Effective: October 1, 2026

Guideline Type	☒ Prior Authorization ☐ Non-Formulary ☐ Step-Therapy ☐ Administrative

Applies to:

Public Plans Products

☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans; Fax 617-673-0939

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

Overview

Tufts Health Together–MassHealth MCO Plan and Accountable Care Partnership Plans, in conjunction with the other Medicaid managed care organizations (MCOs) in the Commonwealth, follow MassHealth's Unified Formulary for pharmacy benefit coverage of medications and for medical benefit coverage of select medications.

Medications included in this policy require prior authorization on the medical benefit with coverage criteria that mirrors the MassHealth Unified Formulary.

Clinical Guideline Coverage Criteria

The Plan may authorize coverage of a medication listed in the table below for Members when **ALL** of the MassHealth Drug List coverage criteria is met (https://mhdl.pharmacy.services.conduent.com/MHDL/).

Drug	HCPCS Code
Abilify Maintena	J0401
Actemra	J3262
Acthar	J0801
Adakveo	J0791
Adstiladrin	J9029
Adzynma	J7171
Alhemo	J3590
Alyglo	J1552
Anktiva	J9028
Ameluz	J7345
Amondys 45	J1426
Amvuttra	J0225
Aranesp	J0881
Arcalyst	J2793
Aristada	J1944
Aristada Initio	J1943
Asceniv	J1554
Aukelso	Q5161
Aveed	J3145
Avgemsi	J9184
Avlayah	J1757
Avtozma	Q5156
Avsola	Q5121
Bavencio	J9023

Drug	HCPCS Code
Beizray	J9174
Benlysta	J0490
Bildyos	Q5162
Bilprevda	Q5162
Bizengri	J9382
Bkemv	Q5152
Bivigam	J1556
Bomyntra	Q5158
Boniva	J1740
Boruzu	J9054
Bosaya	Q5161
Botox	J0585
Briumvi	J2329
Camcevi	J1952
Cerezyme	J1786
Cimzia	J0717
Cinqair	J2786
Cinryze	J0598
Columvi	J9286
Conexxence	Q5158
Cortrophin	J0802
Cosentyx	J3247
Crysvita	J0584
Cutaquig	J1551
Cuvitru	J1555
Darzalex	J9145
Darzalex Faspro	J9144
Daxxify	J0589
Durolane	J7318
Durysta	J7351
Dysport	J0586
Elelyso	J3060
Elfabrio	J2508
Eligard	J9217
Elrexfio	J1323
Empaveli	C9151
Empliciti	J9176
Enjaymo	J1302
Enoby	Q5167
Entyvio	J3380
Epkinly	J9321
Epogen	J0885
epoprostenol	J1325
Epioxa	J2789
Epysqli	Q5151
Exdensur	J2361

Drug	HCPCS Code
Euflexxa	J7323
Evenity	J3111
Evkeeza	J1305
Exondys51	J1428
Fabrazyme	J0180
Fasenra	J0517
Firmagon	J9155
Furoscix	J1947
Gamastan	J1460
Gammagard	J1569
Gammagard S/D	J1566
Gammaked	J1561
Gammaplex	J1557
Gamunex	J1561
Gel-One	J7326
GelSyn	J7328
Genvisc	J7320
Geodon	J3486
Givlaari	J0223
Hemlibra	J7170
Hepzato	J9248
Hizentra	J1559
Hyalgan	J7321
Hymovis	J7322
Hympavzi	J7172
HyQvia	J1575
iDose TR	J7355
Ilaris	J0638
Ilumya	J3245
Imaavy	J9256
Imdelltra	J9026
Imfinzi	J9173
Imjudo	J9347
Imuldosa	Q5098
Inflectra	Q5103
Infliximab	J1745
Inlexzo	J9183
Invega Hafyera	J2427
Invega Sustenna	J2426
Invega Trinza	J2427
Izervay	J2782
Jemperli	J9272
Jubbonti	Q5136
Kanuma	J2840
Ketalar	J3490
Keytruda	J9271

Drug	HCPCS Code
Keytruda Qlex	J9277
Kisunla	J0175
Krystexxa	J2507
Kyprolis	J9047
Kyxata	J9278
Lamzede	J0217
Lemtrada	J0202
Leqembi	J0174
Leqvio	J1306
Levulan	J7308
Libtayo	J9119
Loqtorzi	J3263
Lunsumio	J9350
Lunsumio Velo	J9350
Lupaneta pack	J3590
Lupron 7.5	J9217
Lupron 3.75	J1950
Lupron Depot	J1950
Lynozyfic	J9601
Monovisc	J7327
Myobloc	J0587
Nexviazyme	J0219
Niktimvo	J9038
Nplate	J2802
Nucala	J2182
Nulibry	J3490
Ocrevus	J2350
Ocrevus Zunovo	J2351
Octagam	J1568
Omvoh	J2267
Onapgo	J3490
Onpattro	J0222
Opdivo	J9299
Opdivo Qvantig	J9289
Opdualag	J9298
Opfolda	J1202
Orencia	J0129
Orthovisc	J7324
Osenvelt	Q5157
Ospomyv	Q5159
Otulfi	Q9999
Oxlumo	J0224
Panzyga	J1576
Papzimeos	J3404
PiaSky	J1307
Phesgo	J9316

Drug	HCPCS Code
Pombiliti	J1203
Prevymis	J3490
Privigen	J1459
Probuphine	J0570
Procrit	J0885
Proleukin	J9015
Prolia	J0897
Pyzchiva	Q9997
Qalsody	J1304
Qfitlia	J7174
Quzyttir	J3490
Radicava	J1301
Reblozyl	J0896
Rebyota	J1440
Remicade	J1745
Remodulin	J3285
Renflexis	Q5104
Risperdal Consta	J2794
Ryoncil	J3402
Rystiggo	J9333
Rytelo	J0870
Saphnelo	J0491
Sarclisa	J9227
Scenesse	J7352
Selarsdi	Q9998
Signifor LAR	J2502
Simponi Aria	J1602
Sinuva	J7402
Skyrizi	J2327
Soliris	J1299
Somavert	J9307
Spevigo	J1747
Spinraza	J2326
Spravato	J0013
Starjemza	Q5164
Stelara	J3358
Steqeyma	Q5099
Steqeyma	J3590
Stoboclo	Q5157
Sunlenca	J1961
Supartz	J7321
Supprelin LA	J9226
Syfovre	J2781
Synagis	90378
Synojoynt	J7331
Synvisc	J7325

Drug	HCPCS Code
Synvisc-One	J7325
Talvey	J3055
Tecelra	J9999
Tecentriq	J9022
Tecentriq Hybreza	J9024
Tecvayli	J9380
Tepezza	J3241
Testopel	J1073
Tevimbra	J9329
Tezspire	J2356
Tofidence	Q5133
Trelstar	J3315
Tremfya	J1628
Triluron	J7332
Trivisc	J7329
Triptodur	J3316
Trogarzo	J3590
Tyenne	Q5135
Tyruko	Q5134
Tzield	J9381
Ultomiris	J1303
Unloxcyt	J9275
Uplizna	J1823
Vafseo	J0901
Vantas	J9225
Velcade	J9041
Veopoz	J9376
Viltepso	J1427
Vimizim	J1322
Visco-3	J7321
VPRIV	J3385
Vyepti	J3032
Vyjuvek	J3401
Vyloy	J1326
Vyondys 53	J1429
Vyvgart	J9332
Vyvgart Hytrulo	J9334
Wezlana	Q5138
Wyost	Q5136
Xembify	J1558
Xenpozyme	J0218
Xeomin	J0588
Xgeva	J0897
Xiaflex	J0775
Xolair	J2357
Xtrenbo	Q5167

Drug	HCPCS Code
Yartemlea	J1289
Yervoy	J9228
Yesintek	Q5100
Yesintek	J3590
Ycanth	J7354
Ziihera	J9276
Zinplava	J0565
Zoladex	J9202
Zulresso	J1632
Zusduri	J9282
Zymfentra	J1748
Zynyz	J9345
Zyprexa Relprevv	J2358

Limitations

- None

Codes

The following code(s) require prior authorization:

See table in Clinical Guideline Coverage Criteria section

Approval And Revision History

March 14, 2023: Reviewed by Pharmacy and Therapeutics Committee

Subsequent endorsement date(s) and changes made:

- March 15, 2023: Reviewed by Medical Policy Approval Committee
- May 2023: Rebyota, Tecvayli, Tzield, Xenpozyme, and Zynteglo were added to the unified formulary list and Makena and hydroxyprogesterone caproate injection were removed effective June 5, 2023
- July 1, 2023: Administrative update: J2427 was added for Invega Hafyera replacing J3490, J2427 was added for Invega Trinza replacing J2426, C9151 was added for Empaveli replacing J3490, J1576 was added for Panzyga replacing J1599, J9380 was added for Tecvayli replacing C9148, J9381 was added for Tzield replacing C9149
- July 11, 2023: Changed the name of the Medical Necessity Guideline to Unified Medical Policies. Added Briumvi, Crysvita, Furoscix, Lamzede, Lunsumio, and Sunlenca to the Medical Necessity Guideline. Removed Apretude and Perseris from the Medical Necessity Guideline (effective July 31, 2023).
- September 12, 2023: Added Syfovre to the Medical Necessity Guideline. Updated HCPCS codes for Acthar and Cortrophin (effective October 1, 2023).
- November 14, 2023: Administrative update to update HCPCS code for Rebyota to J1440. Added Adstriladrin, Brixadi Roctavian, and Skysona to the Medical Necessity Guideline (eff 12/4/2023). Added Cerezyme, Elelyso, Evkeeza, Kanuma, Nulibry, Scenesse, Tepezza, Vimizim, and VPRV to the Medical Necessity Guideline (eff 2/1/2024).
- December 12, 2023: Added Elfabrio, Hemgenix and Omisirge to the Medical Necessity Guideline. Updated the Brixadi HCPCS code to J0576. Updated the Lamzede HCPCS code to J0217. Updated the Roctavian HCPCS code to J1412 (eff 1/2/24).
- February 13, 2024: Added Elevidys, Ketalar, Qalsody, Rystiggo, Vyjuvek, Vyvgart Hytrulo, and Ycanth to the Medical Necessity Guideline (eff 3/4/24).
- March 12, 2024: Added Casgevy to the Medical Necessity Guideline. Administrative update to remove C code C9164 and add J code J7354 (eff 4/1/24)
- April 1,2024 Administrative Updates: Removed C Code 9162 and added J Code J2782 to Medical Necessity Guideline.
- April 9, 2024: Removed Granix, Nivestym, Releuko, Tecavyli, and Zarxio from the Medical Necessity Guideline (effective 5/1/2024). Added Izervay and Veopoz to the Medical Necessity Guideline (eff 5/6/2024).
- June 11, 2024: Added Lyfgenia, Pombiiti and Opfolda to the Medical Necessity Guideline. Administrative update to add Skyrizi based on previous coverage decision. Administrative update: Added new J code J3393 to the Medical Necessity Guideline for Zynteglo (eff 7/1/24).
- July 9, 2024: Added Adzynma, Cosentyx, Leqembi and Zymfentra to the Medical Necessity Guideline (eff 8/14/24).

- August 13, 2024: Added Amtagvi to the Medical Necessity Guideline (eff 8/12/24).
- September 10, 2024: Added Ameluz, Hepzato, Levulan, Omvoh, Euflexxa, Durolane, Gel-One, Gel-Syn, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz, Synojoynt, Synvisc, Synvisc One, Triluron, Trivisc, and Visco-3 to the Medical Necessity Guideline (eff 10/1/24).
- October 8, 2024: Added Beqvez, Daxxify, Elrexfio, iDose TR, Imdelltra, and Talvey to the Medical Necessity Guideline (eff 11/12/24). Added Durysta, Elrexfio, and Talvey to the Medical Necessity Guideline (eff 12/1/24).
- November 12, 2024: Added Alyglo, Anktiva, Kisunla, Rytelo, Tofidence, and Tyenne vial to the Medical Necessity Guideline (eff 1/6/25).
- December 10, 2024: Updated HCPCS code for Rytelo to J0870. Updated HCPCS code for Alyglo to J1552. Updated HCPCS code for Nplate to J2802. Updated HCPCS code for Anktiva to J9028. Update HCPCS code for Imdelltra to J9026 (eff 1/6/25).
- November 2024, administrative update request by UM, removed expired C Code for Beqvez (C9172) and added updated J Code (J1414) and removed expired Casgevy J Code (J3590) and updated with new J Code (J3392), effective 1/1/25.
- January 14, 2025: Added Epkinly, Opdualag, PiaSky, Tecvayli, and Tecelra to the Medical Necessity Guideline. Updated the HCPCS code for Adstiladrin (eff 2/18/25).
- March 11, 2025: Added Vyloy, Vafseo, and Jesduvroq to the Medical Necessity Guideline. (eff 4/1/25).
- April 2025: Removed the following drugs from the policy because as of 4/1/25 coverage will fall under the MassHealth Adjudicated Payment Amount per Discharge and Adjudicated Payment per Episode Care Out Drugs Medical Necessity Guideline: Abecma, Amtagvi, Beqvez, Breyanzi, Carvykti, Casgevy, Elevidys, Hemgenix, Kymriah, Luxturna, Lyfgenia, Omisigre, Roctavian, Skysona, Tecartus, Yescarta, Zolgensma, and Zynteglo (eff 3/31/25)
- April 8, 2025: Added Hympavzi, Ocrevus Zunovo and Ziihera to the Medical Necessity Guideline. Removed Fensolvi from the Medical Necessity Guideline. Administrative update to the update the HCPCS codes for Soliris and Vyloy (eff 5/12/25).
- May 13, 2025: Effective July 1, 2025: Added Alhemo, Otulfi, Pyzchiva, Selarsdi, Steqeyma, Wezlana and Yesintek (eff 7/1/25). Updated Brixadi HCPCS codes by removing HCPCS Code J0576 and adding HCPCS codes J0577 and J0578 (eff 8/1/25).
- June 10, 2025: Removed Brixadi from the Medical Necessity Guideline (eff 7/1/25). Removed Veletri from the Medical Necessity Gudieline. Added Niktimvo to the Medical Necessity Guideline (eff 8/11/2025).
- July 2025 Administrative Update: Effective July 1, 2025: Added J1326, removed C9303 (Vyloy). Added J7172 and removed C9304 (Hympavzi). Added J9276 and removed C9302 (Ziihera). Added Q5099 (Seqeyma), Q5100 (Yesintek), and updated description for Q9998 (Selarsdi).
- September 9, 2025: Added Ryoncil, Columvi and Phesgo to the Medical Necessity Guideline. (eff 10/1/25).
- November 4, 2025: Added Qfitlia, Imaavy, Bkemv, Epysqli, Jubbonti, Wyost, Stoboclo, Osenvelt, Conexxence, Bomyntra, Yeztugo vial, Yeztugo tablet, Onapgo to the Medical Necessity Guideline (eff 11/17/25). Added Darzalex, Darzalex Faspro, Empliciti, Kyprolis, Sarclisa, Bavencio, Bizengri, Imfinzi, Imjudo, Jemperli, Keytruda, Libtayo, Loqtorzi, Opdivo, Opdivo Qvantig, Tecentriq, Tecentriq Hybreza, Tevimbra, Yervoy, Zynyz, Cimzia, Tremfya, Arcalyst (eff 1/1/26).
- January 2026: Administrative updates: removed Aduhelm J Code (J0172) and Jesduvroq (J0889) due to discontinuation (eff 1/1/26). Added HCPCs code for Spravato (J0013) effective 1/1/26 and removed S0013 due to discontinuation (eff 12/31/25). Removed Ixifi J Code (Q5109) due to code discontinuation. Replaced Testopels J code, J3490 and added J1073 to guideline (eff 1/1/26). Add J code (J9256) for Imaavy and remove code (C9305) eff 1/1/26. Removed Flebogamma (J1572) due to code ending 12/31/25.
- December 9, 2025: Removed Retacrit from the Medical Necessity Guideline. Added Boruzu, Imuldosa, Lynozyfic, Velcade, and Zusduri to the Medical Necessity Guideline (eff 1/5/26).
- January 13, 2026: Added Inlexzo, Tyruko, and Keytruda Qlex to the Medical Necessity Guideline (eff 2/17/26).
- April 2026: Administrative update: Added J code J9183 (Inlexzo), J9277 (Keytruda Qlex), J9601 (Lynozyfic) to guideline, effective 4/1/26.
- March 10, 2026: Removed Berinert, Kalbitor, Ruconest, Yeztugo vial, Yeztugo tablet from the Medical Necessity Guideline. Added Papzimeos to the Medical Necessity Guideline (eff 4/1/26).
- April 14, 2026: Added Hemlibra, Bildyos, Ospomyv, Enoby, Bilprevda, Xtrenbo to the Medical Necessity Guideline (eff 5/11/26).
- June 9, 2026: Added Exdensur, Unloxcyt, Avtozma, Starjemza to the Medical Necessity Guideline (eff 7/1/26). Administrative update: added J Codes to Enoby/Xtrenbo (Q5167) effective 7/1/26. Administrative update to template to read: “Tufts Health Together- MassHealth Accountable Care Partnership Plans; Fax 617-673-0939”, to reflect change.
- September 15, 2026: Added Avgemsi, Beizray, Kyxata, Yartemlea, Bosaya, Aukelso, Lunsumio Velo, Avlayah to the Medical Necessity Guideline. Updated HCPCS code for Lunsumio (removed J9999 and added J9350), Furoscix (removed J1941 and added J1947) (eff 10/1/26).
- September 2026 (e-vote): Added Epioxa to the Medical Necessity Guideline (eff 10/1/26).

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.