

## Medical Coverage Policy | Prior Authorization of Drugs



**EFFECTIVE DATE:** June 1, 2018  
**POLICY LAST UPDATED:** March 20, 2018

### 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](http://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

Pre-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 preauthorization 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
Abraxane	Nabpaclitaxel	J9264
Actemra	Tocilizumab	J3262
Adcetris	Brentuximab vedotin	J9042

Aldurazyme*	Laronidase	J1931
Alimta	Pemetrexed	J9305
Arzerra	Ofatumumab	J9302
Avastin	Bevacizumab	J9035
Bavencio	Avelumab	J9023
Benlysta*	Belimumab	J0490
Bivigam	Immune globulin	J1556
Botox*	Botulinum toxin injection	J0585
Brineura	Recombinant human cerliponase alfa	C9014
Carimune, Gammagard S/D*	Immune globulin	J1566, J1569
Cerezyme*	Imiglucerase	J1786
Cimzia*	Certolizumab pegol	J0717
Cinqair*	Reslizumab	J2786
Cinvanti	Aprepitant	C9463
Cyramza	Ramucirumab	J9308
Dysport*	Botulinum toxin injection	J0586
Elapraxe*	Idursulfase	J1743
Elelyso*	Taliglucerase alfa	J3060
Emend IV	Fosaprepitant dimeglumine	J1453
Entyvio	Vedolizumab	J3380
Erbix	Cetuximab	J9055
Exondys	Eteplirsen	J1428
Eylea*	Ophthalmic aflibercept	J0178
Fabrazyme*	Agalsidase beta	J0180
Fasenra*	Benralizumab	C9466

Flebogamma*	Immune globulin	J1572
Flolan*	Epoprostenol	J1325
Gamastan S/D*	Immune globulin	J1560, J1460
Gammagard*	Immune globulin	J1560, J1460
Gammagard S/D	Immune globulin	J1560, J1460
Gammaked, Gamunex-C	Immune globulin	J1561
Gammaplex	Immune globulin	J1557
Gamunex-C	Immune globulin	J1561
Gazyva	Obinutuzumab	J9301
Granix	Filgrastim	J1447
Herceptin	Trastuzumab	J9355
Imfinzi	Durvalumab	C9492
Kadcyla	Ado-trastuzumab emtansine	J9354
Kanuma	Sebelipase alfa	J2840
Keytruda	Pembrolizumab	J9271
Krystexxa	Pegloticase	J2507
Kymriah	Tisagenlecleucel	Q2040
Kyprolis	Carfilzomib	J9047
Lemtrada	Alemtuzumab	J0202
Leukine*	Sargramostim	J2820
Lucentis*	Ranibizumab	J2778
Lumizyme*	Alglucosidase alfa	J0221
Macugen*	Pegaptanib	J2503
Makena*	Hydroxyprogesterone caproate	Q9986
Myobloc*	Botulinum toxin injection	J0587

Naglazyme*	Recombinant human N acetylgalactosamine 4 sulfatase B	J1458
Neulasta, Neulasta ONPRO Kit*	Pegfilgrastim	J2505
Neupogen*	Filgrastim	J1442
Nucala*	Mepolizumab	J2182
Ocrevus	Ocrelizumab	J2350
Octagam*	Immune globulin	J1568
Opdivo	Nivolumab	J9299
Orencia*	Abatacept	J0129
Perjeta	Pertuzumab	J9306
Privigen*	Immune globulin	J1459
Provenge	Sipuleucel-T	Q2043
Radicava	Edaravone	C9493
Remicade	Infliximab	J1745
Remodulin	Treprostinil	J3285
Rituxan	Rituximab	J9310
Rituxan Hycela	Rituximab-hyaluronidase	C9467, J9999
Rituxan Non-Oncology	Rituximab	J9310
Sandostatin LAR	Octreotide	J2353
Simponi	Golimumab	J1602
Soliris	Eculizumab	J1300
Somatuline Depot	Lanreotide	J1930
Somavert	Pegvisomant	unspecified
Spinraza	Nusinersen	J2326
Stelara*	Ustekinumab	J3358

Sustol	Granisetron	J1627
Synagis*	Palivizumab	90378
Tecentriq	Atezolizumab	J9022
Tysabri*	Natalizumab	J2323
Varubi	Rolapitant	C9464
Vectibix	Panitumumab	J9303
Veletri*	Epoprostenol	J1325
Vimizim*	Elosulfase alfa	J1322
Visudyne	Verteporfin	J3396
Vpriv*	Velaglucerase alfa	J3385
Xeomin*	Botulinum toxin injection	J0588
Xgeva/Prolia*	Denosumab	J0897
Xiaflex	Collagenase	J0775
Xolair*	Omalizumab	J2357
Yervoy	Ipilimumab	J9228
Yescarta	Axicabtagene ciloleucel	Q2041
Zaltrap	Intravenous aflibercept	J9400
Zarxio	Biosimilar filgrastim	Q5101
Flolan	Epoprostenol	J1325
Tysabri	Natalizumab	J2323
Varubi	Rolapitant	unspecified
Vectibix	Panitumumab	J9303
Veletri	Epoprostenol	J1325
Vimizim	Elosulfase alfa	J1322
Visudyne	Verteporfin	J3396

Vpriv	Velaglucerase alfa	J3385
Xeomin	Botulinum toxin injection	J0588
XGEVA	Denosumab	J0897
Xiaflex	Collagenase	J0775
Xolair	Omalizumab	J2357
Yervoy	Ipilimumab	J9228
Yescarta	Axicabtagene ciloleucel	Q2041
Zaltrap	Intravenous aflibercept	J9400
Zarxio	Biosimilar filgrastim	Q5101

## RELATED POLICIES

Claim Filing Requirements for Drugs

## PUBLISHED

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