

## DRAFT Medical Coverage Policy | Prior Authorization of Drugs



**EFFECTIVE DATE:** 05|01|2026

**POLICY LAST REVIEWED:** 02|04|2026

### 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 medical necessity through prior authorization for the drugs listed in the Coding section below are found on the Drug Management Program vendor's website. Use the following web address for online requests <https://www.GatewayPA.com> or the prior authorization form can be faxed to 1-888-656-6671.

### PRIOR AUTHORIZATION

#### Medicare Advantage Plans and Commercial Products

Prior authorization is required for drugs identified in the Coding section below, Drugs Requiring Prior Authorization.

**GatewayPA:** <https://www.GatewayPA.com>, should be used to submit non-urgent/pre-service requests. Expedited/Urgent requests will **not** be able to be submitted via GatewayPA. Contact Prime Therapeutics Management at 1-833-895-8282 or fax request to 1-888-656-6671 to open an expedited/urgent or retroactive request.

### POLICY STATEMENT

#### Medicare Advantage Plans and Commercial Products

Prior authorization through the BCBSRI's Medical Drug Management vendor applies to all drugs that are listed in this policy in the Coding section below, Drugs Requiring Prior Authorization.

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

As of 5/1/2026, expedited requests for prior authorization must be phoned or faxed.

### 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.

[Drugs Requiring Prior Authorization](#) **Note:** The 'Drugs Requiring Prior Authorization' Excel Document containing the drug codes that require prior authorization will be posted and available on 5/1/2026.

**Please note the following:**

- For Medicare Advantage Plans, NCD/LCD criteria are used except for dosing, for which Prime Therapeutics Management policies are used. Unlisted codes follow product labeling.
- For drugs with an unlisted code only, the claim must be filed with unlisted code and the NDC.
- If the drug is obtained from Walgreens Specialty Pharmacy, please submit the claim with the appropriate administration CPT code, and not the drug HCPCS code.

Contact BCBSRI's Drug Management vendor, Prime Therapeutics Management at 1-833-895-8282.

**RELATED POLICIES**

Claim Filing Requirements for Drugs  
Pharmacy – Post Claim Review Medications  
Spravato® (esketamine) nasal spray

**PUBLISHED**

Provider Update, March 2026  
Provider Update, June 2025  
Provider Update, March 2024, May 2024, June 2024  
Provider Update, February 2023, March 2023, December 2023  
Provider Update, May 2022, October 2022, November 2022, December 2022

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