

# 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](#).

### CMS HCPCS CODE UPDATES:

Effective October 1, 2023, CMS updated the following codes:

Old Code	New Code	Description
C9151	J2781	Syfovre™ (pegcetacoplan, intravitreal)
J3590	C9155	Epkinly™ (epcoritamab-bysp)

### MEDICAL POLICY UPDATES:

Effective January 1, 2024, we will use the updated policy for gender transition/affirmation surgery and related services. Please see the policy history table at the end of the new policy for update details.

### CARELON CODE ADDITIONS TO PRIOR AUTHORIZATION:

Effective January 1, 2024, Carelon will add the following new code for prior authorization. This is a new CPT code and effective January 1, 2024.

Code	Description	Carelon Program
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	Radiology

### PART B DRUG POLICY UPDATES:

Effective January 1, 2024, the preferred products for Actemra® (Injection, tocilizumab) will be as follows for all indications: Use preferred products Remicade®/Unbranded Infliximab (Janssen) or Inflectra® first.

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 January 1, 2024, we will use InterQual® criteria instead of the drug policies for the drugs listed below. The drug policies for these drugs will be retired. Preferred products will remain in effect. You can see details on the prior authorization and preferred products lists. As a reminder, we use CMS coverage guidance first when available.

Drug Name
Abecma® (Idecabtagene vicleucel)
Actemra® (Injection, tocilizumab)
Aduhelm® (aducanumab-avwa)
Aralast NP® (Injection, alpha 1-proteinase inhibitor (human), not otherwise specified)
Aranesp® (Injection, darbepoetin alfa, (for non-ESRD use))
Asceniv™ (immune globulin intravenous, human)
Avsola™ (Injection, infliximab-axxq, biosimilar)
Benlysta® (belimumab)
Beovu® (Injection, brolocizumab-dbll)
Bivigam® (Injection, immune globulin Intravenous)
Botox® (Injection, onabotulinumtoxinA)
Breyanzi® (Lisocabtagene maraleucel)
Carimune® (Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified)
Carvykti™ (ciltacabtagene autoleucel)
Cerezyme® (Injection, imiglucerase)
Cimzia® (Injection, certolizumab pegol)
Cinqair® (Injection, reslizumab)
Cuvitru® (Injection, immune globulin Subcutaneous)
Durolane® (Hyaluronan or derivative, for intra-articular injection)
Dysport® (Injection, abobotulinumtoxinA)
Elelyso® (Injection, taliglucerase alfa)
Epogen®/Procrit® (Injection, epoetin alfa, (for non-ESRD use))
Erbix® (Injection, cetuximab)
Eylea® (Injection, aflibercept)
Fabrazyme® (Injection, agalsidase beta)
Fasenra™ (Injection, benralizumab)
Feraheme® (Injection, ferumoxytol (for ESRD on dialysis))
Feraheme® (Injection, ferumoxytol (non-ESRD use))
Flebogamma®(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid))
Flolan Injection® (Injection, epoprostenol)
Fulphila® (Injection, pegfilgrastim-jmdb, biosimilar)
Fynetra® (Pegfilgrastim-pbbk)
Gammagard® (Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid))
Gammagard® S/D (Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified)
Gammaked™ (Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid))
Gammaplex® (Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid))

Drug Name
Gamunex®-C (Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid))
Gel-one® (Hyaluronan or derivative, for intra-articular injection)
Gelsyn-3™ (Hyaluronan or derivative, for intra-articular injection)
GenVisc® 850 (Hyaluronan or derivative, for intra-articular injection)
Glassia™ (Injection, alpha 1 proteinase inhibitor (human))
Herzuma® (Injection, trastuzumab-pkrb, biosimilar)
Hizentra® (Injection, immune globulin Subcutaneous)
Hyalgan® / Supartz FX™ / Visco-3™ (Hyaluronan or derivative, for intra-articular injection)
Hymovis® B95 (Hyaluronan or derivative, for intra-articular injection)
HyQvia® (Injection, immune globulin/hyaluronidase Intravenous)
Ilumya™ (Injection, tildrakizumab)
Injectafer® (Injection, ferric carboxymaltose)
Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified
Kanjinti™ (Injection, trastuzumab-anns, biosimilar)
Keytruda® (Injection, pembrolizumab)
Kymriah® (Tisagenlecleucel)
Lucentis® (Injection, ranibizumab)
Monoferic® (Injection, ferric derisomaltose)
Monovisc® (Hyaluronan or derivative, for intra-articular injection)
Mvasi™ (Injection, bevacizumab-awwb, biosimilar)
Myobloc® (Injection, rimabotulinumtoxinB)
Neulasta®/Neulasta® Onpro® (Injection, pegfilgrastim)
Neupogen® (Injection, filgrastim (G-CSF))
Nplate® (Injection, romiplostim)
Nucala® (Injection, mepolizumab)
Nyvepria™ (Injection, pegfilgrastim-apgf, biosimilar)
Octagam® (Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid))
Ontruzant® (Injection, trastuzumab-dttb, biosimilar)
Opdivo® (Injection, nivolumab)
Orencia® (Injection, abatacept)
Orthovisc® (Hyaluronan or derivative, for intra-articular injection)
Privigen® (Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid))
Prolastin®-C (Injection, alpha 1-proteinase inhibitor (human), not otherwise specified)
Prolia® (Injection, denosumab)
Releuko™ (filgrastim-ayow)
Remodulin® (Injection, treprostinil)
Renflexis® (Injection, infliximab-abda, biosimilar)
Riabni® (Injection, rituximab-arrx, biosimilar)
Simponi Aria® (Injection, golimumab)
Spinraza® (Injection, nusinersen)
Stelara® (Ustekinumab, for intravenous injection)
Stimufend® (pegfilgrastim-fpgk)
Synjoynt™ (Hyaluronan or derivative, for intra-articular injection)

Drug Name
Tecartus™ (Brexucabtagene autoleucl)
Tecentriq® (Injection, atezolizumab)
Triluron™ (Hyaluronan or derivative, for intra-articular injection)
TriVisc® (Hyaluronan or derivative, for intra-articular injection)
Tyvaso® (Treprostinil, inhalation solution)
Udenyca® (Injection, pegfilgrastim-cbqv, biosimilar)
Vegzelma® (bevacizumab-adcd)
Veletri® (Injection, epoprostenol)
VPRIV® (Injection, velaglucerase alfa)
Vyepti™ (Injection, eptinezumab-jjmr)
Xembify® (immune globulin subcutaneous human-klhw)
Xeomin® (Injection, incobotulinumtoxinA)
Xolair® (Injection, omalizumab)
Yervoy® (Injection, ipilimumab)
Yescarta® (Axicabtagene ciloleucl)
Zarxio® (Injection, filgrastim-sndz)
Zemaira® (Injection, alpha 1-proteinase inhibitor (human), not otherwise specified)
Ziextenzo® (Injection, pegfilgrastim-bmez, biosimilar)
Zolgensma® (Injection, onasemnogene abeparvovec-xioi, per treatment)

## Notice of Nondiscrimination

Premera Blue Cross (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with:

Civil Rights Coordinator – Complaints and Appeals  
Premera Blue Cross Medicare Advantage Plans  
PO Box 21481, Eagan, MN 55121  
Phone: 888-850-8526, Fax: 800-889-1076, TTY: 711  
Email: [AppealsDepartmentInquiries@Premera.com](mailto:AppealsDepartmentInquiries@Premera.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Ave SW, Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Premera Blue Cross is an HMO plan with a Medicare contract.  
Enrollment in Premera Blue Cross depends on contract renewal.

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-850-8526 (TTY/TDD: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-850-8526 (TTY/TDD: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-850-8526 (TTY/TDD: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-850-8526 (TTY/TDD: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-850-8526 (TTY/TDD: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-850-8526 (TTY/TDD: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-850-8526 (TTY/TDD: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-850-8526 (TTY/TDD: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-850-8526 (TTY/TDD: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-850-8526 (TTY/TDD: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (1-888-850-8526 (TTY/TDD: 711)). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-850-8526 (TTY/TDD: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-850-8526 (TTY/TDD: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-850-8526 (TTY/TDD: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-850-8526 (TTY/TDD: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-850-8526 (TTY/TDD: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-850-8526 (TTY/TDD: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。