

Prior Authorization Requirement Updates

Pharmacy Procedure Code Benefit Category	Procedure Code	Procedure Code Description	Effective Date	Prior Authorization Rule
Injectable Drugs	C9311	Injection, eplontersen, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	10/1/2026	Y
Chemotherapy	C9312	Injection, trabectedin (Apotex), not therapeutically equivalent to J9362, 0.01 mg	10/1/2026	Y
Chemotherapy	C9313	Injection, pivekimab sunirine-pvzy, 0.01 mg	10/1/2026	Y
Pharmacy Drugs-Prescription	J0014	Cocaine HCl nasal solution (Goprelto), 1 mg	10/1/2026	Y
Injectable Drugs	J0643	Injection, leucovorin calcium, not otherwise specified, 1 mg	10/1/2026	N-PA19
Injectable Drugs	J0644	Injection, leucovorin calcium (Avyxa), 1 mg	10/1/2026	N-PA19
Injectable Drugs	J0871	Injection, daptomycin (Endo), not therapeutically equivalent to J0878, 1 mg	10/1/2026	Y
Injectable Drugs	J1757	Injection, tividonofusp alfa-eknm, 1 mg	10/1/2026	Y
Injectable Drugs	J1818	Injection, pegzilarginase-nbln, 0.05 mg	10/1/2026	Y
Injectable Drugs	J1946	Injection, furosemide (Lasix Onyu), 1 mg	10/1/2026	Y
Injectable Drugs	J1947	Injection, furosemide (Furoscix), 1 mg	10/1/2026	Y
Injectable Drugs	J1957	Injection, levetiracetam, 5 mg	10/1/2026	N
Injectable Drugs	J1958	Injection, levetiracetam in sodium chloride, 5 mg	10/1/2026	N
Injectable Drugs	J3268	Injection, delafloxacin, 1 mg	10/1/2026	Y
Injectable Drugs	J3406	Injection, omidubicel-onlv, per therapeutic dose	10/1/2026	Y
Pharmacy Drugs-Prescription	J7524	Mycophenolate mofetil, oral, 5 mg	10/1/2026	N-PA19
Injectable Drugs	J7526	Injection, mycophenolate mofetil, 5 mg	10/1/2026	N-PA19
Pharmacy Drugs-Prescription	J7529	Mycophenolate mofetil, for suspension, oral, 5 mg	10/1/2026	N-PA19
Pharmacy Drugs-Prescription	J7530	Mycophenolate mofetil (Myhibbin), oral suspension, 5 mg	10/1/2026	Y
Pharmacy Drugs-Prescription	J7531	Prednisolone sodium phosphate, orally disintegrating tablet, 1 mg	10/1/2026	N
Injectable Drugs	J9066	Injection, bendamustine HCl (Avyxa), 1 mg	10/1/2026	N-PA19
Chemotherapy	J9186	Injection, etoposide (Avyxa), 1 mg	10/1/2026	N-PA19
Chemotherapy	J9187	Injection, etoposide, 1 mg	10/1/2026	N-PA19
Chemotherapy	J9191	Injection, fluorouracil (Avyxa), 10 mg	10/1/2026	N-PA19
Chemotherapy	J9192	Injection, fluorouracil, 10 mg	10/1/2026	N-PA19
Injectable Drugs	J9362	Injection, trabectedin, 0.01 mg	10/1/2026	N-PA19
Injectable Drugs	Q5172	Injection, filgrastim-laha (Filkri), biosimilar, 1 mcg	10/1/2026	Y
Injectable Drugs	Q5173	Injection, denosumab-adet (Ponlimsi), biosimilar, 1 mg	10/1/2026	Y

This document reflects the most recent updates to prior authorization requirements. To determine if a service requires an authorization or to submit a prior authorization request, visit the mibluccrosscomplete.com under the Prior Authorization Resources. As a reminder, when you do need to verify whether a service requires prior authorization, use the Prior Authorization Lookup Tool at mibluccrosscomplete.com.

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 mibluccrosscomplete.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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