indels (<40 base pairs), using saliva, whole blood o | 7/1/2026 | Yes |
| Laboratory Services | 0652U | Drug metabolism (adverse drug reactions), DNA analysis of 13 genes by targeted genotyping, using saliva or buccal swab, reported as diplotype and metabolizer status                                                                                            | 7/1/2026 | Yes |
| Laboratory Services | 0653U | Nephrology (inherited kidney disorders), DNA, analysis of approximately 700 genes associated with inherited kidney diseases by exome sequencing, using whole blood, saliva, or nail clipping, reported as an interpretive clinical report classifying pathogeni | 7/1/2026 | Yes |
| Laboratory Services | 0654U | Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by western blot analysis, using cultured skin fibroblasts, diagnostic qualitative result                                                                 | 7/1/2026 | Yes |
| Laboratory Services | 0655U | Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by spectrophotometric kinetic assay, using cultured skin fibroblasts, diagnostic quantitative result                                                     | 7/1/2026 | Yes |
| Laboratory Services | 0656U | Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by radioactive activity assay, using cultured skin fibroblasts, diagnostic quantitative result                                                           | 7/1/2026 | Yes |
| Laboratory Services | 0657U | Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of comparator nuclear and mitochondrial DNA by next-generation sequencing (NGS), using blood or buccal sample, relevant variants reported with proband results         | 7/1/2026 | Yes |
| Laboratory Services | 0658U | Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for single-nucleotide variants (SNVs), insertions/deletions, copy number variants, uniparental di | 7/1/2026 | Yes |
| Laboratory Services | 0659U | Rare diseases (constitutional/heritable disorders), ultrarapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for single-nucleotide variants (SNVs), insertions/deletions, copy number variants, uniparent | 7/1/2026 | Yes |
| Category III        | 1026T | Transvaginal laser photobiomodulation therapy of pelvis, provided by a physician or other qualified health care professional                                                                                                                                    | 7/1/2026 | Yes |
| Category III        | 1027T | Percutaneous insertion or replacement of neurostimulation catheter via left subclavian or left jugular vein into the superior vena cava, with verification of capture of phrenic nerves, mapping and programming, and delivery of transvenous phrenic neurostim | 7/1/2026 | Yes |
| Category III        | 1028T | Mapping and programming of neurostimulation catheter with delivery of transvenous phrenic neurostimulation therapy in ventilated patients, with repositioning and verification of left phrenic nerve capture, per session                                       | 7/1/2026 | No  |
| Category III        | 1029T | Mapping and programming of neurostimulation catheter with delivery of transvenous phrenic neurostimulation therapy in ventilated patients, without catheter repositioning, per session                                                                          | 7/1/2026 | No  |
| Category III        | 1030T | Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), cumulative time for up to 30 days; initial 30 minutes                                                                               | 7/1/2026 | Yes |
| Category III        | 1031T | Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), cumulative time for up to 30 days; each additional 30 minutes (List separately in addition to code for primary procedure)           | 7/1/2026 | No  |

## Prior Authorization Requirement Updates

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|--------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|
| Category III | 1032T | Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]) and digital simulation, cumulative time for up to 30 days; initial 60 minutes                                                        | 7/1/2026 | Yes |
| Category III | 1033T | Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]) and digital simulation, cumulative time for up to 30 days; each additional 30 minutes (List separately in addition to code for prima | 7/1/2026 | No  |
| Category III | 1034T | Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), digital simulation, and computational analyses (eg, computational fluid dynamics, finite element analysis), cumulative time for up  | 7/1/2026 | Yes |
| Category III | 1035T | Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), digital simulation, and computational analyses (eg, computational fluid dynamics, finite element analysis), cumulative time for up  | 7/1/2026 | Yes |
| Category III | 1036T | Noninvasive hemodynamic assessment with pulmonary pressures and ejection fraction when performed, including passive acquisition of acoustic and electrical signals, augmentative algorithmic analysis, and generation of a clinical report with review, interpr | 7/1/2026 | No  |
| Category III | 1037T | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant pancreatic tissue, including imaging guidance                                                                                                                                  | 7/1/2026 | Yes |
| Category III | 1038T | Autologous muscle cell therapy, injection(s) of muscle progenitor cells into the tongue, including esophagoscopy, when performed                                                                                                                                | 7/1/2026 | Yes |
| Category III | 1039T | Connectomic analysis of previously performed multi-modal brain magnetic resonance imaging (MRI) requiring physician or other qualified health care professional (QHP) analysis of software- and physician-generated structural and functional maps for integrat | 7/1/2026 | Yes |
| Category III | 1040T | Bronchoscopy, flexible, with bronchial cryotherapy, 1 lung, including trachea, when performed                                                                                                                                                                   | 7/1/2026 | No  |
| Category III | 1041T | Augmentative algorithmic analysis of encephalographic waveforms to identify the source and propagation of epileptiform activity, including artifact reduction with analysis of 3D localization of spike sources throughout the examination, 3D animations over  | 7/1/2026 | Yes |
| Category III | 1042T | Implantation of absorbable urologic scaffold for prostatic urethra restoration of reconstructed bladder neck and urethral anastomosis (List separately in addition to code for primary procedure)                                                               | 7/1/2026 | No  |
| Category III | 1043T | Quantitative magnetic resonance, without imaging, for analysis of liver tissue, including assessment of 1 or more parameters (eg, proton density fat fraction [PDFF], water diffusion, T1-water relaxation time), with automatically generated report           | 7/1/2026 | Yes |
| Category III | 1044T | Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site; first 5 sq cm or less                                                                                                                 | 7/1/2026 | No  |
| Category III | 1045T | Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site; each additional 5 sq cm, or part thereof (List separately in addition to code for primary procedure)                                  | 7/1/2026 | No  |
| Category III | 1046T | Autologous heterogeneous skin-construct graft application, trunk, arms, legs; first 50 sq cm or less, or 0.5% of body area of infants and children                                                                                                              | 7/1/2026 | Yes |
| Category III | 1047T | Autologous heterogeneous skin-construct graft application, trunk, arms, legs; each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)               | 7/1/2026 | No  |
| Category III | 1048T | Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 50 sq cm or less, or 0.5% of body area of infants and children                                | 7/1/2026 | Yes |

## Prior Authorization Requirement Updates

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| Category III                                         | 1049T | Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part the | 7/1/2026  | No  |
| Category III                                         | 1050T | Insertion, subcutaneous heart failure decompensation monitor, containing sensors that measure, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds                                                                           | 7/1/2026  | Yes |
| Category III                                         | 1051T | Removal of subcutaneous heart failure decompensation monitor                                                                                                                                                                                                    | 7/1/2026  | No  |
| Category III                                         | 1052T | Interrogation device evaluation(s), (in person or remote) up to 30 days, insertable subcutaneous heart failure decompensation monitor, analysis of physiologic parameters, including, at a minimum, heart rate, impedance, respiration rate, physical activity, | 7/1/2026  | No  |
| Category III                                         | 1053T | Programming device evaluation (in person or remote) of subcutaneous heart failure decompensation monitor, with analysis of physiologic parameters, including, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds, with gene | 7/1/2026  | No  |
| Pathology and Laboratory Services                    | 87638 | Infectious agent detection by nucleic acid (DNA or RNA); rubeola (measles) virus                                                                                                                                                                                | 5/15/2026 | No  |
| Injectable Drugs                                     | A9574 | Injection, ferumoxytol, 1 mg                                                                                                                                                                                                                                    | 7/1/2026  | No  |
| Medical/Surgical Supplies and Devices-Other Implants | C1609 | Vertebral device, motion-preserving, with screw fixation                                                                                                                                                                                                        | 7/1/2026  | No  |
| Medical/Surgical Supplies and Devices-Other Implants | C8014 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, including use of a suction enabled ureteral access sheath, with irrigation (if performed)                                                                                             | 7/1/2026  | No  |
| Miscellaneous Services, Procedures, and Reports      | G0574 | Management of new patient with dementia residing in an eligible residential care community, for use only in a Medicare-approved CMMI model (services must be furnished within a patient's eligible residential care community, including assisted living facili | 7/1/2026  | No  |
| Miscellaneous Services, Procedures, and Reports      | G0575 | Management of established patient with dementia residing in an eligible residential care community, for use only in a Medicare-approved CMMI model (services must be furnished within a patient's eligible residential care community, including assisted livin | 7/1/2026  | No  |
| Miscellaneous Services, Procedures, and Reports      | G0669 | Outcome-Aligned Payment (OAP) for technology-enabled chronic care management of early cardio-kidney-metabolic (ECKM) conditions (hypertension, or two or more of: dyslipidemia, obesity/overweight with central obesity marker, prediabetes); initial 12-month  | 7/1/2026  | No  |
| Miscellaneous Services, Procedures, and Reports      | G0670 | Outcome-Aligned Payment (OAP) for technology-enabled chronic care management of early cardio-kidney-metabolic (ECKM) conditions (hypertension, or two or more of: dyslipidemia, obesity/overweight with central obesity marker, prediabetes); follow-on 12-mont | 7/1/2026  | No  |
| Miscellaneous Services, Procedures, and Reports      | G0671 | Outcome-Aligned Payment (OAP) for technology-enabled chronic care management of cardio-kidney-metabolic (CKM) conditions (one or more of: diabetes mellitus, chronic kidney disease stage 3a or 3b, atherosclerotic cardiovascular disease); initial 12-month p | 7/1/2026  | No  |
| Miscellaneous Services, Procedures, and Reports      | G0672 | Outcome-Aligned Payment (OAP) for technology-enabled chronic care management of cardio-kidney-metabolic (CKM) conditions (one or more of: diabetes mellitus, chronic kidney disease stage 3a or 3b, atherosclerotic cardiovascular disease); follow-on 12-month | 7/1/2026  | No  |
| Miscellaneous Services, Procedures, and Reports      | G0673 | Outcome-Aligned Payment (OAP) for technology-enabled chronic care management of musculoskeletal (MSK) conditions (chronic musculoskeletal pain); initial 12-month treatment period, per month                                                                   | 7/1/2026  | No  |
| Miscellaneous Services, Procedures, and Reports      | G0674 | Outcome-Aligned Payment (OAP) for technology-enabled chronic care management of behavioral health (BH) conditions (one or more of: depression, anxiety); initial 12-month period, per month                                                                     | 7/1/2026  | No  |
| Miscellaneous Services, Procedures, and Reports      | G0675 | Outcome-Aligned Payment (OAP) for technology-enabled chronic care management of behavioral health (BH) conditions (one or more of: depression, anxiety); follow-on 12-month period, per month                                                                   | 7/1/2026  | No  |

## Prior Authorization Requirement Updates

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| Miscellaneous Services, Procedures, and Reports | G0676 | Standard comanagement service payment for documented review of clinical updates from ACCESS participant managing cardio-kidney-metabolic conditions (early cardio-kidney-metabolic [ECKM] or cardio-kidney-metabolic [CKM] track), per review                   | 7/1/2026 | No     |
| Miscellaneous Services, Procedures, and Reports | G0677 | Standard comanagement service payment for documented review of clinical updates from ACCESS participant managing musculoskeletal (MSK) conditions, per review                                                                                                   | 7/1/2026 | No     |
| Miscellaneous Services, Procedures, and Reports | G0678 | Standard co-management service payment for documented review of clinical updates from ACCESS participant managing behavioral health (BH) conditions (depression, anxiety), per review                                                                           | 7/1/2026 | No     |
| Immunization-Medicine                           | 90616 | Influenza virus vaccine, trivalent (tIRV), mRNA, 37.5 mcg/0.38 mL dosage, for intramuscular use                                                                                                                                                                 | 7/1/2026 | No     |
| Immunization-Medicine                           | 90639 | Influenza virus vaccine, quadrivalent (qIRV), mRNA; 50 mcg/0.5 mL dosage, for intramuscular use                                                                                                                                                                 | 7/1/2026 | No     |
| Injectable Drugs                                | C9310 | Injection, leucovorin calcium (Avyxa), 1 mg                                                                                                                                                                                                                     | 7/1/2026 | N      |
| Injectable Drugs                                | J0528 | Injection, fosfomycin disodium, 20 mg                                                                                                                                                                                                                           | 7/1/2026 | Yes    |
| Injectable Drugs                                | J1289 | Injection, narsoplimab-wuug, 1 mg                                                                                                                                                                                                                               | 7/1/2026 | Yes    |
| Injectable Drugs                                | J1577 | Injection, immune globulin (Qivigy), 100 mg                                                                                                                                                                                                                     | 7/1/2026 | Yes    |
| Injectable Drugs                                | J2361 | Injection, depemokimab-ulaa, 1 mg                                                                                                                                                                                                                               | 7/1/2026 | Yes    |
| Pharmacy Drugs-Prescription                     | J2374 | Apraclonidine HCl ophthalmic, 1% solution, 0.1 ml                                                                                                                                                                                                               | 7/1/2026 | Yes    |
| Pharmacy Drugs-Prescription                     | J2789 | Riboflavin 5'-phosphate, ophthalmic solution (Epioxa HD/Epioxa), up to 2 ml                                                                                                                                                                                     | 7/1/2026 | Yes    |
| Injectable Drugs                                | J3386 | Injection, etuvetidigene autotemcel, per treatment                                                                                                                                                                                                              | 7/1/2026 | Yes    |
| Injectable Drugs                                | J3405 | Injection, onasemnogene abeparvovec-brve, per treatment                                                                                                                                                                                                         | 7/1/2026 | Yes    |
| Injectable Drugs                                | J7176 | Injection, human fibrinogen-chmt (Fesilty), 1 mg                                                                                                                                                                                                                | 7/1/2026 | Yes    |
| Injectable Drugs                                | J9053 | Injection, belantamab mafodotin-blmf, 0.1 mg                                                                                                                                                                                                                    | 7/1/2026 | N-PA19 |
| Injectable Drugs                                | J9062 | Injection, amivantamab 5 mg and hyaluronidase-lpuj                                                                                                                                                                                                              | 7/1/2026 | N-PA19 |
| Injectable Drugs                                | J9232 | Injection, docetaxel (Hospira), not therapeutically equivalent to J9171, 1 mg                                                                                                                                                                                   | 7/1/2026 | N-PA19 |
| Injection & Infusion Services                   | M0231 | Intravenous infusion, tocilizumab-bavi, for hospitalized adult patients with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, noninvasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) | 7/1/2026 | Yes    |
| Injection & Infusion Services                   | M0232 | Intravenous infusion, tocilizumab-bavi, for hospitalized adult patients with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, noninvasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) | 7/1/2026 | Yes    |
| Injectable Drugs                                | Q0234 | Injection, tocilizumab-bavi, for hospitalized adult patients with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, noninvasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg | 7/1/2026 | Yes    |
| Injectable Drugs                                | Q5164 | Injection, ustekinumab-hmny (Starjemza), biosimilar, 1 mg                                                                                                                                                                                                       | 7/1/2026 | Yes    |
| Injectable Drugs                                | Q5165 | Injection, denosumab-mobz (Oziltus), biosimilar, 1 mg                                                                                                                                                                                                           | 7/1/2026 | Yes    |
| Injectable Drugs                                | Q5166 | Injection, denosumab-desu (Osvyrti/Jubereq), biosimilar, 1 mg                                                                                                                                                                                                   | 7/1/2026 | Yes    |
| Injectable Drugs                                | Q5167 | Injection, denosumab-qbde (Enoby/Xtrenbo), biosimilar, 1 mg                                                                                                                                                                                                     | 7/1/2026 | Yes    |
| Injectable Drugs                                | Q5168 | Injection, ranibizumab-leyk (Nufymco), biosimilar, 0.1 mg                                                                                                                                                                                                       | 7/1/2026 | Yes    |
| Injectable Drugs                                | Q5169 | Injection, pegfilgrastim-unne (Armlupeg), biosimilar, 0.5 mg                                                                                                                                                                                                    | 7/1/2026 | Yes    |
| Injectable Drugs                                | Q5170 | Injection, aflibercept-boav (Eydenzelt), biosimilar, 1 mg                                                                                                                                                                                                       | 7/1/2026 | Yes    |
| Injectable Drugs                                | Q5171 | Injection, denosumab-mobz (Boncresa), biosimilar, 1 mg                                                                                                                                                                                                          | 7/1/2026 | Yes    |

## Prior Authorization Requirement Updates

Prior Authorization requirements are applicable to participating and non-participating providers. Noncontracted Laboratories must obtain authorization for all services rendered.

For medications covered under the medical benefit that require authorization, providers are encouraged to submit authorization requests using the Blue Cross Complete Medication Prior Authorization Request form, which is available at [mibluemcrosscomplete.com](https://mibluemcrosscomplete.com). The completed form must be faxed to PerformRx at 1-855-811-9326.

Note: An authorization does not guarantee payment.

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