March 27, 2025

PRIOR AUTHORIZATION CATALOG UPDATES FOR MARKETPLACE AND D-SNP- EFFECTIVE JUNE 1, 2025

SUMMARY OF NOTIFICATION

On June 1, 2025, the upcoming updates to medication prior authorization criteria will be reflected on the prior authorization catalogs.

The following codes will be added to the prior authorization catalog for **Marketplace and D-SNP**.

J1748 injection, infliximab-dyyb (zymfentra), 10 mg
J2779 Injection, ranibizumab, via intravitreal implant (Susvimo) 0.1 mg
Q5124 Injection, ranibizumab-nuna, (Byooviz) 0.1 mg
Q5128 Injection, ranibizumab-eqrn, (Cimerli) 0.1 mg
Q5109 Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg per unit
Q5147 Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg
J0177 Injection, aflibercept hd (Eylea HD), 1mg

The following code will be added to the prior authorization catalog for **Marketplace**.

J2778 Injection, ranibizumab, 0.1 mg

KEY DETAILS

Please refer to our Community provider website for the complete prior authorization catalog, for each line of business.

We will also be implementing an updated version of the Aflibercept medical review guideline and newly established medical review guidelines for Infliximab-dyyb (Zymfentra) and Ranibizumab (Lucentis) for **Marketplace and D-SNP**.

The Zymfentra medical review guideline will require use of the preferred intravenous infliximab product, Inflectra. Ranibizumab medical review guideline will require use of preferred ranibizumab products, Lucentis and Byooviz. Aflibercept medical review guideline update will require use of preferred aflibercept product, Eylea.

You can view the updates on our Community provider website under the “Prior Authorization Requests: Essential Information & Supporting Clinical Documentation” section.