July 2026

WyoBlue Advantage is informing providers of upcoming changes for medical benefit drugs

New prior authorization requirements starting September 1, 2026

Kresladi (marnetegragene autotemcel), HCPCS code J3590
Avlayah (Tividenofusp alfa-eknm), HCPCS code J3590
Eydenzelt® (aflibercept-boav), HCPCS code Q5170
Boncresa® (denosumab-mobz), HCPCS code Q5171
Oziltus® (denosumab-mobz), HCPCS code Q5165
Osyvyrti® (denosumab-desu), HCPCS code Q5166
Jubereq® (denosumab-desu), HCPCS code Q5166
Nufymco® (ranibizumab-leyk), HCPCS code Q5168
Otarmeni (lunstogene parvec-cwha), HCPCS code J3590
Cinryze (C-1 esterase inhibitor, human), J0598

HCPC Code Correction

Amtagvi® (lifileucel)HCPCS code J9999 (previously listed as J3590)

Prior Authorization Submission Methods

Prior approval must be submitted through one of the following methods:

- Electronically: Use the Symphony Prior Authorization Portal, available within the Availity Essentials portal.
- Phone call: (844) 965-5080
- Paper form/Fax: Download the form from the WyoBlue Advantage website and fax it to (877) 369-3365.