



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)

Table of Contents

- [Services requiring prior authorization](#)
- [Services no longer requiring prior authorization](#)
- [Medicare Part B Drugs requiring prior authorization](#)
- [Medicare Part B Drugs requiring step therapy](#)

Services requiring prior authorization

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Air ambulance-fixed wing transportation 2. Automatic external defibrillator (non-wearable) 3. Bone growth stimulators, electrical and ultrasonic 4. Cosmetic surgery/treatments 5. Eye surgery – refractive (keratoplasty, radial keratotomy, phototherapeutic keratectomy) 6. In-network benefit requests 7. Lift chair mechanism 8. Nutritional support 9. Percutaneous vertebral augmentation for osteoporotic vertebral compression fracture | <ol style="list-style-type: none"> 10. Pneumatic compression devices and heat/cold therapy units 11. Transcranial magnetic stimulation 12. Transplants 13. Upper airway/hypoglossal nerve stimulation therapy for obstructive sleep apnea 14. Varicose vein procedures of the lower extremities 15. Ventricular assist devices (VADs) 16. Weight loss surgery |
|---|--|

Services no longer requiring prior authorization

Effective 1/1/2024:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Artificial intervertebral disc replacement – cervical and lumbar 2. Autologous chondrocyte implantation (ACI) 3. Breast surgery 4. Eye surgery-Corneal Crosslinking 5. Gynecomastia surgery 6. Hip and knee joint replacement surgery 7. Home hospice services 8. Investigational services 9. Minimally invasive sacroiliac joint fusion surgery 10. Panniculectomy | <ol style="list-style-type: none"> 11. Percutaneous tibial nerve stimulation (PTNS) for overactive bladder 12. Proton beam radiation therapy 13. Reconstructive surgery 14. Rhinoplasty and septorhinoplasty 15. Spinal decompression surgeries 16. Spinal fusion, lumbar 17. Surgical treatment of gender dysphoria 18. Surgical treatments for lipedema and lymphedema 19. Sacroplasty |
|---|---|

Medicare Part B Drugs requiring prior authorization

Part B Oncology drugs are limited to authorization periods of 6 months. Non-cancer requests without a duration of treatment listed will be approved for a one-year duration. See appendix for more.

Medicare Part B Drugs	Codes	Medicare Part B Drugs	Codes
Aducanemab-avwa (Aduhelm)	J0172	Antihemophilic and von Willebrand factor complex (Wilate)	J7183
Afamelanotide (Scenesse)	J7352	Antihemophilic factor - recombinant (Esperoct, Eloctate, Altuviio)	J7204, J7205, J7199
Aflibercept (Eylea, Eylea HD)	J0718, J0177	Antihemophilic factor – recombinant (Novoeight)	J7182
Agalsidase beta (Fabrazyme), pegunigalsidase alfa-iwxj (Elfabrio)	J2508, J0180	Antihemophilic Factor/von Willebrand Factor (VWF) Complex (Humate-P)	J7187
Alemtuzumab (Lemtrada)	J0202	Antihemophilic factor (Alphanate)	J7186
Alglucosidase alfa (Lumizyme)	J0221	Antihemophilic factor -recombinant (Xyntha)	J7185
Allogeneic processed thymus tissue-agdc (Rethymic)	J3490	Anti-inhibitor coagulant complex (Feiba)	J7198
Alpha1-Proteinase inhibitor (Aralast Np, Glassia, Prolastin C, Zemaira)	J0256, J0257		
Amivantamab-vmjw (Rybrevant)	J9061		



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.

Antihemophilic Factor (Recombinant), Porcine Sequence (Obizur)	J7188	Daratumumab and hyaluronidase (Darzalex Faspro)	J9144
Apadamtase alfa (Adzynyra)	J3490, C9167	Delandistrogene moxeparvovec-rokl (Elevidys)	J1413
Asparaginase (Erwinaze)	J9019	Dinutuximab (Unituxin)	J9999, J1246
Asparaginase erwinia chrysanthemi (recombinant) - rywn (Rylaze)	J9021	Dostarlimab-gxly (Jemperli)	J9272
Atezolizumab (Tecentriq)	J9022	Doxorubicin hydrochloride, liposomal (Doxil)	Q2050
Avacincapted peg (Izervay)	J2782	Durvalumab (Imfinzi)	J9173
Avalglucosidase alfa (Nexviazyme)	J0219	Ecallantide (Kalbitor)	J1290
Avelumab (Bavencio)	J9023	Eculizumab (Soliris)	J1300
Axicabtagene ciloleucel (Yescarta)	Q2041	Edaravone (Radicava)	J1301
Belantamab mafodotin-blmf (Blenrep)	J9037	Efgartigimod alfa (Vyvgart, Vyvgart Hytrulo)	J9332, J9334
Belinostat (Beleodaq)	J9032	Elapegademase-lvrl (Revcovi)	J3590
Beremagene geperpavec-svdt (Vyjuvek)	J3401	Elivaldogene autotemcel (Skysona)	J3590
Betibeglogene autotemcel (Zynteglo)	J3590	Elosulfase alfa (Vimizim)	J1322
Bevacizumab (Avastin, Mvasi, Zirabev, Alymsys, Vegzelma)	J9035, Q5107, Q5118, Q5126, Q5129	Elotuzumab (Empliciti)	J9176
Blinatumomab (Blincyto)	J9039	Elranatamab-bcmm (Elrexfio)	J1323
Brentuximab vedotin (Adcetris)	J9042	Emapalumab (Gamifant)	J9210
Brexucabtagene autoleucel (Tecartus)	Q2053	Emicizumab (Hemlibra)	J7170
Brolucizumab-dbil (Beovu)	J0179	Enfortumab vedotin-ejfv (Padcev)	J9177
Buprenorphine implant (Probuphine)	J0570	Eporitamab-bysp (Epkincy)	J9321
Buprenorphine injection (Brixadi)	J0576	Epoprostenol (generic, Flolan and Veletri)	J1325, S0133
Burosumab-twza (Crysvita)	J0584	Eribulin (Halaven)	J9179
C1 Esterase Inhibitor (Berinert, Cinryze, Ruconest, Haegarda)	J0596, J0597, J0598, J0599	Eteplirsen (Exondys)	J1428
Cabazitaxel (Jevtana)	J9043	Etranacogene dezaparvovec (Hemgenix)	J1411
Cabotegravir, long-acting (Apretude)	J0739	Evinacumab-dqnb (Evkeeza)	J1305
Calaspargase pegol-mknl (Asparlas)	J9118	Factor VIII (Adynovate, Nuwiq, Afstyla, Kovaltry)	J7207, J7209, J7210, J7211
Canakinumab (Ilaris)	J0638	Factor VIII (Hemofil M, Koate-DVI, Kogenate FS, Recombinate)	J7190
Caplacizumab (Cablivi)	J3590	Factor VIII (Hemofil M, Koate-DVI, Kogenate FS, Recombinate)	J7192
Carbidopa / Levodopa Cassette (Duopa)	J7340	Factor XIII Concentrate (Corifact)	J7180
Carfilzomib (Kyprolis)	J9047	Faricimab-svoa (Vabysmo)	J2777
Casimersen (Amondys)	J1426	Fecal microbiota, live – jslm (Rebyota)	J1440
Cemiplimab (Libtayo)	J9119	Fibrinogen (Fibryga)	J7177
Cerliponase alfa (Brineura)	J0567	Fibrinogen Concentrate (RiaSTAP)	J7178
Certolizumab pegol (Cimzia)	J7017	Fluocinolone intravitreal implant (Yutiq, Iluvien, Retisert)	J7311, J7314, J7313
Cetuximab (Erbix)	J9055	Galsulfase (Naglazyme)	J1458
Ciltacabtagene autoleucel (Carvykti)	Q2056	Gemtuzumab (Mylotarg)	J9203
Cipaglucosidase alfa (Pombiliti)	J1203	Givosiran (Givlaari)	J0223
Coagulation factor IX (AlphaNine, Mononine, Profilnine / Profilnine SD, BeneFIX, Ixinity, Rebinyn, Rebinyn, Alprolix, Idelvion)	J7193, J7194, J7195, J7203, J7201, J7202	Glofitamad-gxgm (Columvi)	J9286
Coagulation factor VIIa (Sevenfact)	J7212	Golodirsen (Vyondys)	J1429
Coagulation factor VIIa (Novoseven)	J7189	Guselkumab (Tremfya)	J1628
Coagulation Factor X (Coagadex)	J7175	Hydroxyprogesterone caproate (Makena)	J1726, J1729
Coagulation Factor XIII A-Subunit [Recombinant] (Tretten)	J7181	Ibalizumab-uiyk (Trogarzo)	J1746
Compounded medications	J7999	Icatibant (Firazyr)	J1744
Copanlisib (Aliqopa)	J9057	Idecabtagene vicleucel (Abecma)	Q2055
Crizanlizumab (Adakveo)	J0791	Idursulfase (Elaprase)	J1743
Cytarabine/ daunorubicin (Vyxeos)	J9153	Iloprost (Ventavi)	Q4074
Damococog alfa pegol (Jivi)	J7208	Imiglucerase (Cerezyme)	J1786
Daratumumab (Darzalex)	J9145	Immune globulin (Bivigam, Flebogamma DIF, Gammagard, Gammagard S/D, Gammaked, Gammplex, Gamunex-C, Octagam, Privigen, Hizentra, Cuvitru,	J1459, J1460, J1555, J1556, J1557, J1558, J1559, J1560,



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.

Xembify, Hyqvia, Panzyga, Cutaquig, Asceniv)	J1561, J1568, J1569, J1572, J1575, J1576, J1554,	Pegfilgrastim products (Neulasta Onpro, Fylintra, Fulphila, Nyvepria, Rolvedon, Udenyca, Stimufend, Ziextenzo)	J2506, J1449, Q5108, Q5111, Q5122, Q5120, Q5127, Q5130
Inebilizumab-cdon (Uplizna)	J1823	Pegloticase (Krystexxa)	J2507
Infliximab (Inflectra, Renflexis, Avsola, Remicade)	J1745, Q5103, Q5104, Q5121	Pegvisomant (Somavert)	J3490
Inotuzumab (Besponsa)	J9229	Pembrolizumab (Keytruda)	J9271
Iobenguane I 131 (Azedra)	A9590	Pemetrexed (Pemfexy)	J9304
Ipilimumab (Yervoy)	J9228	Pertuzumab (Perjeta)	J9306
Irinotecan liposomal (Onivyde)	J9205	Pertuzumab/trastuzumab/hyaluronidase-zzxf (Phesgo)	J9316
Isatuzimab-irfc (Sarclisa)	J9227	Plasminogen (Ryplazim)	J2998
Lanadelumab (Takhzyro)	J0593	Plerixafor (Mozobil)	J2562
Lanreotide (Somatuline Depot)	J1930	Polatuzumab vedotin (Polivy)	J9309
Lanreotide (Cipla)	J1932	Pralatrexate (Folotyn)	J9307
Laronidase (Aldurazyme)	J1931	Radium 223 (Xofigo)	A9606
Lecanemab-irmb (Leqembi)	J0174	Ramucirumab (Cyramza)	J9308
Levoleucovorin (Fusliv)	J0641	Ranibizumab (Lucentis, Susvimo, Byooviz, Cimerli)	J2778, J2779, Q5124, Q5128
Lisocabtagene maraleucel (Breyanzi)	Q2054	Ravulizumab (Ultomiris)	J1303
Loncastuximab Tesirine-lpyl (Zynlonta)	J9359	Recent FDA approvals	See link below
Lumasiran (Oxlumo)	J0224	Recombinant von Willebrand factor (Vonvendi)	J7179
Lurbinectedin (Zepzelca)	J9223	Retifanlimab-dlwr (Zynyz)	J9345
Luspatercept (Reblozyl)	J0896	Risankizumab-rzaa (Skyrizi)	J2327
Lutetium Lu 177 dotatate (Lutathera)	A9513	Rituxamab products (Rituxan, Ruxience, Truxima, Rituxan Hycela, Riabni)	J9311, J9312, Q5115, Q5119, Q5123
Lutetium Lu 177 vipivotide tetraxetan (Pluvicto)	A9607	Romidepsin (Istodax)	J9318 J9319
Margetuximab-cmkb (Margenza)	J9353	Rozanolizumab (Rystiggo)	J9333
Melphalan flufenamide (Pepaxto)	J9247	Sacituzumab govitecan-hziy (Trodelvy)	J9317
Mirikizumab-mrkz (Omvoh)	J3490, C9167	Satralizumab (Enspryng)	J3490
Mirvetuximab soravtansine-gynx (Elahere)	J9063	Sebelipase alfa (Kanuma)	J2840
Mitomycin pyelocalyceal (Jelmyto)	J9281	Secukinumab (Cosentyx)	J3590, C9166
Mogamulizumab-kpkc (Poteligeo)	J9204	Selexipag (Uptravi)	J2490
Mosunetuzumab-axgb (Lunsumio)	J9350	Sildenafil injection (Revatio)	J3490
Motixafortide (Aphexda)	J3490	Siltuximab (Sylvant)	J2860
Moxetumomab pasudotox (Lumoxiti)	J9313	Sipuleucel-T (Provenge)	Q2043
Nadofaragene firadenovec-vncg (Adstiladrin)	J9029	Sirolimus protein-bound (Fyarro)	J9331
Naxitamab (Danylza)	J9348	Spesolimab (Spevigo)	J1747
Necitumumab (Portrazza)	J9295	Sutimlimab-jome (Enjaymo)	J1302
Nivolumab (Opdivo)	J9299	Tafasitamab-cxix (Monjuvi)	J9349
Nivolumab and Relatlimab-rmbw (Opdualag)	J9298	Tagraxofusp (Elzonris)	J9269
Nusinersen (Spinraza)	J2326	Taliglucerase alfa (Elelyso)	J3060
Obinutuzumab (Gazyva)	J9301	Talimogene (Imlygic)	J9325
Ofatumumab (Arzerra)	J9302	Talquetamab-tgvs (Talvey)	J3055
Olipudase alfa-rpcp (Xenpozyme)	J0218	Tebentafusp-tebn (Kimmtrak)	J9274
Omacetaxine mepesuccinate (Synribo)	J9262	Teclistamab-cqyv (Tecvayli)	J9380
Omidubicel (Omiserge)	J3490	Teplizumab-mzww (Tzield)	J9381
Onasemnogene abeparvovec (Zolgensma)	J3399	Teprotumumab-trbw (Tepezza)	J3241
Paclitaxel protein-bound particles for injectable suspension (Abraxane)	J9264, J9259, J9258	Terlipressin (Terlivaz)	J3490
Panitumumab (Vectibix)	J9303	Tildrakizumab-asmn (Ilumya)	J3245
Patisiran (Onpatro)	J0222	Tisagenlecleucel (Kymriah)	Q2024
Peanut allergen powder-dnfp (Palforzia)	J3590	Tisotumab vedotin-tftv (Tivdak)	J9273
Pegcetacoplan (Empaveli)	J3490	Tofersen (Qalsody)	J1304
Pegcetacoplan injection (Syfovre)	J2781		



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.

Toripalimab (Loqtorzi)	J9999	Ublituximab-xiyy (Briumvi)	J2329
Trabectedin (Yondelis)	J9352	Ustekinumab (Stelara)	J3358
Trastuzumab products (Herceptin, Herzuma, Kanjinti, Ogivri, Ontruzant, Trazimera, Herceptin Hylecta)	J9355, J9356, Q5112, Q5113, Q5114, Q5116, Q5117	Valoctocogene roxaparvovec (Roctavian)	J1412
Trastuzumab deruxtecan (Enhertu)	J9358	Velaglucerase alfa (Vpriv)	J3385
Treprostinil (generic, Remodulin and Tyvaso)	J3285 J7689	Velmanase alfa (Lamzede)	J0217
Trastuzumab emtansine (Kadcyla)	J9354	Vestronidase alfa-vjvk (Mepsevii)	J3397
Tremelimumab (Imjudo)	J9347	Viltolarsen (Viltepso)	J1427
		Vincristine liposomal (Marqibo)	J9371
		Voretigene neparvovec (Luxturna)	J3398
		Vutrisiran (Amvuttra)	J0225
		Ziv-aflibercept (Zaltrap)	J9400

Medicare Part B Drugs requiring step therapy

Applies to Medicare Advantage plans only:

The following medications are subject to step therapy requirements. Please reference applicable Medicare National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) for full medical necessity coverage criteria. If there is no applicable national or local coverage determination, the Medicare Benefit Policy Manual will be used to determine coverage.

When medical necessity is met, the following step therapy applies to patients new-to-therapy (definition below). Use of the preferred medication (step agent) is required, unless exception criteria are met. Patients stable on a non-preferred medication will have continued coverage of the non-preferred medication if other requirements of medical necessity are met.

Non-Preferred Medication	Step Agent/Preferred Medication
Remicade and infliximab products not listed at right	Inflectra or Renflexis
Herceptin and single-agent trastuzumab products not listed at right	Kanjinti, Ogivri, or Trazimera
Rituxan and rituximab products not listed at right	Ruxience or Truxima
Avastin and bevacizumab products not listed at right	Mvasi or Zirabev
Fulphila, Ziextenzo, Nyvepria and pegfilgrastim products not listed at right	Neulasta, Neulasta Onpro, or Udenyca
Injectafer, Monoferric, Triferic and IV iron products not listed at right	Feraheme, Ferlecit, Infed, or Venofer
Eylea, Eylea HD, Beovu, Lucentis, Susvimo, Byooviz, Cimerli, Vabysmo	Ocular Avastin
Saphnelo	Benlysta
Durolane, Genvisc, Hyalgan, Supartz, Visco-3, Hymovis, OrthoVisc, Gel-One, Monovisc, Gel-Syn, Trivisc, Synjoynt, Triluron, and other intra-articular hyaluronan products not listed at right	Euflexxa, Synvisc, or Synvisc One

Coverage for a non-preferred product may be authorized when both of the following exception criteria are met:

1. Medical necessity has been demonstrated based on medical necessity criteria, and,
2. The patient has been taking a non-preferred medication and is stable on the non-preferred product.

The step therapy list may be subject to change at any time.

“A Patient New-to-therapy” is defined as a patient who has not yet taken the medication being requested for coverage.

Please use this [link](#) to find coverage for medications on Medicare Part D.

Appendix

Summary of Evidence for 6-month authorizations for Part B oncology medications



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.

Patients with cancer require close monitoring by the medical team while undergoing treatment. The care team will monitor patients for side effects of their treatment, may adjust medication doses, or consider other treatment options if the current therapy is ineffective. HealthPartners deploys 6-month authorizations for Part B cancer medications to ensure patients are monitored per clinical guidelines for the treatment of cancer, and remain medically stable enough to continue their current infusions/cancer injectables.

References

1. [ASCO Clinical Guidelines](#)
2. [NCCN Clinical Guidelines](#)

Summary of Evidence for 1-year authorizations for medication request without a specific duration listed

State laws typically limit prescriptions to 1-year periods or 12 refills. Aligning prior authorization periods to the same duration ensures patients are monitored for safety and effectiveness of their medication therapy.

References

1. American Medical Association
2. [American Academy of Family Physicians](#)
3. NABP Survey of Pharmacy Law
4. [Iowa Code 155A – Pharmacy Practice Act. 155A.29 Prescription refills](#)
5. [Minnesota Administrative Rules 6800.3510 Refill Limitations](#)
6. [ND Chapter 19-02.1 North Dakota, Food, Drug, and Cosmetic Act](#)