

## 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	Effective Date
Abraxane	Nabpaclitaxel	J9264	6/1/2018
Actemra*	Tocilizumab	J3262	6/1/2018
Adcetris	Brentuximab vedotin	J9042	6/1/2018

Akynzeo (injection)	netupitant/palonosetron	J3490/Unlisted	6/16/2018
Aldurazyme*	Laronidase	J1931	6/1/2018
Alimta	Pemetrexed	J9305	6/1/2018
Arzerra	Ofatumumab	J9302	6/1/2018
Avastin	Bevacizumab	J9035	6/1/2018
Bavencio	Avelumab	J9023	6/1/2018
Benlysta*	Belimumab	J0490	6/1/2018
Bivigam*	Immune globulin	J1556	6/1/2018
Botox*	Botulinum toxin injection	J0585	6/1/2018
Brineura	Recombinant human cerliponase alfa	C9014	6/1/2018
Carimune, Gammagard S/D*	Immune globulin	J1566, J1569	6/1/2018
Cerezyme*	Imiglucerase	J1786	6/1/2018
Cimzia*	Certolizumab pegol	J0717	6/1/2018
Cinqair*	Reslizumab	J2786	6/1/2018
Cinvanti	Aprepitant	C9463	6/1/2018
Cyramza	Ramucirumab	J9308	6/1/2018
Dysport*	Botulinum toxin injection	J0586	6/1/2018
Elaprase*	Idursulfase	J1743	6/1/2018
Elelyso*	Taliglucerase alfa	J3060	6/1/2018
Emend IV	Fosaprepitant dimeglumine	J1453	6/1/2018
Entyvio*	Vedolizumab	J3380	6/1/2018
Erbitux	Cetuximab	J9055	6/1/2018
Exondys	Eteplirsen	J1428	6/1/2018
Eylea*	Ophthalmic aflibercept	J0178	6/1/2018
Fabrazyme*	Agalsidase beta	J0180	6/1/2018
Fasenra*	Benralizumab	C9466	6/1/2018

Flebogamma*	Immune globulin	J1572	6/1/2018
Flolan*	Epoprostenol	J1325	6/1/2018
Gamastan S/D*	Immune globulin	J1560, J1460	6/1/2018
Gammagard S/D*	Immune globulin	J1560, J1460	6/1/2018
Gammagard*	Immune globulin	J1560, J1460	6/1/2018
Gammaked, Gamunex-C*	Immune globulin	J1561	6/1/2018
Gammaplex*	Immune globulin	J1557	6/1/2018
Gamunex-C*	Immune globulin	J1561	6/1/2018
Gazyva	Obinutuzumab	J9301	6/1/2018
Granix*	Filgrastim	J1447	6/1/2018
Herceptin	Trastuzumab	J9355	6/1/2018
Imfinzi	Durvalumab	C9492	6/1/2018
Inflextra*	Biosimilar infliximab	Q5103	7/1/2018
Kanuma*	Sebelipase alfa	J2840	6/1/2018
Keytruda	Pembrolizumab	J9271	6/1/2018
Krystexxa*	Pegloticase	J2507	6/1/2018
Kymriah	Tisagenlecleucel	Q2040	6/1/2018
Kyprolis	Carfilzomib	J9047	6/1/2018
Lemtrada	Alemtuzumab	J0202	6/1/2018
Leukine*	Sargramostim	J2820	6/1/2018
Lucentis*	Ranibizumab	J2778	6/1/2018
Lumizyme*	Alglucosidase alfa	J0221	6/1/2018
Lutathera	lutetium Lu 177 dotatate	C9031	7/1/2018
Luxterna	voretigene neparvovec-rzyl	C9032	7/1/2018
Macugen*	Pegaptanib	J2503	6/1/2018
Makena*	Hydroxyprogesterone caproate	Q9986	6/1/2018

Myobloc*	Botulinum toxin injection	J0587	6/1/2018
Naglazyme*	Recombinant human N acetylgalactosamine 4 sulfatase B	J1458	6/1/2018
Neulasta, Neulasta ONPRO Kit*	Pegfilgrastim	J2505	6/1/2018
Neupogen*	Filgrastim	J1442	6/1/2018
Nucala*	Mepolizumab	J2182	6/1/2018
Ocrevus	Ocrelizumab	J2350	6/1/2018
Octagam*	Immune globulin	J1568	6/1/2018
Opdivo	Nivolumab	J9299	6/1/2018
Orencia*	Abatacept	J0129	6/1/2018
Perjeta	Pertuzumab	J9306	6/1/2018
Parsabiv	etelcalcetide	J0606	7/1/2018
Privigen*	Immune globulin	J1459	6/1/2018
Provenge	Sipuleucel-T	Q2043	6/1/2018
Radicava*	Edaravone	C9493	6/1/2018
Remicade*	Infliximab	J1745	6/1/2018
Remodulin*	Treprostinil	J3285	6/1/2018
Renflexis*	Biosimilar infliximab	Q5104	7/1/2018
Rituxan	Rituximab	J9310	6/1/2018
Rituxan Hycela	Rituximab-hyaluronidase	C9467	6/1/2018
Rituxan Non-Oncology*	Rituximab	J9310	6/1/2018
Sandostatin LAR*	Octreotide	J2353	6/1/2018
Simponi*	Golimumab	J1602	6/1/2018
Soliris	Eculizumab	J1300	6/1/2018
Somatuline Depot*	Lanreotide	J1930	6/1/2018
Somavert*	Pegvisomant	J3490	6/1/2018

Spinraza	Nusinersen	J2326	6/1/2018
Stelara*	Ustekinumab	J3358	6/1/2018
Sustol	Granisetron	J1627	6/1/2018
Synagis*	Palivizumab	90378	6/1/2018
Tecentriq	Atezolizumab	J9022	6/1/2018
Tysabri*	Natalizumab	J2323	6/1/2018
Varubi	Rolapitant	C9464	6/1/2018
Vectibix	Panitumumab	J9303	6/1/2018
Veletri*	Epoprostenol	J1325	6/1/2018
Vimizim*	Elosulfase alfa	J1322	6/1/2018
Visudyne*	Verteporfin	J3396	6/1/2018
Vpriv*	Velaglucerase alfa	J3385	6/1/2018
Xeomin*	Botulinum toxin injection	J0588	6/1/2018
Xgeva*/Prolia*	Denosumab	J0897	6/1/2018
Xiaflex	Collagenase	J0775	6/1/2018
Xolair*	Omalizumab	J2357	6/1/2018
Yervoy	Ipilimumab	J9228	6/1/2018
Yescarta	Axicabtagene ciloleucel	Q2041	6/1/2018
Zaltrap	Intravenous aflibercept	J9400	6/1/2018
Zarxio	Biosimilar filgrastim	Q5101	6/1/2018

## RELATED POLICIES

Claim Filing Requirements for Drugs

## PUBLISHED

Provider Update, May 2018

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