

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](#).

THE FOLLOWING IRON REPLACEMENT DRUGS ARE PREFERRED EFFECTIVE JULY 7, 2021.

J Code	Drug Name	Status
J1756	Venofer (iron sucrose Injection)	Preferred, no PA required
J2916	Ferrlecit (Sodium Ferric Gluconate Complex in Sucrose)	Preferred, no PA required
J1444/J1443	Triferic (Injection, ferric pyrophosphate citrate powder)	Preferred, no PA required

THE FOLLOWING IRON REPLACEMENT DRUGS ARE NON-PREFERRED. PRIOR AUTHORIZATIONS ARE REQUIRED EFFECTIVE JULY 7, 2021.

J Code	Drug Name	Status
J1439	Injectafer (Ferric Carboxymaltose)	Non-preferred, PA required
J1437	Monoferric (Ferric Derisomaltose Injection)	Non-preferred, PA required
Q0138	Feraheme (Ferumoxytol Injection)	Non-preferred, PA required

THE FOLLOWING PART B PHARMACY CODE WILL BE ADDED TO THE PRIOR AUTHORIZATION LIST EFFECTIVE JULY 7, 2021.

J Code	Status
J7340	Duopa (levodopa-carbidopa)