Payment Policy | Pharmacy – Post Claim Review Medications

EFFECTIVE DATE: 05|01|2026
POLICY LAST UPDATED: 10|01|2026

OVERVIEW

BCBSRI is implementing a change in the way we manage certain drugs that fall under the medical and specialty benefit. This policy is a tool for providers to use to manage medications that will be subject to post service claims editing.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Prior Authorization is required
Link: www.GatewayPA.com

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products
Effective 05/01/2026, the following listed medications will be subject to post service claims editing.

Claims will be reviewed by the drug code based on the following criteria*:

- Diagnosis appropriate for code
- Dosing
- Units billed
- NDC match

*Note: Not an all-inclusive list

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement for applicable physician services coverage/benefits.

BACKGROUND

Blue Cross & Blue Shield of Rhode Island (BCBSRI) is committed to providing our members with access to high-quality health care that is consistent with evidence-based, nationally recognized clinical criteria and guidelines. Therefore, we will be implementing a change in the way we manage certain specialty drugs that fall under the medical benefit. This new program will be administered by the Medical Pharmacy Solutions team at Prime Therapeutics (Prime).

CODING

Medicare Advantage Plans and Commercial

Please see drug lists for both Commercial and Medicare Advantage plans that do not require a Prior Authorization but will be subject to the post service claims edit.

Commercial Drug List

Medicare Advantage Drug List

RELATED POLICIES

Prior Auth drug policy

PUBLISHED

Provider Update, November 2026
Provider Update, August 2026
Provider Update, March|April|May 2026

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.