

Services and Medicare Part B Drugs

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

HealthPartners Medicare products in scope unless noted otherwise: Journey plans (H4882), Robin plans (H4882), Freedom plans (H2462), Sanford plans (H2462), HealthPartners UnityPoint Health (H3416), MSHO (H2422)

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Services requiring prior authorization

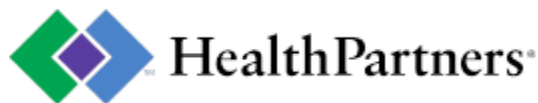
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| <ol style="list-style-type: none"> 1. Ambulance and medical transportation (fixed wing transport only) 2. Artificial intervertebral disc replacement – cervical 3. Artificial intervertebral disc replacement – lumbar 4. Autologous chondrocyte implantation (ACI) 5. Automatic external defibrillator 6. Bone growth stimulators, electronic and ultrasonic 7. Breast surgery 8. Category III CPT codes 9. Chronic pain - multidisciplinary intensive day treatment programs 10. Cosmetic surgery/treatments 11. Eye surgery – refractive 12. Gender reassignment surgery 13. Gynecomastia surgery 14. Home hospice services 15. In-network benefit requests 16. Investigational services 17. Lift chair mechanism 18. Minimally invasive and laser spine procedures | <ol style="list-style-type: none"> 19. Nutritional support 20. Panniculectomy 21. Percutaneous tibial nerve stimulation (PTNS) for overactive bladder 22. Pneumatic compression devices and heat/cold therapy units 23. Proton beam radiation therapy 24. Reconstructive surgery 25. Repetitive transcranial magnetic stimulation 26. Rhinoplasty and septorhinoplasty 27. Sacroiliac (SI) joint fusion surgery 28. Sex therapy, sexual dysfunctions and paraphilic disorders 29. Spinal fusion, lumbar 30. Transplants 31. Varicose vein procedures 32. Ventricular assist devices (VADs) and total artificial hearts 33. Weight loss surgery |
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Services no longer requiring prior authorization

None at this time

Medicare Part B Drugs requiring prior authorization

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| <ol style="list-style-type: none"> 1. Abatacept (Orencia®) 2. Ado-trastuzumab emtansine (Kadcyla®), fam-trastuzumab deruxtecan-nxki (Enhertu®), pertuzumab (Perjeta®), trastuzumab (Herceptin®, Herzuma®, Kanjinti™, Ogivri™, Ontruzant®, Trazimera™), and trastuzumab and hyaluronidase-oyks (Herceptin Hylecta™) 3. Advanced drug therapy for pulmonary hypertension: epoprostenol (generic, Flolan® and Veletri®), treprostinil (generic, Remodulin® and Tyvaso®), | <ol style="list-style-type: none"> iloprost (Ventavis®) and sildenafil injection (Revatio®) 4. Afamelanotide (Scenesse®) 5. Aflibercept (Eylea®), Brolucizumab-dbl (Beovu®), and Ranibizumab (Lucentis®) 6. Agalsidase beta (Fabrazyme®) 7. Alemtuzumab (Lemtrada™) 8. Alpha-1 antitrypsin (AAT) deficiency enzyme replacement therapy: alpha-1 proteinase inhibitor (Aralast NP®, Glassia®, Prolastin®-C, and Zemaira®) |
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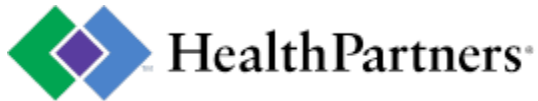
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9. Belimumab (Benlysta®)
10. Benralizumab (Fasenra™)
11. Bevacizumab (Avastin®, Mvasi™, Zirabev®)
12. Bezlotoxumab (Zinplava™)
13. Blinatumomab (Blincyto™)
14. Blood factor products for hemophilia and other clotting disorders
15. Buprenorphine (Probuphine®)
16. Buprenorphine injectable (Sublocade™)
17. Burosumab (Crysvita®)
18. Canakinumab (ILARIS®)
19. Caplacizumab-yhdp (Cabliivi®)
20. Cerliponase alfa (Brineura®)
21. Certolizumab (Cimzia®)
22. Chimeric antigen receptor/genetically engineered T-cell receptor (CAR-T) therapy
23. Collagenase (Xiaflex®)
24. Compounded medications
25. Crizanlizumab-tmca (Adakveo®)
26. Duopa®
27. Eculizumab (Soliris®) and ravulizumab-cwzv (Ultomiris™)
28. Edavarone (Radicava®)
29. Elapegamase-lvlr (Revcovi™)
30. Emapalumab-lzsg (Gamifant®)
31. Eptinezumab-ijmr (Vyepiti™)
32. Esketamine (Spravato™)
33. Eteplirsen (Exondys 51™)
34. Filgrastim, Pegfilgrastim, Tbo-Filgrastim and biosimilars
35. Fluocinolone acetonide implants (Retisert™) and (Yutiq™)
36. Givosiran (Givlaari®)
37. Golimumab (Simponi ARIA®)
38. Golodirsen (Vyondys 53®)
39. Guselkumab (Tremfya®)
40. Hereditary angioedema (HAE) drug therapy
41. Ibalizumab-uiyk (Trogarzo™)
42. Immune globulin therapy
43. Infliximab (Remicade®, Inflectra®, Renflexis®, Avsola™)
44. Ipilimumab (Yervoy®)
45. Luspatercept-aamt (Reblozyl®)
46. Medications for risk reduction of primary breast cancer in women
47. Mepolizumab (Nucala®)
48. Moxetumomab pasudotox-tdfk (Lumoxiti™)
49. Mucopolysaccharidoses (MPS) drug therapy
50. Natalizumab (Tysabri®)
51. Necitumumab (Portrazza®)
52. Nusinersen (Spinraza®)
53. Ocrelizumab (Ocrevus®)
54. Omalizumab (Xolair®)
55. Onasemnogene abeparvovec-xioi (Zolgensma®)
56. Oncology drug coverage
57. Patisiran (Onpattro™)
58. Peanut (arachis hypoqaea) allergen powder-dnfp (Palforzia™)
59. Pegloticase (Krystexxa®)
60. Plerixafor (Mozobil®)
61. Pompe disease enzyme replacement therapy: alglucosidase alfa (Lumizyme®)
62. Recent Food and Drug Administration (FDA) approved medications coverage policy
63. Reslizumab (Cinqair®)
64. Rituximab (Rituxan®, Ruxience™, Truxima®, Rituxan Hycela®, and Riabni™)
65. Romosozumab-aqqg (Evenity®)
66. Satralizumab-mwge (Enspryng™) and inebilizumab-cdon (Uplizna™)
67. Sebelipase alfa (Kanuma®)
68. Somatostatin analogues for acromegaly (Sandostatin LAR®, Somatuline Depot®, Signifor LAR®, Somavert®)
69. Tagraxofusp-erzs (Elzonris™)
70. Teprotumumab-trbw (Tepezza®)
71. Tildrakizumab-asmn (Ilumya™)
72. Tocilizumab (Actemra®)
73. Type I Gaucher disease intravenous enzyme replacement therapy: imiglucerase (Cerezyme®), velaglucerase (VPRIV®), and taliglucerase (Elelyso®)
74. Ustekinumab (Stelara®)
75. Vedolizumab (Entyvio®)
76. Viltolarsen (Viltepso®)
77. Voretigene neparvovec-rzyl (Luxturna™)

Medicare Part B Drugs requiring step therapy

None (subject to change at any time; would apply to new starts only)



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Medicare Drug Coverage Policies apply but does not require prior authorization

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| 1. Abarelix (Plenaxis®) for the Treatment of Prostate Cancer | 8. Intra-articular hyaluronan (Viscosupplementation) |
| 2. Anti-Inhibitor Coagulant Complex (AICC) | 9. Intravenous Iron Therapy |
| 3. Bortezomib (Velcade®) | 10. Levocarnitine for use in the Treatment of Carnitine Deficiency |
| 4. Botulinum toxins: abobotulinumtoxinA (Dysport®), incobotulinumtoxinA (Xeomin®), onabotulinumtoxinA (Botox®) and rimabotulinumtoxinB (Myobloc®) | 11. Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (Leuprolide, Goserelin, Triptorelin, Histrelin) |
| 5. Denosumab (Prolia®, Xgeva®) | 12. Nesiritide (Natrecor®) for Treatment of Heart Failure Patients |
| 6. Erythropoiesis Agents in Cancer and Related Neoplastic Conditions | 13. Paclitaxel (Taxol®/Abraxane™) |
| 7. Ibandronate Sodium (Boniva®) | 14. Verteporfin (Visudyne™) |
| | 15. Zoledronic Acid (Zometa®, Reclast®) |

Please use this link to find coverage for medications on Medicare Part D:

<https://www.healthpartners.com/hp/insurance/medicare/prescription-drug-coverage/drug-list/index.html>