

## Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue<sup>SM</sup> PPO and BCN Advantage<sup>SM</sup> members

Revised March 2020

This document lists the medical benefit drugs that have authorization or step therapy requirements for Medicare Advantage members.

See the revision history at the end of this document for information about recent changes to this list.

HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	NovoLogix <sup>®</sup>	AIM Specialty Health <sup>®</sup>
J0129	Abatacept	Orencia <sup>®</sup>	✓	2017	2018	✓	
J0178	Aflibercept	Eylea <sup>®</sup>	✓	2017	2017	✓	
J0179	Brolucizumab-dbll	Beovu <sup>®</sup>	✓	2/3/2020	2/3/2020	✓	
J0180	Agalsidase beta	Fabrazyme <sup>®</sup>		2017	2017	✓	
J0221	Alglucosidase alfa, 10mg	Lumizyme <sup>®</sup>		2017	2017	✓	
J0222	Patisiran	Onpattro <sup>®</sup>		2/1/2019	2/1/2019	✓	
J0256	Alpha 1-proteinase inhibitor (human), NOS, 10mg	Aralast NP <sup>®</sup> , Prolastin C <sup>®</sup> , Zemaira <sup>®</sup>		2017	2017	✓	
J0257	Alpha 1-proteinase inhibitor (human), 10mg	Glassia <sup>®</sup>		2017	2017	✓	
J0490	Belimumab	Benlysta <sup>®</sup>	✓	2017	2018	✓	
J0517	Benralizumab	Fasenra <sup>®</sup>	✓	2018	2018	✓	
J0565	Bezlotoxumab	Zinplava <sup>™</sup>		10/1/2019	10/1/2019	✓	
J0584	Burosumab-twza	Crysvita <sup>®</sup>		10/1/2019	10/1/2019	✓	

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J0585	Injection, onabotulinumtoxin A	Botox <sup>®</sup>	✓	2017	2017	✓	
J0586	Injection, abobotulinumtoxin A	Dysport <sup>®</sup>	✓	2017	2017	✓	
J0587	Injection, rimabotulinumtoxin B	Myobloc <sup>®</sup>	✓	2017	2017	✓	
J0588	Injection, incobotulinumtoxin A	Xeomin <sup>®</sup>	✓	2017	2017	✓	
J0641	Levoleucovorin	Fusilev <sup>®</sup>		1/1/2020	1/1/2020		✓
J0642	Levoleucovorin	Khapzory <sup>™</sup>		1/1/2020	1/1/2020		✓
J0717	Certolizumab pegol	Cimzia <sup>®</sup>	✓	2017	2018	✓	
J0775	Collagenase clostridium histolyticum	Xiaflex <sup>®</sup>	✓	2017	2017	✓	
J0897	Denosumab	Prolia <sup>®</sup>	✓	2017	2017	✓	
J0897	Denosumab	Xgeva <sup>®</sup>		1/1/2020	2017		✓
J1300	Eculizumab	Soliris <sup>®</sup>	✓	2017	2018	✓	
J1301	Edaravone	Radicava <sup>®</sup>		10/1/2019	10/1/2019	✓	
J1303	Ravulizumab-cwvz	Ultomiris <sup>®</sup>		6/3/2019	6/3/2019	✓	
J1322	Elosulfase alfa	Vimizim <sup>®</sup>		2017	2017	✓	

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J1325	Epoprostenol	Flolan <sup>®</sup> , Veletri <sup>®</sup>		2017	2017	✓	
J1442	Filgrastim	Neupogen <sup>®</sup>		1/1/2020	1/1/2020		✓
J1447	Tbo-filgrastim	Granix <sup>®</sup>		1/1/2020	1/1/2020		✓
J1458	Galsulfase	Naglazyme <sup>®</sup>		2017	2017	✓	
J1459	Immune globulin IV (human), 10% liquid	Privigen <sup>®</sup>		2017	2018	✓	
J1460	Immune globulin (human), IM	GamaSTAN <sup>®</sup> , GamaSTAN S/D <sup>®</sup>		2017	2018	✓	
J1555	Immune globulin Subcutaneous (Human) 20%	Cuvitru <sup>™</sup>		2/3/2020	2/3/2020	✓	
J1556	Immune globulin Intravenous (human), 10%	Bivigam <sup>®</sup>		2017	2017	✓	
J1557	Immune globulin Intravenous (human)	Gammaplex <sup>®</sup>		2017	2017	✓	
J1559	Immune globulin Subcutaneous (human), 20%	Hizentra <sup>®</sup>		2017	2017	✓	
J1560	Immune globulin (human), IM (Over 10 mL)	GamaSTAN <sup>®</sup> , GamaSTAN S/D <sup>®</sup>		2017	2018	✓	

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J1561	Immune globulin Injection (human), 10%	Gamunex-C <sup>®</sup> , Gammaked <sup>™</sup>		2017	2017	✓	
J1566	Immune globulin Intravenous (human)	Carimune <sup>®</sup> NF, Gammagard S/D <sup>®</sup> Less IgA		2017	2017	✓	
J1568	Immune globulin Intravenous (human)	Octagam <sup>®</sup>		2017	2017	✓	
J1569	Immune globulin Infusion (human) 10%	Gammagard <sup>®</sup> Liquid		2017	2017	✓	
J1572	Immune globulin Intravenous (human)	Flebogamma Dif <sup>®</sup>		2017	2017	✓	
J1575	Immune globulin Infusion 10% (human) with recombinant human hyaluronidase	Hyqvia <sup>®</sup>		2017	2017	✓	
J1599	Immune globulin Intravenous (human) slra 10%	Asceniv <sup>™</sup>		10/1/2019	10/1/2019	✓	
J1599	Immune globulin Intravenous (human) – ifas 10%	Panzyga <sup>®</sup>		2/3/2020	2/3/2020	✓	
J1602	Golimumab	Simponi Aria <sup>®</sup>	✓	2017	2018	✓	

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J1740	Ibandronate	Boniva <sup>®</sup>	✓	2017	2017	✓	
J1743	Idursulfase	Elaprase <sup>®</sup>		2017	2017	✓	
J1745	Infliximab	Remicade <sup>®</sup>	✓	2017	2017	✓	
J1746	Ibalizumab-uiyk	Trogarzo <sup>®</sup>	✓	2/1/2019	2/1/2019	✓	
J1786	Imiglucerase	Cerezyme <sup>®</sup>		2017	2017	✓	
J1931	Laronidase	Aldurazyme <sup>®</sup>		2017	2017	✓	
J2182	Mepolizumab	Nucala <sup>®</sup>	✓	2018	2017	✓	
J2326	Nusinersen	Spinraza <sup>®</sup>		2018	2018	✓	
J2357	Omalizumab	Xolair <sup>®</sup>	✓	2018	2018	✓	
J2430	Pamidronate	Aredia <sup>®</sup>	✓	2017	2018	✓	
J2503	Pegaptanib	Macugen <sup>®</sup>	✓	2017	2017	✓	
J2504	Pegademase	Adagen <sup>®</sup>		2017	2017	✓	
J2505	Pegfilgrastim	Neulasta <sup>®</sup>		1/1/2020	1/1/2020		✓
J2507	Pegloticase	Krystexxa <sup>®</sup>	✓	2017	2018	✓	
J2562	Plerixafor	Mozobil <sup>®</sup>		1/1/2020	1/1/2020		✓
J2778	Ranibizumab	Lucentis <sup>®</sup>	✓	2017	2017	✓	
J2786	Reslizumab	Cinqair <sup>®</sup>	✓	2018	2017	✓	

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J2796	Romiplostim	Nplate <sup>®</sup>	✓	2017	2018	✓	
J2820	Sargramostim	Prokine <sup>®</sup> , Leukine <sup>®</sup>		1/1/2020	1/1/2020		✓
J2840	Sebelipase alfa	Kanuma <sup>®</sup>		2/1/2019	2017	✓	
J2860	Siltuximab	Sylvant <sup>®</sup>		2/1/2019	2/1/2019		✓
J3060	Taliglucerase alfa	Elelyso <sup>®</sup>		2017	2017	✓	
J3245	Tildrakizumab-asmn	Ilumya <sup>™</sup>	✓	6/3/2019	6/3/2019	✓	
J3111	Romozozumab-aqqg	Evenity <sup>™</sup>	✓	11/1/2019	11/1/2019	✓	
J3262	Tocilizumab	Actemra <sup>®</sup>	✓	2017	2017	✓	
J3285	Treprostinil	Remodulin <sup>®</sup>		2017	2017	✓	
J3304	Triamcinolone-acetonide extended release	Zilretta <sup>®</sup>	✓	6/3/2019	6/3/2019	✓	
J3357	Ustekinumab	Stelara <sup>®</sup> SQ	✓	2/1/2019	2/1/2019	✓	
J3358	Ustekinumab	Stelara <sup>®</sup> IV	✓	2/1/2019	2/1/2019	✓	
J3380	Vedolizumab	Entyvio <sup>®</sup>	✓	2017	2018	✓	
J3385	Velaglucerase alfa	VPRIV <sup>®</sup>		2017	2017	✓	
J3397	Vestronidase alfa-vjbk	Mepsevii <sup>™</sup>		6/3/2019	6/3/2019	✓	
J3398	Voretigene neparvovec-rzyl	Luxturna <sup>®</sup>		2018	2018	✓	

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J3489	Zoledronic acid	Reclast <sup>®</sup> , Zometa <sup>®</sup>		2017	2017	✓	
				No authorization needed after 3/2/2020			
J3490, J3590, J9999, C9399	Dinutuximab	Unituxin <sup>®</sup>		1/1/2020	1/1/2020		✓
J3490	Afamelanotide	Scenesse <sup>®</sup>		3/16/2020	3/16/2020	✓	
J3490	Esketamine	Spravato <sup>™</sup>	✓	2/3/2020	2/3/2020	✓	
J3490	Inotersen	Tegsedi <sup>®</sup>		6/3/2019	6/3/2019	✓	
J3490, J3590, J9999	Enfortumab vedotin-ejfv	Padcev <sup>™</sup>		4/1/2020	4/1/2020		✓
J3490, J3590, J9999	Fam-trastuzumab-nxki	Enhertu <sup>®</sup>		4/1/2020	4/1/2020		✓
J3490, J3590, J9999	Pegfilgrastim-bmez	Ziextenzo <sup>®</sup>		4/1/2020	4/1/2020		✓
J3590	Luspatercept-aamt	Reblozyl <sup>®</sup>		3/16/2020	3/16/2020	✓	
J3590	Crizanlizumab	Adakveo <sup>®</sup>		3/16/2020	3/16/2020	✓	

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J3590	Onasemnogene abeparvovec-xioi	Zolgensma <sup>®</sup>		2/3/2020	2/3/2020	✓	
J3590	Risankizumab-rzaa	Skyrizi <sup>™</sup>	✓	2/3/2020	2/3/2020	✓	
J7170	Emicizumab-kxwh	Hemlibra <sup>®</sup>		2/3/2020	2/3/2020	✓	
J7320	Sodium hyaluronate	GenVisc <sup>®</sup> 850	Use the following preferred hyaluronic acid drugs, which don't require prior authorization: <b>Durolane<sup>®</sup></b> <b>Euflexxa<sup>®</sup></b> <b>Gelsyn-3<sup>™</sup></b> <b>Supartz FX<sup>™</sup></b>	1/1/2020	1/1/2020	✓	
J7321	Sodium hyaluronate	Hyalgan <sup>®</sup> , Visco-3 <sup>™</sup>		1/1/2020	1/1/2020	✓	
J7322	High Molecular Weight Viscoelastic Hyaluronan	Hymovis <sup>®</sup>		1/1/2020	1/1/2020	✓	
J7324	High Molecular Weight Hyaluronan	Orthovisc <sup>®</sup>		1/1/2020	1/1/2020	✓	
J7325	Hylan G-F 20	Synvisc <sup>®</sup> , Synvisc-One <sup>®</sup>		1/1/2020	1/1/2020	✓	
J7326	Sodium hyaluronate	Gel-one <sup>®</sup>		1/1/2020	1/1/2020	✓	
J7327	High Molecular Weight Hyaluronan	Monovisc <sup>®</sup>		1/1/2020	1/1/2020	✓	
J7329	Sodium hyaluronate	TriVisc <sup>™</sup>		1/1/2020	1/1/2020	✓	
J7331	Sodium hyaluronate	Synjojoynt <sup>™</sup>		1/1/2020	1/1/2020	✓	
J7332	Sodium hyaluronate	Triluron <sup>™</sup>		1/1/2020	1/1/2020	✓	
J7686	Treprostinil	Tyvaso <sup>®</sup>		2017	2017	✓	



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J9022	Atezolizumab	Tecentriq <sup>®</sup>		2/1/2019	2/1/2019		✓
J9023	Avelumab	Bavencio <sup>®</sup>		2/1/2019	2/1/2019		✓
J9033	Bendamustine HCl	Treanda <sup>®</sup>		1/1/2020	1/1/2020		✓
J9034	Bendamustine HCl	Bendeka <sup>®</sup>		1/1/2020	1/1/2020		✓
J9035	Bevacizumab	Avastin <sup>®</sup>		1/1/2020	1/1/2020		✓
J9036	Bendamustine HCl	Belrapzo <sup>™</sup>		3/16/2020	3/16/2020		✓
J9039	Blinatumomab	Blinicyto <sup>®</sup>		1/1/2020	1/1/2020		✓
J9039	Polatuzumab	Polivy <sup>™</sup>		3/16/2020	3/16/2020		✓
J9042	Brentuximab vedotin	Adcetris <sup>®</sup>		2/1/2019	2/1/2019		✓
J9043	Cabazitaxel	Jevtana <sup>®</sup>		1/1/2020	1/1/2020		✓
J9047	Carfilzomib	Kyprolis <sup>®</sup>		2017	2017		✓
J9055	Cetuximab	Erbitux <sup>®</sup>		1/1/2020	1/1/2020		✓
J9057	Copanlisib	Aliqopa <sup>™</sup>		1/1/2020	1/1/2020		✓
J9118	Calaspargase pegol-mknl	Asparlas <sup>™</sup>		3/16/2020	3/16/2020		✓
J9119	Cemiplimab-rwlc	Libtayo <sup>®</sup>		6/3/2019	6/3/2019		✓
J9145	Daratumumab	Darzalex <sup>®</sup>		7/22/2019	7/22/2019		✓
J9173	Durvalumab	Imfinzi <sup>®</sup>		6/3/2019	6/3/2019		✓

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J9176	Elotuzumab	Empliciti <sup>®</sup>		2/1/2019	2/1/2019		✓
J9179	Eribulin Mesylate	Halaven <sup>®</sup>		1/1/2020	1/1/2020		✓
J9203	Gemtuzumab ozogamicin	Mylotarg <sup>®</sup>		1/1/2020	1/1/2020		✓
J9204	Mogamulizumab-kpkc	Poteligeo <sup>®</sup>		1/1/2020	1/1/2020		✓
J9205	Irinotecan liposome	Onivyde <sup>®</sup>		1/1/2020	1/1/2020		✓
J9207	Ixabepilone	Ixempra <sup>®</sup> Kit		1/1/2020	1/1/2020		✓
J9228	Ipilimumab	Yervoy <sup>®</sup>		2017	2017		✓
J9229	Inotuzumab ozogamicin	Besponsa <sup>®</sup>		1/1/2020	1/1/2020		✓
J9245	Melphalan	Evomela <sup>®</sup>		1/1/2020	1/1/2020		✓
J9264	Paclitaxel protein-bound particles	Abraxane <sup>®</sup>		1/1/2020	1/1/2020		✓
J9269	Tagraxofusp-erzs	Elzonris <sup>™</sup>		6/3/2019	6/3/2019		✓
J9271	Pembrolizumab	Keytruda <sup>®</sup>		2018	2017		✓
J9285	Olaratumab	Lartruvo <sup>®</sup>		1/1/2020	1/1/2020		✓
J9295	Necitumumab	Portrazza <sup>®</sup>		1/1/2020	1/1/2020		✓
J9299	Nivolumab	Opdivo <sup>®</sup>		2018	2017		✓
J9301	Obinutuzumab	Gazyva <sup>®</sup>		1/1/2020	1/1/2020		✓

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J9302	Ofatumumab	Arzerra <sup>®</sup>		1/1/2020	1/1/2020		✓
J9303	Panitumumab	Vectibix <sup>®</sup>		1/1/2020	1/1/2020		✓
J9305	Pemetrexed	Alimta <sup>®</sup>		1/1/2020	1/1/2020		✓
J9306	Pertuzumab	Perjeta <sup>®</sup>		1/1/2020	1/1/2020		✓
J9308	Ramucirumab	Cyramza <sup>®</sup>		2/1/2019	2017		✓
J9311	Rituximab-hyaluronidase human	Rituxan Hycela <sup>®</sup>		1/1/2020	1/1/2020		✓
J9313	Moxetumomab	Lumoxiti <sup>™</sup>		3/16/2020	3/16/2020		✓
J9315	Romidepsin	Istodax <sup>®</sup>		1/1/2020	1/1/2020		✓
J9352	Trabectedin	Yondelis <sup>®</sup>		2/1/2019	2/1/2019		✓
J9354	Ado-trastuzumab emtansine	Kadcyla <sup>®</sup>		1/1/2020	1/1/2020		✓
J9355	Trastuzumab	Herceptin <sup>®</sup>		1/1/2020	1/1/2020		✓
J9356	Trastuzumab and hyaluronidase-oysk	Herceptin Hylecta <sup>™</sup>		3/16/2020	3/16/2020		✓
J9400	Ziv-aflibercept	Zaltrap <sup>®</sup>		1/1/2020	1/1/2020		✓
Q2041	Axicabtagene ciloleucel	Yescarta <sup>®</sup>		1/1/2021	1/1/2021	✓	
Q2042	Tisagenlecleucel	Kymriah <sup>®</sup>		1/1/2021	1/1/2021	✓	

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Q2043	Sipuleucel-T	Provenge <sup>®</sup>		1/1/2020	1/1/2020		✓
Q4074	Iloprost	Ventavis <sup>®</sup>		2/3/2020	2/3/2020	✓	
Q2049, Q2050	Doxorubicin HCl liposome	Doxil <sup>®</sup> , Lipodox <sup>®</sup>		1/1/2020	1/1/2020		✓
Q5101	Filgrastim-sndz	Zarxio <sup>®</sup>		1/1/2020	1/1/2020		✓
Q5103	Infliximab-dyyb	Inflectra <sup>®</sup>	✓	2018	2017	✓	
Q5104	Infliximab-abda	Renflexis <sup>®</sup>	✓	2018	2017	✓	
Q5107	Bevacizumab-awwb	Mvasi <sup>®</sup>		1/1/2020	1/1/2020		✓
Q5108	Pegfilgrastim-jmdb	Fulphila <sup>®</sup>		1/1/2020	1/1/2020		✓
Q5109	Infliximab-qbtx	Ixifi <sup>™</sup>	✓	6/3/2019	6/3/2019	✓	
Q5110	Filgrastim-aafi	Nivestym <sup>™</sup>		1/1/2020	1/1/2020		✓
Q5111	Pegfilgrastim-cbqv	Udenyca <sup>®</sup>		1/1/2020	1/1/2020		✓
Q5112	Trastuzumab-dttb	Ontruzant <sup>™</sup>		1/1/2020	1/1/2020		✓
Q5113	Trastuzumab-pkrb	Herzuma <sup>®</sup>		1/1/2020	1/1/2020		✓
Q5114	Trastuzumab-dkst	Ogivri <sup>™</sup>		1/1/2020	1/1/2020		✓
Q5116	Trastuzumab-qyyp	Trazimera <sup>™</sup>		3/16/2020	3/16/2020		✓
Q5117	Trastuzumab-anns	Kanjiti <sup>™</sup>		3/16/2020	3/16/2020		✓

## Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue<sup>SM</sup> PPO and BCN Advantage<sup>SM</sup> members

Revised March 2020

HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	NovoLogix <sup>®</sup>	AIM Specialty Health <sup>®</sup>
Q5118	Bevacizumab-bvzr	Zirabev <sup>™</sup>		3/16/2020	3/16/2020		✓

### Revision history

Date	Revisions
2/26/2020	<ul style="list-style-type: none"> <li>• <b>Authorization requirement added for:</b> Enhertu; Padcev; Ziextenzo (all have codes J3490, J3590, J9999)</li> <li>• <b>Certain oncology medications:</b> Removed information about submitting authorization requests through NovoLogix for dates of service on or before 12/31/2019</li> </ul>
2/16/2020	<ul style="list-style-type: none"> <li>• <b>Authorization requirement added for:</b> J3590 Reblozyl; J3490 Scenese; J3590 Adakevo; J9036 Belrapzo; J9039 Polivy; J9118 Asparlas; J9313 Lumoxiti; J9356 Herceptin Hylecta; Q5116 Trazimera; Q5117 Kanjiti; Q5118 Zirabev</li> <li>• <b>Authorization requirement removed effective 3/2/2020 for:</b> J3489 Reclast, Zometa</li> <li>• <b>Effective date changed for:</b> Q2041 Yescarta; Q2042 Kymriah</li> </ul>