MedStar Family Choice

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# Physician Bulletin Update: Prior Authorization Requirement for Select Drugs on the Medical Benefit

## Purpose

This bulletin notifies physicians that prior authorization (PA) will be required for select drugs billed under the medical benefit. The purpose of this change is to ensure appropriate utilization review and receipt of supporting clinical documentation prior to administration of these medications.

## Effective Date

The prior authorization requirement and policy updates described in this bulletin will become effective on **November 1, 2026**.

**Health Plan:** MedStar Family Choice Maryland

## Submission Instructions

Physicians must submit a prior authorization request before administering any affected drug under the medical benefit.

Please include all required supporting clinical documentation with the request. Incomplete submissions may delay review and determination.

This requirement applies to the following Places of Service (POS): Office (POS 11), Home (POS 12), Inpatient Hospital (POS 21), On-Campus Outpatient Hospital (POS 22), Public Health Clinic (POS 71)

Providers should also verify member eligibility and benefits prior to rendering services.

The affected drugs are listed below.

| HCPCS Code | Drug Name |
|---|---|
| J9999 | Decnupaz (pivekimab sunirine) |
| J7202 | Idelvion (factor IX, recombinant human with albumin fusion |
| J1818 | Lorargys (pegzilarginase) |

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**Correction to Previously Published J-Code Information**

Please note the following corrections to HCPCS codes previously communicated. Providers should use the corrected HCPCS codes when submitting claims and prior authorization

| Incorrect HCPCS Code/Drug Name | Drug Name | Correct HCPCS Code |
|---|---|---|
| J9261 | Gemcitabine | J9201 |
| J9061 | Cisplatin | J9060 |
| J1818 | Nivolumab (Opdivo) | J9289 |
| Ustekinumab | Risankizumab | J2327 |

Thank you,

MedStar Family Choice
Utilization Management Department
410-933-2200, option 2, then option 1