



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 check the drug policy for part B drug step therapy requirements.

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 Prior Authorization List

Code	Effective Date	Description	Step Therapy Required
J0172	6/10/2021	Aduhelm™ (aducanumab-avwa)	
J0174	1/23/2023	Leqembi™ (lecanemab-irmb)	
J0178	1/1/2020	Eylea® (aflibercept injection)	✓
J0179	9/1/2020	Beovu® (brolucizumab-dbll)	✓
J0180	1/1/2020	Fabrazyme® (agalsidase beta)	
J0220	1/1/2020	Myozyme® (alglucosidase alfa)	
J0221	1/1/2020	Lumizyme® (alglucosidase alfa)	
J0222	9/1/2020	Onpattro® (patisiran)	
J0256	1/1/2020	Aralast NP (alpha-1 proteinase inhibitor)	
J0256	1/1/2020	Prolastin-C® (alpha-1 proteinase inhibitor)	
J0256	1/1/2020	Zemaira® (alpha-1 proteinase inhibitor)	
J0257	1/1/2020	Glassia® (alpha 1- proteinase inhibitor)	
J0490	4/1/2023	Benlysta® (belimumab)	✓
J0585	1/1/2020	Botox® (botulinum toxin type A) injections	✓
J0586	1/1/2020	Dysport® (abo- botulinumtoxinA)	✓
J0587	1/1/2020	Myobloc® (rima- botulinumtoxinB)	
J0588	1/1/2020	Xeomin® (inco- botulinumtoxinA)	✓
J0638	4/1/2023	Ilaris® (canakinumab)	✓
J0775	1/1/2020	Xiaflex® (Collagenase clostridium histolyticum)	✓
J0881	1/1/2020	Aranesp® (darbepoetin alfa)	
J0885	1/1/2020	Epogen® (epoetin alfa)	
J0885	1/1/2020	Procrit® (epoetin alfa)	
J0896	4/1/2023	Reblozyl® (luspatercept-aamt)	✓
J0897	1/1/2020	Prolia® (denosumab)	✓
J1301	4/1/2023	Radicava® (edaravone)	
J1305	4/1/2023	Evkeeza® (evinacumab-dgnb)	✓
J1322	1/1/2020	Vimizim® (elosulfase alfa)	
J1325	1/1/2020	Flolan® (epoprostenol)	
J1325	1/1/2020	Veletri® (epoprostenol)	
J1411	12/5/2022	Hemgenix® (etranacogene dezaparvovec-drlb)	
J1458	1/1/2020	Naglazyme® (galsulfase)	
J1459	1/1/2020	Privigen® (Immune globulin IV (human), 10% liquid)	✓
J1555	9/1/2020	Cuvitru® (Immune globulin Subcutaneous (Human) 20%)	✓
J1556	1/1/2020	Bivigam® (Immune globulin Intravenous (human), 10%)	✓

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J1557	1/1/2020	Gammaplex® (Immune globulin Intravenous (human))	✓
J1559	1/1/2020	Hizentra® (Immune globulin Subcutaneous (human), 20%)	✓
J1561	1/1/2020	Gamunex®C®, Gammaked™ (Immune globulin Injection (human), 10%)	✓
J1566	1/1/2020	Carimune® NF, Gammagard S/D® Less IgA (Immune globulin	✓
J1568	1/1/2020	Octagam® (Immune globulin Intravenous (human))	✓
J1569	1/1/2020	Gammagard® Liquid (Immune globulin Infusion (human) 10%)	✓
J1572	1/1/2020	Flebogamma® Dif (Immune globulin Intravenous (human))	✓
J1575	1/1/2020	Hyqvia® (Immune globulin Infusion 10% (human) with recombinant human hyaluronidase)	✓
J1743	1/1/2020	Elaprase® (idursulfase)	
J1745	1/1/2020	Remicade® (infliximab)	✓
J1786	1/1/2020	Cerezyme® (imiglucerase)	
J1931	1/1/2020	Aldurazyme® (Iaronidase)	
J2326	9/1/2020	Spinraza® (nusinersen)	
J2506	1/1/2020	Neulasta® (pegfilgrastim)	
J2777	4/1/2023	Vabysmo® (faricimab-svoa)	✓
J2778	1/1/2020	Lucentis® (ranibizumab injection)	✓
J2796	9/1/2020	Nplate® (romiplostim)	✓
J3060	1/1/2020	Elelyso™ (taliglucerase alfa)	
J3111	4/1/2023	Evenity® (romosozumab-aqqg)	✓
J3241	4/1/2023	Tepezza® (teprotumumab-trbw)	✓
J3285	1/1/2020	Remodulin® (treprostinil)	
J3385	1/1/2020	VPRIV® (velaglucerase alfa)	
J3398	4/1/2023	Luxturna® (voretigene neparvovec-rzyl)	
J7170	4/1/2023	Hemlibra® (emicizumab-kxwh)	
J7686	1/1/2020	Tyvaso® (treprostinil)	✓
J9032	1/1/2020	Beleodaq® (belinostat)	
J9271	1/1/2020	Keytruda® (pembrolizumab)	
J9228	4/1/2023	Yervoy® (ipilimumab)	
J9299	1/1/2020	Opdivo® (nivolumab)	
J3304	4/1/2023	Zilretta® (triamcinolone-acetonide extended release)	✓
J3399	4/1/2023	Zolgensma® (onasemnogene abeparvovec-xioi)	
J9308	1/1/2020	Cyamza® (ramucirumab)	
J9380	1/1/2023	Tecvayli™ (teclistamab-cqyv)	

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Code	Effective Date	Description	Step Therapy Required
J9381	1/1/2023	Tzield™ (teplizumab-mzwv)	
Q2041	6/1/2021	Yescarta® (Axicabtagene ciloleucel)	
Q2042	6/1/2021	Kymriah® (Tisagenlecleucel)	
Q2053	6/1/2021	Tecartus™ (Brexucabtagene autoleucel)	
Q2054	3/7/2022	Breyanzi® (Lisocabtagene maraleucel)	
Q2055	3/7/2022	Abecma® (Idecabtagene vicleucel)	
Q2056	3/7/2022	Carvykti™ (ciltacabtagene autoleucel)	

Revision History

as of 6/14/2022

Date	Revisions
7/19/2022	Updated HCPCS code effective 7/1/2023: Carvykti: C9098 (Old: C9399, J9999); added step therapy indicator.
11/2/2022	Updated HCPCS codes effective 10/1/2023: Carvykti: Q2056 (Old: C9098)
11/30/2022	Added Tecvayli: C9399, J3490, J3590, J9999 effective 1/1/2023
12/2/2022	Added Hemgenix: J3590 effective 12/5/2022 and Tzielid: J3590 effective 1/1/2023
1/12/2023	Added Leqembi: J3590 effective 1/23/2023; Added Benlysta: J0490, Evenity: J3111, Evkeeza: J1305, Hemlibra: J7170, Ilaris: J0638, Luxturna: J3398, Radicava: J1301, Reblozyl: J0896, Tepezza: J3241, Vabysmo: J2777, Yervoy: J9228, Zilretta: J3304, Zolgensma: J3399 effective 4/1/2023
3/15/2023	Update HCPCS codes effective 4/1/2023: Tecvayli: C9148 (Old: C9399, J3490, J3590, J9999), Tzielid: C9149 (Old: J3590), Hemgenix: J1411 (Old: J3590)
5/1/2023	Removed Xgeva (J0897) from PA list
5/26/2023	Updated HCPCS codes effective 7/1: Tecvayli: J9380 (Old: C9148, C9399, J3490, J3590, J9999), Tzielid: J9381 (Old: C9149, J3590)
8/15/2023	Update HCPCS code effective 7/6/2023: Leqembi: J0174 (Old: J3590).



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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).

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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।

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

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

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。



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Blue Cross and Blue Shield of Nebraska:

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 - 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:

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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>.