



## Medicare Advantage Part B Drug Prior Authorization List

We display one prior authorization list for all Medicare Advantage plans.

- For Part B drug prior authorization requests, please use the Medical Benefit Drug Request Form.

Please note: Per CMS, expedited requests should ONLY be requested when the health care provider believes that waiting for a decision under the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function. Please be mindful of this definition when submitting your requests so that we can prioritize and process all requests appropriately.

BCBSNE follows CMS coverage guidance when reviewing codes when available. CMS coverage documents, including National Coverage Determinations and Local Coverage Determinations, can be found by using the CMS Medicare Coverage Database search tool. BCBSNE also uses Interqual® clinical criteria and medical policies. For more information, please review the BCBSNE MA Provider Manual and medical policies found at:  
<https://www.nebraskablue.com/en/Providers/Policies-and-Procedures/Medicare-Advantage-Policies>

Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

## Part B Drugs PA List

Code	Description	HMO Effective Date	PPO Effective Date
C9399	Carvykti™ (ciltacabtagene autoleucel)	3/7/2022	3/7/2022
J0172 (new code 1/1/2022)	Aduhelm™ (aducanumab-avwa)	6/10/2021	6/10/2021
J0178	Eylea® (aflibercept injection)	2019	1/1/2020
J0179	Beovu® (brolocizumab-dbl)	9/1/2020	9/1/2020
J0180	Fabrazyme® (agalsidase beta)	2019	1/1/2020
J0220	Myozyme® (alglucosidase alfa)	2019	1/1/2020
J0221	Lumizyme® (alglucosidase alfa)	2019	1/1/2020
J0222	Onpattro® (patisiran)	9/1/2020	9/1/2020
J0256	Aralast NP (alpha-1 proteinase inhibitor)	2019	1/1/2020
J0256	Prolastin-C® (alpha-1 proteinase inhibitor)	2019	1/1/2020
J0256	Zemaira® (alpha-1 proteinase inhibitor)	2019	1/1/2020
J0257	Glassia® (alpha 1- proteinase inhibitor)	2019	1/1/2020
J0585	Botox® (botulinum toxin type A) injections	2019	1/1/2020
J0586	Dysport® (abo- botulinumtoxinA)	2019	1/1/2020
J0587	Myobloc® (rima- botulinumtoxinB)	2019	1/1/2020
J0588	Xeomin® (inco- botulinumtoxinA)	2019	1/1/2020
J0775	Xiaflex® (Collagenase clostridium histolyticum)	2019	1/1/2020
J0881	Aranesp® (darbepoetin alfa)	2019	1/1/2020
J0885	Epogen® (epoetin alfa)	2019	1/1/2020
J0885	Procrit® (epoetin alfa)	2019	1/1/2020
J0897	Prolia® (denosumab)	2019	1/1/2020
J0897	Xgeva (denosumab)	2019	1/1/2020
J1322	Vimizim® (elosulfase alfa)	2019	1/1/2020
J1325	Flolan® (epoprostenol sodium)	2019	1/1/2020
J1325	Veletri® (epo-prostenol)	2019	1/1/2020
J1458	Naglazyme® (galsulfase)	2019	1/1/2020
J1459	Privigen® (Immune globulin IV (human), 10% liquid)	2019	1/1/2020
J1555	Cuvitru® (Immune globulin Subcutaneous (Human) 20%)	9/1/2020	9/1/2020
J1556	Bivigam® (Immune globulin Intravenous (human), 10%)	2019	1/1/2020
J1557	Gammaplex® (Immune globulin Intravenous (human))	2019	1/1/2020
J1559	Hizentra® (Immune globulin Subcutaneous (human), 20%)	2019	1/1/2020
J1561	Gamunex® C, Gammaked™ (Immune globulin Injection (human), 10%)	2019	1/1/2020
J1566	Carimune® NF, Gammagard S/D® Less IgA (Immune globulin Intravenous (human))	2019	1/1/2020
J1568	Octagam® (Immune globulin Intravenous (human))	2019	1/1/2020
J1569	Gammagard® Liquid (Immune globulin Infusion (human) 10%)	2019	1/1/2020
J1572	Flebogamma® Dif (Immune globulin Intravenous (human))	2019	1/1/2020

## Part B Drugs PA List

Code	Description	HMO Effective Date	PPO Effective Date
J1575	Hyqvia® (Immune globulin Infusion 10% (human) with recombinant human hyaluronidase)	2019	1/1/2020
J1743	Elaprase® (idursulfase)	2019	1/1/2020
J1745	Remicade® (infliximab)	2019	1/1/2020
J1786	Cerezyme® (imiglucerase)	2019	1/1/2020
J1931	Aldurazyme (laronidase)	2019	1/1/2020
J2326	Spinraza® (nusinersen)	9/1/2020	9/1/2020
J2504	Adagen® (pegademase bovine)	2019	1/1/2020
J2505 J2506 (new code 1/1/2022)	Neulasta® (pegfilgrastim)	2019	1/1/2020
J2506 (new code 1/1/2022)	Neulasta® (pegfilgrastim)	2019	1/1/2020
J2778	Lucentis® (ranibizumab injection)	2019	1/1/2020
J2796	Nplate® (romiplostim)	9/1/2020	9/1/2020
J3060	Elelyso™ (taliglucerase alfa)	2019	1/1/2020
J3285	Remodulin® (treprostinil)	2019	1/1/2020
J3385	VPRIV® (velaglucerase alfa)	2019	1/1/2020
J3590 J0172 (new code 1/1/2022)	Aduhelm™ (aducanumab-avwa)	6/10/2021	6/10/2021
J7686	Tyvaso® (treprostinil)	2019	1/1/2020
J9032	Beleodaq® (belinostat)	2019	1/1/2020
J9271	Keytruda® (pembrolizumab)	2019	1/1/2020
J9299	Opdivo® (nivolumab)	2019	1/1/2020
J9308	Cyramza® (ramucirumab)	2019	1/1/2020
J9999	Carvykti™ (ciltacabtagene autoleucel)	3/7/2022	3/7/2022
Q2042	Kymriah® (Tisagenlecleucel)	6/1/2021	6/1/2021
Q2041	Yescarta® (Axicabtagene ciloleucel)	6/1/2021	6/1/2021
Q2053	Tecartus™ (Brexucabtagene autoleucel)	6/1/2021	6/1/2021
Q2054	Breyanzi® (Lisocabtagene maraleucel)	3/7/2022	3/7/2022
Q2055	Abecma® (Idecabtagene vicleucel)	3/7/2022	3/7/2022



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### Multi-language Interpreter Services

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-488-9850 (TTY: 711).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-488-9850 (TTY: 711).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-488-9850 (TTY: 711)。

**Arabic:** ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-488-9850 (رقم هاتف الصم والبكم: 711).

**Karen:** ဟံသုဉ်ဟံသး- နမ့ကတိၤ ကညိ ကျိအသိ, နမၤန့ ကျိအတၢ်မၤတၢ်လၢ တလၢဂ်ဘျုးလၢဂ်စ့ၤ နိတမံၤဘျုးသ့န့ၣ်လီၤ. ကိ: 1-888-488-9850 (TTY: 711)

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-488-9850 (ATS: 711).

**Cushite:** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-488-9850 (TTY: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-488-9850 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-488-9850 (TTY: 711) 번으로 전화해 주십시오.

**Nepali:** ध्यान दिनुहोस्: यदि तपाईंले नेपाली बोल्नुहुन्छ भने, तपाईंको लागि भाषा सहायता सेवाहरू नि:शुल्क उपलब्ध छन्। 1-888-488-9850 (TTY: 711) मा फोन गर्नुहोस्।

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-488-9850 (телетайп: 711).

**Laotian:** ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-488-9850 (TTY: 711).

**Kurdish:** ئاگاداری: ئه‌گهر به زمانی کوردی قهسه، دهکههت خزمهتگوزاری بهکانی یارمهتی، زمان بهخۆراییی بو تو بهردهسته. پهپهندی به 1-888-488-9850 (TTY: 711) بکه.

**Persian:** توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات و کمک‌های زبانی رایگان برای شما موجود است. برای کسب اطلاعات بیشتر، با شماره 1-888-488-9850 (TTY: 711) تماس بگیرید.

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-488-9850（TTY: 711）まで、お電話にてご連絡ください。



## Discrimination is Against the Law

Blue Cross and Blue Shield of Nebraska complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Nebraska does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Nebraska:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at 1-888-488-9850, TTY 711.

If you believe that Blue Cross and Blue Shield of Nebraska has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Manager, Corporate Compliance  
Blue Cross and Blue Shield of Nebraska  
P.O. Box 3248  
Omaha, NE 68180-0001  
1-888-488-9850, TTY: 711  
Fax: 1-402-392-4130  
civilrights@nebraskablue.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Manager, Corporate Compliance, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.