

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/. Simply click on *View medical and pharmacy policy updates* located on the right side of the [Medicare Advantage provider landing page](#).

PART B PREFERRED PRODUCTS

Starting June 7, 2022, Entyvio® (Injection, vedolizumab) will be the preferred Part B Drug for ulcerative colitis and Crohn's indications:

HCPDS	Drug Name	Preferred	PA Required
J0717	Cimzia® (Injection, certolizumab pegol)		✓
J3357	Stelara® SQ (ustekinumab)		✓
J3358	Stelara® (Ustekinumab, for intravenous injection)		✓
J3380	Entyvio® (Injection, vedolizumab)	✓	✓
Q5103	Inflectra® (Injection, infliximab-dyyb, biosimilar)		✓
Q5104	Renflexis® (Injection, infliximab-abda, biosimilar)		✓
Q5121	Avsola™ (Injection, infliximab-axxq, biosimilar)		✓

EFFECTIVE MARCH 7, 2022, THE FOLLOWING PART B DRUG REQUIRES PRIOR AUTHORIZATION:

Code	Description
C9399, J9999	Carvykti (ciltacabtagene autoleucel)

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.

EFFECTIVE JUNE 7, 2022, THE FOLLOWING PART B DRUGS REQUIRES PRIOR AUTHORIZATION:

Code	Description
J1442	Neupogen® (Injection, filgrastim (G-CSF))
Q5101	Zarxio® (Injection, filgrastim-sndz)

See also the updated preferred products list for granulocyte colony-stimulating factors (G-CSF) drugs posted beneath the policy on the [Policies and Prior Authorization Resources page](#).