

Medicare Advantage Part B Drug Update Bulletin

Approved by Committee on:

February 27, 2024

New and revised policies are posted on the website of Aspire Health Plan.

Effective May 1, 2024, the prior authorization criteria for some Part B drugs have been added, listed in [Table 1](#) below. **This bulletin summarizes the upcoming change in prior authorization criteria required before administering this medication in a physician's office.**

Aspire Health Plan (AHP) requires prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician's office or by home infusion. These reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the AHP Pharmacy & Therapeutics Committee's evidence-based criteria for coverage.

Table 1. Part B (Physician-Administered Drugs) Products that have updated prior authorization criteria:

Policy Name	Drugs / J-Codes Impacted	Summary of Change
<p>Infliximab Policy <i>(Revised Policy)</i></p>	<p>Added: J3590: Zymfentra (infliximab-dyyb)</p>	<p>The 'Infliximab Products Policy' has been updated to address the recent infliximab subcutaneous product, Zymfentra (FDA approval: 10/20/2023). Zymfentra is indicated for the maintenance treatment of Crohn's Disease or Ulcerative Colitis following completion of an IV induction regimen with an infliximab product.</p>
<p>Oncology Drugs and Oncology Biosimilars Policy <i>(New Policy)</i></p>	<p>Added:</p> <ul style="list-style-type: none"> • J9271 Keytruda (pembrolizumab) • J9022 Tecentriq (atezolizumab) <p><u>Bevacizumab (Avastin) / Biosimilars (Alymsys, Avzivi, Mvasi, Vegzelma, Zirabev)</u></p> <ul style="list-style-type: none"> • J9035 bevacizumab, 10 mg; Avastin (bevacizumab) • Q5126 bevacizumab-maly, biosimilar (Alymsys), 10 mg • Q5107 bevacizumab-awwb, biosimilar (Mvasi), 10 mg • Q5129 bevacizumab-adcd, biosimilar (Vegzelma), 10 mg • Q5118 bevacizumab-bvzr, biosimilar (Zirabev), 10 mg • Avzivi (bevacizumab tnjn): FDA approved December 2023; anticipated availability is currently unknown. <ul style="list-style-type: none"> — C9399 Unclassified drugs or biologicals; bevacizumab tnjn, biosimilar (Avzivi) — J9999 Not otherwise classified, antineoplastic drugs; bevacizumab tnjn, biosimilar (Avzivi) <p><u>Trastuzumab / Biosimilars</u></p> <ul style="list-style-type: none"> • J9355 trastuzumab, excludes biosimilar, 10 mg; Herceptin • Q5112 trastuzumab-dttb, biosimilar (Ontruzant), 10 mg • Q5113 trastuzumab-pkrb, biosimilar (Herzuma), 10 mg 	<p>This policy was developed to address the medical necessity of oncology drugs / oncology biosimilars that is listed in the 'Applicable HCPCS' and here in the Drugs/J-codes Impacted column.</p> <p>This policy is only applicable when no National Coverage Determination (NCD), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other relevant Medicare guidelines exist for the requested drug. If an AHP drug-specific policy exists for the requested drug, the AHP policy takes precedence over this policy.</p>

	<ul style="list-style-type: none"> • Q5114 Trastuzumab-dkst, biosimilar (Ogivri), 10 mg • Q5116 trastuzumab-qyyp, biosimilar (Trazimera), 10 mg • Q5117 trastuzumab-anns, biosimilar (Kanjinti), 10 mg • J9358 fam-trastuzumab deruxtecan-nxki biosimilar (Enhertu), 1 mg • J9356 trastuzumab, 10 mg and Hyaluronidase-oysk-- Herceptin Hylecta • J9316 pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg-- Phesgo 	
<p>Part B Medical Necessity Policy <i>(New Policy)</i></p>	<ul style="list-style-type: none"> • C9399: Unclassified drugs or biologics • J3490 Unclassified drugs • J3590 Unclassified biologics • J3591 Unclassified drug or biological used for ESRD on dialysis • J7199 Hemophilia clotting factor, not otherwise classified • J7999 Compounded drug, not otherwise classified • J9999 Not otherwise classified, antineoplastic drugs 	<p>This policy addresses the medical necessity review of physician-administered drugs covered under Medicare Part B with: 1) an Unlisted and Not Otherwise Classified HCPCS code, and for 2) drugs without an Aspire Health Plan clinical policy.</p> <p>This policy is only applicable when no National Coverage Determination (NCD), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other relevant Medicare guidelines exist for the requested drug. If an AHP drug-specific policy exists for the requested drug, the AHP policy takes precedence over this policy.</p>
<p>Tepezza (teprotumumab-trbw) Policy <i>(New Policy)</i></p>	<p>Added: J3241 Tepezza (teprotumumab-trbw)</p>	<p>This policy addresses the coverage of Tepezza (teprotumumab-trbw) for the treatment of thyroid eye disease.</p>

