

Medicare Advantage Part B Prior Authorization Drug List Program

The following list of outpatient medications covered under Medicare Part B (i.e., drugs that are delivered in the physician's office, clinic, outpatient or home setting) require preauthorization prior to being provided or administered. This list does not include drugs that process under the Medicare Part D pharmacy benefit, such as self-administered drugs or oral medications. Coverage will be provided for Part B medical drugs when it is determined to be medically necessary, in accordance with Centers for Medicare & Medicaid Services (CMS) guidelines (Available at: <http://www.cms.gov/medicare-coverage-database>).

Coverage of these outpatient medications is based on existing National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other relevant sources. Adherence to these policies are required when they exist. The table below lists drug names, HCPCS codes, applicable Medicare policies, and *Step Therapy Program requirements. For drugs, which do not have an applicable NCD, LCD, or LCA, there may be a clinical resource. In the absence of Medicare coverage guidance (NCDs, LCDs, etc.), CMS allows Medicare Advantage plans to implement their criteria for coverage with the guidance and review of a Drug Committee. **Please refer to the published clinical policy on Aspire Health's website under Part B drugs.**

*Some Part B drugs may also require **step therapy** before they will be covered. Prior authorization will be required in these cases. Contraindication, intolerance, or a prior trial and failure with a preferred drug in the same class or category may be required, amongst other criteria. Step therapy is required when indicated in the 'Step Therapy Program' column of the table below.

This list is subject to change. Please review this list periodically for updates. Aspire Health reserves the right to revise, update, and/or add/remove drugs as new drugs are FDA-approved and become available for use.

Part B Prior Authorization Drug List Program (Effective 1/1/2024)				
DRUG	HCPCS	Medicare Policies (NCD, LCD, LCA)	Clinical Resource for Drugs without NCDs/ LCDs/LCAs	Step Therapy Program
ANTI-AMYLOID AGENTS (ALZHEIMER DISEASE)				
Leqembi (lecanemab-irmb)	J0174	NCD	Aspire Clinical Policy	No
Aduhelm (aducanumab)	J0172	NCD	Aspire Clinical Policy	No
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITOR (RETINAL DISORDERS AGENTS)				
*Eylea (aflibercept)	J0178		Aspire Clinical Policy	Yes (*exceptions apply)
Lucentis (ranibizumab)	J2778		Aspire Clinical Policy	Yes
Byooviz (ranibizumab-nuna)	Q5124		Aspire Clinical Policy	Yes
Cimerli (ranibizumab-eqrn)	J3590		Aspire Clinical Policy	Yes

Prior Authorization (PA): Approval is required needed from the plan is required before the drug is covered. This requirement helps ensure medication safety and helps guide the appropriate use of certain drugs.

Step therapy (ST): For certain drugs, members must first try another drug to treat a medical condition before the plan will cover the drug. Refer to the "Step therapy requirement" column to see whether a drug has a step therapy requirement.

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Susvimo (ranibizumab implant)	J2779		Aspire Clinical Policy	Yes
Beovu (brolucizumab-dblI)	J0179		Aspire Clinical Policy	Yes
Vabysmo (faricimab)	J2777		Aspire Clinical Policy	Yes
Intra-articular Corticosteroids (Osteoarthritis)				
Methylprednisolone acetate injection (Depo-Medrol)	J1020 J1030 J1040 J2920 J2930		No PA required	No
Triamcinolone acetonide injection (Kenalog)	J3301 J3302 J3303		No PA required	No
Zilretta (triamcinolone acetonide ER)	J3304		Aspire Clinical Policy	Yes
Hyaluronic Acids / Viscosupplements (Osteoarthritis)				
Durolane	J7318		Aspire Clinical Policy	Yes
Gel-One	J7326		Aspire Clinical Policy	Yes
Monovisc	J7327		Aspire Clinical Policy	Yes
Synvisc-One	J7325		Aspire Clinical Policy	Yes
VISCO-3	J7321		Aspire Clinical Policy	Yes
Euflexxa	J7323		Aspire Clinical Policy	Yes
GelSyn-3	J7328		Aspire Clinical Policy	Yes
Hyalgan, Supartz, Supartz FX,	J7321		Aspire Clinical Policy	Yes
GenVisc 850	J7320		Aspire Clinical Policy	Yes
Hymovis	J7322		Aspire Clinical Policy	Yes
Orthovisc	J7324		Aspire Clinical Policy	Yes

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Synjoynt	J7331		Aspire Clinical Policy	Yes
Synvisc	J7325		Aspire Clinical Policy	Yes
Triluron	J7332		Aspire Clinical Policy	Yes
Bone Density Agents (Osteoporosis)				
Bisphosphonates (IV): <ul style="list-style-type: none"> • Zoledronic acid (Reclast) • Ibandronate (Boniva) 	J3489; J1740		No PA required	No
Prolia (denosumab)	J0897		Aspire Clinical Policy	Yes
Evenity (romosozumab)	J3111		Aspire Clinical Policy	Yes
Multiple Sclerosis (Infusion)				
Tysabri (natalizumab)	J2323		Aspire Clinical Policy	Yes
Ocrevus (ocrelizumab)	J2350		Aspire Clinical Policy	Yes
Lemtrada (alemtuzumab)	J0202		Aspire Clinical Policy	Yes
Infliximab Products				
Remicade (infliximab)	J1745		Aspire Clinical Policy	Yes
Infliximab	J1745		Aspire Clinical Policy	Yes
Inflectra (infliximab-dyyb)	Q5103		Aspire Clinical Policy	Yes
Avsola (infliximab-axxq)	Q5121		Aspire Clinical Policy	Yes
Renflexis (infliximab-abda)	Q5104		Aspire Clinical Policy	Yes
Rituximab Products				
Rituxan (rituximab)	J9312		Aspire Clinical Policy	Yes
Rituxan Hycela (rituximab and hyaluronidase)	J9311		Aspire Clinical Policy	Yes
Ruxience (rituximab-pvvr)	Q5119		Aspire Clinical Policy	Yes

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Truxima (rituximab-abbs)	Q5115		Aspire Clinical Policy	Yes
Riabni (rituximab-arrx)	Q5123		Aspire Clinical Policy	Yes

Medicare covers outpatient (Part B) drugs that are furnished “incident to” a physician’s service provided that the drugs are not usually self-administered by the patients who take them. See the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals at: <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>.

This Medicare Part B Prior Authorization Drug List is provided for informational purposes only and neither constitutes nor replaces professional medical advice. Physicians, hospitals, and other providers are expected to administer or use drugs/biologicals in the most effective and clinically appropriate manner. Treating physicians and other health care providers are solely responsible for all medical care decisions. In accordance with the member's Evidence of Coverage (EOC), every benefit plan has its own coverage provisions, limitations, and exclusions. In the event of a conflict between this policy and the member's EOC, the member's EOC provisions will take precedence.

The inclusion of a code in this policy does not imply that the health service it describes is covered or not covered. Benefit coverage for health services is determined by the member-specific plan document and applicable laws that may mandate coverage for a particular service. Inclusion of a code does not imply or guarantee reimbursement or payment of a claim. Other Policies and Standards may also apply. Providers are expected to retain or have access to the necessary documentation when requested in order to support coverage.

References

1. Medicare Managed Care Manual, Chapter 4, §90.5.
2. Centers for Medicare and Medicaid Services, Medicare Advantage Prior Authorization and Step Therapy for Part B Drugs. August 7, 2018. Available online at: <http://cms.gov>.
3. Centers for Medicare and Medicaid Services, Internet-Only Medicare Benefit Policy Manual, CMS Pub. 100-02, Chapter 15, Sec. 50. Available online at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

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