

Medicare Advantage plans Medical policy and criteria

MEDICAL POLICY UPDATE

Premera Blue Cross Medicare Advantage reviews all medical policies and criteria annually. The following updates are available on the Premera Medicare Advantage provider website at premera.com/wa/provider/medicare-advantage/. Simply click on [View medical and pharmacy policy updates](#) located on the right side of the Medicare Advantage provider landing page.

PREFERRED ERYTHROPOIESIS STIMULATING AGENTS (ESAs) FOR PREMERA MEDICARE ADVANTAGE PLANS EFFECTIVE FEBRUARY 1, 2021.

Retacrit (epoetin alfa-epbx) will be the preferred erythropoiesis stimulating agent and will not require prior authorization.

Aranesp (darbepoetin alfa) and Procrit/Epogen (epoetin alfa) will be considered non-preferred and will require prior authorization. Aranesp and Procrit will require trial and failure with Retacrit or documentation of a medical reason why Retacrit cannot be used.

The following products are non-preferred and will be added to the prior authorization list effective February 1, 2021.

Non-Preferred	HCPCS Code
Aranesp	J0881
Epogen/Procrit	J0885

Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal. An Independent Licensee of the Blue Cross Blue Shield Association