



**EFFECTIVE DATE:** 11 | 01 | 2024  
**POLICY LAST REVIEWED:** 05/15/2024

## OVERVIEW

This policy documents drugs that are covered under the member's Medicare Advantage Plans and Commercial medical plan, which require prior authorization. Prior authorization requests will be handled by BCBSRI's Drug Management vendor.

## MEDICAL CRITERIA

### Medicare Advantage Plans and Commercial Products

Clinical guidelines for approval of the drugs listed below are found on the Drug Management Program vendor's website. Use the following web address for online requests [www.covermymeds.com](http://www.covermymeds.com) or the prior authorization form can be faxed to 1-855-212-8110.

## PRIOR AUTHORIZATION

### Medicare Advantage Plans and Commercial Products

Prior authorization is required. Contact BCBSRI's Drug Management vendor at 1-844-765-2892.

## POLICY STATEMENT

### Medicare Advantage Plans and Commercial Products

Prior authorization through the BCBSRI's Drug Management Program vendor applies to all drugs that are listed in this policy.

**NOTE:** This authorization requirement does not apply to services rendered in an emergency room, observation or inpatient setting.

## COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable physician administered drug benefits/coverage.

### Specialty Drug Coverage

For contracts with specialty drug coverage, please refer to the member agreement for benefits and prior authorization guidelines.

## CODING

### Medicare Advantage Plans and Commercial Products

The following codes require prior authorization.

#### [Drugs Requiring Prior Authorization](#)

Contact BCBSRI's Drug Management vendor, Prime Therapeutics, LLC at 1-844-765-2892.

**NOTE:** For codes with an unlisted code only, the claim must be filed with unlisted code and the NDC.

<sup>1</sup> Specialty Drug for Commercial Products Only

<sup>2</sup> Specialty Drug (5 Tier Direct formulary) for Commercial Products Only

<sup>3</sup> As of 1/1/20, for Commercial Products, claims should not be filed with an unlisted code such as J3490 and the NDC number. To ensure correct claims processing, claims should be filed with noted code(s).

\* If Specialty Pharmacy, please check member's formulary for PA requirements.

## RELATED POLICIES

Claim Filing Requirements for Drugs  
Spravato® (esketamine) nasal spray

## PUBLISHED

Provider Update, March 2024, May 2024, June 2024

Provider Update, February 2023, March 2023, December 2023

Provider Update, May 2022, October 2022, November 2022, December 2022

Provider Update, April 2021

Provider Update, March 2020

**CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

