



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 pre-service requests. Contact Prime Therapeutics Management at 1-833-895-8282 or fax request to 1-888-656-6671 to open a retroactive request.

NOTE: This portal is for contracted providers only. Non-contracted providers should call or fax in any 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.

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](#)

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

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

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