

# 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 DRUGS PRIOR AUTHORIZATION

Effective March 5, 2023, the following new-to-market part B drugs requires prior authorization.

Code	Description	Step Therapy Requirements
J3590	Rebyota™ (Fecal microbiota, live-jslm)	
J3590	Rolvedon™ (eflapegrastim-xnst)	<b>Granulocyte-Colony Stimulating Factors (G-CSF) products:</b> Starting March 3, 2023, as a part of step therapy requirement, use the preferred products Granix or Nivestym first (no prior authorization required) then Udenyca or Ziextenzo (prior authorization required).
J3590	Stimufend® (pegfilgrastim-fpgk)	<b>Granulocyte-Colony Stimulating Factors (G-CSF) products:</b> Starting March 5, 2023, as a part of step therapy requirement, use the preferred products Granix or Nivestym first (no prior authorization required) then Udenyca or Ziextenzo (prior authorization required).
J3590	Vegzelma® (bevacizumab-adcd)	<b>Avastin® biosimilars:</b> Starting March 5, 2023, as a part of step therapy requirement, use the preferred products Avastin or Zirabev first, which don't require prior authorization.

Effective May 1, 2023, the following part B drug requires prior authorization.

Code	Description	Step Therapy Requirements
J3590	Fylnetra® (pegfilgrastim-pbbk)	<b>Granulocyte-Colony Stimulating Factors (G-CSF) products:</b> Starting 5/1/2023, as a part of step therapy requirement, use the preferred products Granix or Nivestym first (no prior authorization required) AND Udenyca or Ziextenzo (prior authorization required)

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.

### **AIM SPECIALTY HEALTH NAME CHANGE**

**Effective March 1, 2023**, AIM Specialty Health transitioned to Caelon Medical Benefits Management. This transition is a name change only; there will be no process changes. You will start seeing the Caelon Medical Benefits Management name on your determination letters. For any questions regarding the name change, please call AIM directly at 800-252-2021.