



EFFECTIVE DATE: 01|01|2021
POLICY LAST UPDATED: 03|03|2021

OVERVIEW

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

MEDICAL CRITERIA

Medicare Advantage Plans and 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

Medicare Advantage Plans and Commercial Products

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

POLICY STATEMENT

Medicare Advantage Plans and 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, Evidence of Coverage or Subscriber Agreement for applicable physician administered drug benefits/coverage.

Specialty Drug Coverage

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

CODING

Medicare Advantage Plans and 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.

¹ Specialty Drug for Commercial Products Only

² Specialty Drug (5 Tier Direct formulary) for Commercial Products Only

³ As of 1/1/20, for Commercial Products, claims should not be filed with an unlisted code such as J3490 and the NDC number. To ensure correct claims processing, claims should be filed with noted code(s).

* If Specialty Pharmacy, please check member's formulary for PA requirements.

Brand	Generic	Code	Medicare Effective Date	Commercial Effective Date
Abraxane	nabpaclitaxel	J9264	7/1/2020	6/1/2018
Actemra ¹	tocilizumab	J3262	7/1/2020	6/1/2018
Adakveo	crizanlizumab	J0791 (eff 7/1/2020) C9053 (del 6/30/20)	11/9/2020	4/1/2020
Adcetris	brentuximab vedotin	J9042	7/1/2020	6/1/2018
Akynzeo (injection)	netupitant/palonosetron	J1454	No PA Required	6/16/2018
Aldurazyme ¹	laronidase	J1931	7/1/2020	6/1/2018
Alimta	pemetrexed	J9305	7/1/2020	6/1/2018
Aliqopa	copanlisib	J9057	7/1/2020	2/1/2019
Aralast ¹	alpha 1-proteinase inhibitor (human)	J0256	7/1/2020	No PA Required*
Aranesp ^{1,2}	darbepoetin alfa	J0881	7/1/2020	No PA Required*
Arranon	nelarabine	J9261	No PA Required	12/1/2019
Arzerra	ofatumumab	J9302	7/1/2020	6/1/2018
Asceniv	immune globulin	C9072	No PA Required	2/1/2021
Avastin	bevacizumab	J9035	No PA Required	1/1/2019
Avsola	infliximab-axxq	Q5121	11/9/2020	7/1/2020
Bavencio	avelumab	J9023	7/1/2020	6/1/2018
Beleodaq	belinostat	J9032	No PA Required	12/1/2019
Belrapso	bendamustine	J9036	No PA Required	9/1/2019
Bendeka	bendamustine HCl	J9034	7/1/2020	No PA Required
Benlysta IV ¹	belimumab	J0490	7/1/2020	6/1/2018
Beovu	brovacizumab	J0179	4/1/2021	2/1/2021

Besponsa	inotuzumab ozogamicin	J9229	No PA Required	12/1/2019
Bivigam	immune globulin	J1556	7/1/2020	10/1/2019
Blenrep	belantamab mafodotin-blmf	C9069 (eff 1/1/21) J3590 (del 12/31/20)	2/1/21	10/1/2020
Blinicyto	blinatumomab	J9039	No PA Required	12/1/2019
Bortezomib, Velcade	bortezomib IV, bortezomib SC or IV	J9044, J9041	No PA Required	12/1/2019
Botox ¹	botulinum toxin injection	J0585	7/1/2020	6/1/2018
Brineura	recombinant human cerliponase alfa	J0567	7/1/2020	6/1/2018
Carimune, Gammagard S/D	immune globulin	J1566, J1569	7/1/2020	10/1/2019
Cerezyme ¹	imiglucerase	J1786	7/1/2020	6/1/2018
Cimzia ¹	certolizumab pegol	J0717	7/1/2020	6/1/2018
Cinqair ¹	reslizumab	J2786	7/1/2020	6/1/2018
Cinryze ¹	C1 esterase inhibitor (human)	J0598	7/1/2020	No PA Required*
Cinvanti	aprepitant	J0185	No PA Required	6/1/2018
Crysvita	burosumab-twza	J0584	7/1/2020	2/1/2019
Cuvitru ¹	Immune globulin	J1555	7/1/2020	Pharmacy Coverage Only
Cyramza	ramucirumab	J9308	7/1/2020	6/1/2018
Darzalex	daratumumab	J9145	7/1/2020	12/1/2019
Darzalex Faspro	daratumumab	J9144 (eff 1/1/21) C9062 (del 12/31/20)	10/1/20	8/1/2020
Doxil	doxorubicin	Q2050	No PA Required	12/1/2019

Dysport ¹	botulinum toxin injection	J0586	7/1/2020	6/1/2018
Elaprase ¹	idursulfase	J1743	7/1/2020	6/1/2018
Elelyso ¹	taliglucerase alfa	J3060	7/1/2020	6/1/2018
Elzonris	tagraxofusp-erzs	J9269	7/1/2020	5/1/2019
Empliciti	elotuzumab	J9176	7/1/2020	12/1/2019
Enhertu	fam-trastuzumab-deruxtican- nxki	J9358 (eff 7/1/2020) J3590, J9999 (del 6/30/20)	10/1/2020	3/1/2020
Entyvio	vedolizumab	J3380	7/1/2020	10/1/2019
Epogen ^{1,2}	epoetin alfa	J0885	7/1/2020	No PA Required*
Erbitux	cetuximab	J9055	7/1/2020	6/1/2018
Evenity	romosozumab	J3111	7/1/2020	10/1/2019
Evomela	melphalan	J9246 (eff 7/1/20) J9245 (del 6/30/20)	No PA Required	3/1/2020
Exondys	eteplirsen	J1428	No PA Required	6/1/2018
Eylea ¹	ophthalmic aflibercept	J0178	7/1/2020	6/1/2018
Fabrazyme ¹	agalsidase beta	J0180	7/1/2020	6/1/2018
Faslodex	fulvestrant	J9395	No PA Required	12/1/2019
Fasenra ¹	benralizumab	J0517	7/1/2020	6/1/2018
Flebogamma	immune globulin	J1572	7/1/2020	10/1/2019
Flolan ¹	epoprostenol	J1325	7/1/2020	6/1/2018
Folotyng	pralatrexate	J9307	No PA Required	12/1/2019
Fulphila ^{1,2}	biosimilar peg- filgrastim	Q5108	7/1/2020	10/1/2018
Gamastan S/D	immune globulin	J1560, J1460	7/1/2020	10/1/2019

Gamifant	emapalumab	J9210	7/1/2020	7/1/2019
Gammagard	immune globulin	J1560, J1460	7/1/2020	10/1/2019
Gammagard S/D	immune globulin	J1560, J1460	7/1/2020	10/1/2019
Gammaked	immune globulin	J1561	7/1/2020	10/1/2019
Gammplex	immune globulin	J1557	7/1/2020	10/1/2019
Gamunex-C	immune globulin	J1561	7/1/2020	10/1/2019
Gazyva	obinutuzumab	J9301	7/1/2020	6/1/2018
Givlaari	givosiran	J0223 (eff 7/1/20) C9056 (del 6/30/20)	10/1/2020	4/1/2020
Glassia ¹	alpha 1 proteinase inhibitor (human)	J0257	7/1/2020	No PA Required*
Granix ^{1,2}	filgrastim	J1447	7/1/2020	6/1/2018
Halaven	eribulin	J9179	No PA Required	12/1/2019
Herceptin	trastuzumab	J9355	7/1/2020	6/1/2018
Herceptin Hylecta	trastuzumab/hyaluronidase- oysk	J9356	7/1/2020	7/1/2019
Herzuma	trastuzumab-pkrb	Q5113	No PA Required	7/1/2019
Hizentra ¹	immune globulin	J1559	7/1/2020	Pharmacy Coverage Only
Hyqvia ¹	immune globulin/hyaluronidase	J1575	7/1/2020	No PA Required*
Ilumya ¹	tildrakizumab	J3245	7/1/2020	No PA Required*
Imfinzi	durvalumab	J9173	7/1/2020	6/1/2018
Imlygic	talimogene laherparepvec	J9325	No PA Required	12/1/2019
Inflectra	biosimilar infliximab	Q5103	7/1/2020	10/1/2019
Infugem	gemcitabine	J9198 (eff 7/1/20)	No PA Required	12/1/2019

		J9199 (del 6/30/20)		
Istodax	romidepsin lyophilized	J9315	No PA Required	12/1/2019
Istodax	romidepsin non-lyophilized	C9065	No PA Required	10/1/2020
Ixifi	biosimilar infliximab	Q5109	No PA Required	10/1/2019
Jelmyto	mitomycin for pyelocalyceal	J9281 (eff 1/1/21) C9064 (eff 10/1/20, del 12/31/20) J9999 (del 9/30/20)	2/1/2021	9/1/2020
Jevtana	cabazitaxel	J9043	No PA Required	12/1/2019
Kadcyla	ado-trastuzumab emtansine	J9354	7/1/2020	6/1/2018
Kanjinti	bevacizumab	Q5117	No PA Required	10/1/2019
Kanuma	sebelipase alfa	J2840	7/1/2020	6/1/2018
Keytruda	pembrolizumab	J9271	7/1/2020	6/1/2018
Krystexxa ¹	pegloticase	J2507	7/1/2020	6/1/2018
Kymriah	tisagenlecleucel	Q2042 <i>Note: must also file NDC with Q code for correct pricing of claim</i>	7/1/2020	6/1/2018
Kyprolis	carfilzomib	J9047	7/1/2020	6/1/2018
Lartruvo	olaratumab	J9285	No PA Required	12/1/2019
Lemtrada	alemtuzumab	J0202	7/1/2020	6/1/2018
Leukine ^{1,2}	sargramostim	J2820	7/1/2020	6/1/2018
Libtayo	cemiplimab-rwlc	J9119	7/1/2020	5/1/2019
Lucentis ¹	ranibizumab	J2778	7/1/2020	6/1/2018
Lumizyme ¹	alglucosidase alfa	J0221	7/1/2020	6/1/2018

Lumoxiti	moxetumomab pasudotox-tdfk	J9313	No PA Required	5/1/2019
Lutathera	lutetium Lu 177 dotatate	A9513	7/1/2020	7/1/2018
Luxturna	voretigene neparvovec-rzyl	J3398	7/1/2020	7/1/2018
Macugen ¹	pegaptanib	J2503	7/1/2020	6/1/2018
Makena ¹	hydroxyprogesterone caproate	J1726	No PA Required	6/1/2018
Mepsevii ¹ For Sly Syndrome only	vestronidase alfa-vj bk	J3397	7/1/2020	8/1/2018
Mircera ^{1,2}	epoetin beta	J0888	7/1/2020	No PA Required*
Monjuvi	tafasitamab-cxix	C9070 (eff 1/1/21) J3590 (del 12/31/20)	2/1/2021	10/1/2020
Mvasi	bevacizumab	Q5107	No PA Required	1/1/2019
Mylotarg	gemtuzumab ozogamicin	J9203	7/1/2020	12/1/2019
Myobloc ¹	botulinum toxin injection	J0587	7/1/2020	6/1/2018
Myozyme ¹	alglucosidase alfa	J0221	No PA Required	4/1/2020
Naglazyme ¹	recombinant human N acetylgalactosamine 4 sulfatase B	J1458	7/1/2020	6/1/2018
Neulasta, Neulasta ONPRO Kit ^{1,2}	pegfilgrastim	J2505	7/1/2020	6/1/2018
Neupogen ^{1,2}	filgrastim	J1442	7/1/2020	6/1/2018
Nivestym ^{1,2}	colony stimulating factors	Q5110	7/1/2020	10/1/2018
Nplate ¹	romiplostim	J2796	7/1/2020	No PA Required*
Nucala ¹	mepolizumab	J2182	7/1/2020	6/1/2018
Ocrevus	ocrelizumab	J2350	7/1/2020	6/1/2018
Octagam	immune globulin	J1568	7/1/2020	10/1/2019

Ogivri	trastuzumab-dkst	Q5114	7/1/2020	7/1/2019
Onivyde	irinotecan liposomal	J9205	No PA Required	12/1/2019
Onpattro	patisiran	J0222	7/1/2020	2/1/2019
Ontruzant	trastuzumab-dttb	Q5112	No PA Required	7/1/2019
Opdivo	nivolumab	J9299	7/1/2020	6/1/2018
Orencia ¹	abatacept	J0129	7/1/2020	6/1/2018
Padcev	enfortumab vedotin-ejfv	J9177 (eff 7/1/20) J3590, J9999 (del 6/30/20)	10/1/2020	3/1/2020
Panzyga	immune globulin	J1599	No PA Required	2/1/2020
Perjeta	pertuzumab	J9306	No PA Required	6/1/2018
Parsabiv	etelcalcetide	J0606	7/1/2020	7/1/2018
Phesgo	daratumumab/hyaluronidase- fihj	J9316 (eff 1/1/21) J3590 (del 12/31/21)	9/1/2020	9/1/2020
Polivy	polatuzumab vedotin	J9309	7/1/2020	12/1/2019
Portrazza	necitumumab	J9295	4/1/2021	12/1/2019
Poteligeo	mogamulizumab	J9204	7/1/2020	2/1/2019
Privigen	immune globulin	J1459	7/1/2020	10/1/2019
Procrit ^{1,2}	epoetin alfa	J0885	7/1/2020	No PA Required*
Prolastin-C ¹	alpha 1-proteinase inhibitor (human)	J0256	7/1/2020	No PA Required*
Provenge	sipuleucel-T	Q2043	7/1/2020	6/1/2018
Radicava	edaravone	J1301	7/1/2020	6/1/2018
Reblozyl	luspatercept	J0896 (eff 7/1/20)	11/9/2020	4/1/2020

		J3590 (del 6/30/20)		
Remicade	infliximab	J1745	7/1/2020	10/1/2019
Remodulin ¹	treprostinil	J3285	7/1/2020	6/1/2018
Renflexis	biosimilar infliximab	Q5104	7/1/2020	10/1/2019
Riabni	rituximab-arrx	J9999	No PA Required	3/1/2021
Rituxan Hycela	rituximab-hyaluronidase	J9311	7/1/2020	6/1/2018
Rituxan Non-Oncology ¹	rituximab	J9312	7/1/2020	6/1/2018
Rituxan Oncology	rituximab	J9312	7/1/2020	6/1/2018
Ruxience	rituximab-pvvr	Q5119 (eff 7/1/20) J3590 (del 6/30/20)	11/9/2020	6/1/2018
Sandostatin LAR ¹	octreotide	J2353	No PA Required	6/1/2018
Sarclisa	isatuximab	J9227	11/9/2020	9/1/2020
Scenesse	afamelanotide	J7352 (eff 1/1/21) J3590 (del 12/31/21)	2/1/2021	11/1/2020
Simponi Aria ¹	golimumab IV	J1602	7/1/2020	6/1/2018
Soliris	eculizumab	J1300	7/1/2020	6/1/2018
Somatuline Depot ¹	lanreotide	J1930	No PA Required	6/1/2018
Somavert ¹	pegvisomant	J3490	No PA Required	6/1/2018
Spinraza	nusinersen	J2326	7/1/2020	6/1/2018
Spravato ³	esketamine	G2082, G2083	7/1/2020	9/1/2019
Stelara ¹	ustekinumab	J3358	7/1/2020	6/1/2018
Sustol	granisetron	J1627	No PA Required	6/1/2018

Synagis ¹	palivizumab	90378	No PA Required	6/1/2018
Synribo ^{1,2}	omacetaxine mepesuccinate	J9262	No PA Required	12/1/2019
Tecartus	brexucabtagene autoleucel	C9073	2/1/2021	3/1/2021
Tecentriq	atezolizumab	J9022	7/1/2020	6/1/2018
Tepezza	teprotumumab	J3241 (eff 10/1/20) C9061 (del 9/30/20)	11/9/2020	7/1/2020
Trazimera	trastuzumab-gyyp	Q5116	No PA Required	10/1/2019
Treanda	bendamustine HCl	J9033	7/1/2020	No PA Required
Trodelvy	sacituzimab	J9317 (eff 1/1/21) C9066 (del 12/31/21)	11/9/20	9/1/2020
Truxima ¹	rituximab-abbs	Q5115	7/1/2020	7/1/2019
Tysabri ¹	natalizumab	J2323	7/1/2020	6/1/2018
Udenyca ^{1,2}	pegfilgrastim-cbqv	Q5111	7/1/2020	1/1/2019
Ultomiris	ravulizumab	J1303	No PA Required	6/1/2019
Unituxin	dinutuximab	J9999	No PA Required	12/1/2019
Uplizna	inebilizumab-cdon	J1823 (eff 1/1/21) J3590 (del 12/31/21)	2/1/2021	11/1/2020
Varubi	rolapitant	J2797	No PA Required	6/1/2018
Vectibix	panitumumab	J9303	7/1/2020	6/1/2018
Velettri ¹	epoprostenol	J1325	7/1/2020	6/1/2018
Vimizim ¹	elosulfase alfa	J1322	7/1/2020	6/1/2018
Visudyne	verteporfin	J3396	7/1/2020	6/1/2018
Vpriv ¹	velaglucerase alfa	J3385	7/1/2020	6/1/2018

Vyepti ¹	eptinezumab	J3032 (eff 10/1/20) C9063 (del 9/30/20)	11/9/20	7/1/2020
Vyondis	golodirsen	J1429	No PA Required	7/1/2020
Vyxeos	daunorubicin cytarabine	J9153	No PA Required	12/1/2019
Xembify ¹	immune globulin subcutaneous human–klhw	J1558	11/9/2020	Pharmacy Coverage Only
Xeomin ¹	botulinum toxin injection	J0588	7/1/2020	6/1/2018
Xgeva ¹ /Prolia ¹	denosumab	J0897	7/1/2020	6/1/2018
Xiaflex	collagenase	J0775	7/1/2020	6/1/2018
Xolair ¹	omalizumab	J2357	7/1/2020	6/1/2018
Yervoy	ipilimumab	J9228	7/1/2020	6/1/2018
Yescarta	axicabtagene ciloleucel	Q2041	7/1/2020	6/1/2018
Yondelis	trabectedin	J9352	No PA Required	12/1/2019
Zaltrap	intravenous aflibercept	J9400	7/1/2020	6/1/2018
Zarxio ^{1,2}	biosimilar filgrastim	Q5101	7/1/2020	10/1/2018
Zemaira ¹	alpha 1-proteinase inhibitor (human)	J0256	7/1/2020	No PA Required*
Zepzelca	lurbinectedin	J9223 (eff 1/1/21) J9999 (del 12/31/20)	8/28/20	9/1/2020
Zevalin	ibritumomab tiuxetan	J9400	No PA Required	12/1/2019
Ziextenzo (POS) ^{1,2}	pegfilgrastim bmez	Q5120 (eff 7/1/20) C9058 (del (6/30/20)	7/1/2020	4/1/2020
Zirabev	bevacizumab-bvzr	Q5118	No PA Required	10/1/2019

Zolgensma	onasemnogene abeparvovec	J3399 (eff 7/1/20) J3590, J3490 (del 6/30/20)	10/1/2020	9/8/2019
Zulresso	brexanolone	J1632 (eff 10/1/20) C9055 (del 9/30/20)	No PA Required	9/1/2019

RELATED POLICIES

Claim Filing Requirements for Drugs

PUBLISHED

- Provider Update, April 2021
- Provider Update, March 2020
- Provider Update, May 2018

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

