

# Medicare Advantage plans

## Medical policy and criteria

### MEDICAL POLICY UPDATE

Premera Blue Cross Medicare Advantage reviews all medical policies and criteria annually. The Premera Medicare Advantage [Policies and Prior Authorization Resources page](#) has been updated. You can access this page from the Medicare Advantage provider website at [premera.com/wa/provider/medicare-advantage/](https://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](#).

### PART B PRIOR AUTHORIZATION

Effective April 1, 2024, the following Part B drugs will require prior authorization:

| Code  | Description   | Criteria       |
|-------|---|----------------|
| J9042 | Adcetris® (Injection, brentuximab vedotin)                  | Medical policy |
| J0584 | Crysvita® (Injection, burosumab-twza)                       | Medical policy |
| J3490 | Empaveli™ (pegcetacoplan)                                   | Medical policy |
| J9301 | Gazyva® (Injection, obinutuzumab)                           | Medical policy |
| J1411 | Hemgenix® (etranacogene dezaparvovec-drlb)                  | InterQual      |
| J9047 | Kyprolis® (Injection, carfilzomib)                          | Medical policy |
| J9205 | Onivyde® (Injection, irinotecan liposome)                   | Medical policy |
| G2083 | Spravato® (esketamine; greater than 56 mg plus observation) | InterQual      |
| J9352 | Yondelis® (Injection, trabectedin)                          | Medical policy |

### PART B DRUG POLICY UPDATES:

Effective April 1, 2024, we will use InterQual® criteria instead of the drug policies for the drugs listed below. The policies for these drugs will be retired. Preferred products will remain in effect. You can see details on the Part B prior authorization and preferred products list on the [Policies and Prior Authorization Resources page](#). As a reminder, we use CMS coverage guidance when available.

| Drug Name  |
|--|
| Soliris® (Injection, eculizumab)                     |
| Spravato® (esketamine; up to 56 mg plus observation) |

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