



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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Code	Effective Date	Description	Step Therapy Required
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).

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-488-9850 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-488-9850 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-488-9850 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-488-9850 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-488-9850 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-488-9850 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-488-9850 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-488-9850 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-488-9850 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-488-9850 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-488-9850 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-488-9850 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-488-9850 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-488-9850 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-488-9850 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-488-9850 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-488-9850 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



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>.