

Medical Coverage Policy | Prior Authorization of Drugs



EFFECTIVE DATE: 06|01|2018

POLICY LAST UPDATED: 03|01|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 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 dates of service prior to 10/1/2018 C9033 Effective 10/1/2018	6/16/2018
Aldurazyme*	Laronidase	J1931	6/1/2018
Alimta	Pemetrexed	J9305	6/1/2018
Arzerra	Ofatumumab	J9302	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
Ellelyso*	Taliglucerase alfa	J3060	6/1/2018
Emend IV	Fosaprepitant dimeglumine	J1453	6/1/2018
Entyvio*	Vedolizumab	J3380	6/1/2018
Erbix	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
Fulphila*	Colony Stimulating Factors	Q5108	10/1/2018
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
Inflectra*	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 <i>Note: must also file NDC with Q code for correct pricing of claim</i>	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
Mepsevii For Sly Syndrome only	(vestronidase alfa-vj bk)	J3490	8/1/2018
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
Nivestym*	Colony Stimulating Factors	Q5110	10/1/2018
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*	Treprostini	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	Ecuzimab	J1300	6/1/2018
Somatuline Depot*	Lanreotide	J1930	6/1/2018
Somavert*	Pegvisomant	J3490	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
Velettri*	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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