

Medical Coverage Policy | Prior Authorization of Drugs



EFFECTIVE DATE: 06|01|2018

POLICY LAST UPDATED: 04|17|2019

OVERVIEW

This policy documents drugs that are covered under the member's Commercial medical plan, which require prior authorization. Prior authorization requests will be handled by BCBSRI's Drug Management vendor.

MEDICAL CRITERIA

Commercial Products

Clinical guidelines for approval of the drugs listed below are found on the Drug Management Program vendor's website. Use the following web address for online requests www.covermymeds.com or the prior authorization form can be faxed to 1-855-212-8110.

PRIOR AUTHORIZATION

Prior authorization is required. Contact BCBSRI's Drug Management vendor at 1-844-765-2892.

POLICY STATEMENT

Commercial Products

Prior authorization through the BCBSRI's Drug Management Program vendor applies to all drugs that are listed in this policy.

NOTE: This authorization requirement does not apply to services rendered in an emergency room, observation or inpatient setting.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate section of the Benefit Booklet or Subscriber Agreement for applicable Physician Administered Drugs.

Specialty Drug Coverage:

For contracts with specialty drug coverage, please refer to the member agreement for benefits and prior authorization guidelines.

CODING:

Commercial Products

The following codes require prior authorization.

Contact BCBSRI's Drug Management vendor, Prime Therapeutics, LLC at 1-844-765-2892.

NOTE: For codes with an unlisted code only, the claim must be filed with unlisted code and the NDC.

* Specialty Drug

Brand	Generic	Code	Effective Date
Abraxane	nabpaclitaxel	J9264	6/1/2018
Actemra*	tocilizumab	J3262	6/1/2018
Adcetris	brentuximab vedotin	J9042	6/1/2018

Akynzeo (injection)	netupitant/palonosetron	J1454 (eff 1/1/19) C9033 (del 12/31/18)	6/16/2018
Aldurazyme*	laronidase	J1931	6/1/2018
Alimta	pemetrexed	J9305	6/1/2018
Aliqopa	copanlisib	J9057	2/1/2019
Arzerra	ofatumumab	J9302	6/1/2018
Avastin	bevacizumab	J9035	1/1/2019
Bavencio	avelumab	J9023	6/1/2018
Benlysta*	belimumab	J0490	6/1/2018
Bivigam*	immune globulin	J1556	6/1/2018
Botox*	botulinum toxin injection	J0585	6/1/2018
Brineura	recombinant human cerliponase alfa	J0567 (eff 1/1/19) C9014 (del 12/31/18)	6/1/2018
Carimune, Gammagard S/D*	immune globulin	J1566, J1569	6/1/2018
Cerezyme*	imiglucerase	J1786	6/1/2018
Cimzia*	certolizumab pegol	J0717	6/1/2018
Cinqair*	reslizumab	J2786	6/1/2018
Cinvanti	aprepitant	J0185 (eff 1/1/19) C9463 (del 12/31/18)	6/1/2018
Crysvita	burosumab-twza	J0584	2/1/2019
Cyramza	ramucirumab	J9308	6/1/2018
Dysport*	botulinum toxin injection	J0586	6/1/2018
Elaprase*	idursulfase	J1743	6/1/2018
Elelyso*	taliglucerase alfa	J3060	6/1/2018
Elzonris	tagraxofusp-erzs	J9999	5/1/2019
Emend IV	fosaprepitant dimeglumine	J1453	6/1/2018

Entyvio*	vedolizumab	J3380	6/1/2018
Erbitux	cetuximab	J9055	6/1/2018
Exondys	eteplirsen	J1428	6/1/2018
Eylea*	ophthalmic aflibercept	J0178	6/1/2018
Fabrazyme*	agalsidase beta	J0180	6/1/2018
Fasenra*	benralizumab	J0517 (eff 1/1/19) C9466 (del 12/31/18)	6/1/2018
Flebogamma*	immune globulin	J1572	6/1/2018
Fulphila*	biosimilar peg- filgrastim	Q5108	10/1/2018
Flolan*	epoprostenol	J1325	6/1/2018
Fulphila*	colony stimulating factors	Q5108	10/1/2018
Gamastan S/D*	immune globulin	J1560, J1460	6/1/2018
Gammagard S/D*	immune globulin	J1560, J1460	6/1/2018
Gammagard*	immune globulin	J1560, J1460	6/1/2018
Gammaked, Gamunex-C*	immune globulin	J1561	6/1/2018
Gammaplex*	immune globulin	J1557	6/1/2018
Gamunex-C*	immune globulin	J1561	6/1/2018
Gazyva	obinutuzumab	J9301	6/1/2018
Granix*	filgrastim	J1447	6/1/2018
Herceptin	trastuzumab	J9355	6/1/2018
Ilumya*	tildrakizumab	J3245	2/1/2019
Imfinzi	durvalumab	J9173 (eff 1/1/19) C9492 (del 12/31/18)	6/1/2018
Inflectra*	biosimilar infliximab	Q5103	7/1/2018
Ixifi	biosimilar infliximab	Q5109	1/1/2019
Kanuma*	sebelipase alfa	J2840	6/1/2018

Keytruda	pembrolizumab	J9271	6/1/2018
Krystexxa*	pegloticase	J2507	6/1/2018
Kymriah	tisagenlecleucel	Q2042 (eff 1/1/19) Q2040 (del 12/31/18) <i>Note: must also file NDC with Q code for correct pricing of claim</i>	6/1/2018
Kyprolis	carfilzomib	J9047	6/1/2018
Lemtrada	alemtuzumab	J0202	6/1/2018
Leukine*	sargramostim	J2820	6/1/2018
Libtayo	cemiplimab-rwlc	C9044	5/1/2019
Lucentis*	ranibizumab	J2778	6/1/2018
Lumizyme*	alglucosidase alfa	J0221	6/1/2018
Lumoxiti	moxetumomab pasudotox-tdfk	C9045	5/1/2019
Lutathera	lutetium Lu 177 dotatate	A9513 (eff 1/1/19) C9031 (del 12/31/18)	7/1/2018
Luxterna	voretigene neparvovec-rzyl	J3398 (eff 1/1/19) C9032 (del 12/31/18)	7/1/2018
Macugen*	pegaptanib	J2503	6/1/2018
Makena*	hydroxyprogesterone caproate	Q9986	6/1/2018
Mepsevii For Sly Syndrome only	vestronidase alfa-vjbc	J3397 (eff 1/1/19) J3490 (prior to 1/1/19)	8/1/2018
Mvasi	bevacizumab	Q5107 (eff 1/1/19) J9035 (del 12/31/18)	1/1/2019
Myobloc*	botulinum toxin injection	J0587	6/1/2018
Naglazyme*	recombinant human N acetylgalactosamine 4 sulfatase B	J1458	6/1/2018

Neulasta, Neulasta ONPRO Kit*	pegfilgrastim	J2505	6/1/2018
Neupogen*	filgrastim	J1442	6/1/2018
Nivestym*	colony stimulating factors	Q5110	10/1/2018
Nucala*	mepolizumab	J2182	6/1/2018
Ocrevus	ocrelizumab	J2350	6/1/2018
Octagam*	immune globulin	J1568	6/1/2018
Onpattro	patisiran	C9036	2/1/2019
Opdivo	nivolumab	J9299	6/1/2018
Orencia*	abatacept	J0129	6/1/2018
Perjeta	pertuzumab	J9306	6/1/2018
Parsabiv	etelcalcetide	J0606	7/1/2018
Poteligo	mogamulizumab	C9038	2/1/2019
Privigen*	immune globulin	J1459	6/1/2018
Provenge	sipuleucel-T	Q2043	6/1/2018
Radicava*	edaravone	J1301 (eff 1/1/19) C9493 (del 12/31/18)	6/1/2018
Remicade*	infliximab	J1745	6/1/2018
Remodulin*	treprostinil	J3285	6/1/2018
Renflexis*	biosimilar infliximab	Q5104	7/1/2018
Rituxan	rituximab	J9312 (eff 1/1/19) J9310 (del 12/31/18)	6/1/2018
Rituxan Hycela	rituximab-hyaluronidase	J9311 (eff 1/1/19) C9467 (del 12/31/18)	6/1/2018
Rituxan Non-Oncology*	rituximab	J9312 (eff 1/1/19) J9310 (del 12/31/18)	6/1/2018

Sandostatin LAR*	octreotide	J2353	6/1/2018
Simponi*	golimumab	J1602	6/1/2018
Soliris	eculizumab	J1300	6/1/2018
Somatuline Depot*	lanreotide	J1930	6/1/2018
Somavert*	pegvisomant	J3490	6/1/2018
Spinraza	nusinersen	J2326	6/1/2018
Stelara*	ustekinumab	J3358	6/1/2018
Sustol	granisetron	J1627	6/1/2018
Synagis*	palivizumab	90378	6/1/2018
Tecentriq	atezolizumab	J9022	6/1/2018
Tysabri*	natalizumab	J2323	6/1/2018
Udenyca*	biosimilar pegfilgrastim	Q5111	1/1/19
Ultomiris	ravulizumab	J3590	6/1/19
Varubi	rolapitant	J2797 (eff 1/1/19) C9464 (del 12/31/18)	6/1/2018
Vectibix	panitumumab	J9303	6/1/2018
Velettri*	epoprostenol	J1325	6/1/2018
Vimizim*	elosulfase alfa	J1322	6/1/2018
Visudyne*	verteporfin	J3396	6/1/2018
Vpriv*	velaglucerase alfa	J3385	6/1/2018
Xeomin*	botulinum toxin injection	J0588	6/1/2018
Xgeva*/Prolia*	denosumab	J0897	6/1/2018
Xiaflex	collagenase	J0775	6/1/2018
Xolair*	omalizumab	J2357	6/1/2018
Yervoy	ipilimumab	J9228	6/1/2018
Yescarta	axicabtagene ciloleucel	Q2041	6/1/2018

Zaltrap	intravenous aflibercept	J9400	6/1/2018
Zarxio	biosimilar filgrastim	Q5101	6/1/2018

RELATED POLICIES

Claim Filing Requirements for Drugs

PUBLISHED

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