



MASSACHUSETTS

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Medicare Medical Policy **Medicare Advantage Part B Medical Utilization Management** **Medicare HMO BlueSM and Medicare PPO BlueSM Members**

Policy Number: 125

Note: All preservice authorization requests may be submitted to BCBSMA Clinical Pharmacy Operations by completing the preservice authorization form on the last page of this document. Prescribers may also call BCBSMA Pharmacy Operations department at (800) 366-7778 to request a preservice authorization verbally.

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NCD/LCD/Article

Medical necessity criteria and coding guidance for **Medicare Advantage members living in Massachusetts** can be found through the link(s) below.

[National Coverage Determinations \(NCDs\)](#)

[Local Coverage Determinations \(LCDs\) for National Government Services, Inc.](#)

Note: To review the specific NCD/LCD/Article, please remember to click “accept” on the CMS licensing agreement at the bottom of the CMS webpage.

For specific CMS guidance, please click on the medication hyperlink below.

Drug Category	Drug name			
Botulinum Toxin	Botox	Dysport	Myobloc	Xeomin
IGE Inhibitors	Cinqair	Fasenra	Nucala	Xolair
Bone-Modifying Agents	Xgeva			
Multiple Sclerosis	Ocrevus			
Hematopoietic	Nplate			
Immune Modulating Agents	Entyvio	Orencia	Simponi	Stelara
Prostaglandin	Tyvaso			
Immune Globulin	Asceniv	Bivigam	Crotalidae Poly Immune Fab	Cuvitru
	Cytomegalovirus Immune Globulin	Flebogamma	Gamma Globulin	Gammagard
	Gammaplex	Gamunex-C/Gammaked	Hepagam	Hizentra
	Hyqvia	Immune globulin	Octagam	Privigen
	Rhophylac	Tetanus Immunoglobulin	Vivaglobin	Xembify

Prior Authorization Information

Medical necessity criteria will follow CMS NCD/LCD/Article guidance. In the absence of CMS guidance, criteria will follow the medically accepted indication that is supported by the Food and Drug Administration (FDA) labeling of the drug and/or medical references approved by Medicare.

Medicare Advantage HMO and PPO Blue Members

In which settings is preservice authorization required?

Prior authorization will be required when the medications are administered using a member's **medical benefit** in these settings:

- A clinician's or physician's office
- A home health care provider
- A home infusion therapy provider
- Outpatient hospital and dialysis settings
- Surgical day care

Note: This change does not affect these medications in inpatient, urgent care centers, and emergency department settings.

Prescribers may send relevant clinical information to:
 Blue Cross Blue Shield of Massachusetts, Pharmacy Operations Department
 25 Technology Place, Hingham, MA 02043
 Tel: 1-800-366-7778; Fax: 1-866-463-7700

Applicable HCPCS Codes

HCPCS codes	Description
J0585	Injection, onabotulinumtoxinA, 1 unit
J0586	Injection, abobotulinumtoxinA, 5 Units
J0587	Injection, rimabotulinumtoxinB, 100 units
J0588	Injection, incobotulinumtoxinA, 1 unit
J2357	Injection, omalizumab, 5 mg
J2182	Injection, mepolizumab, 1 mg
J0517	Injection, benralizumab, 1 mg
J2786	Injection, reslizumab, 1 mg
J2350	Injection, ocrelizumab, 1 mg
J0897	Injection, denosumab, 1 mg
J3380	Injection, vedolizumab, 1 mg
J2796	Injection, romiplostim, 10 micrograms
J0129	Injection, abatacept, 10 mg
J1602	Injection, golimumab, 1 mg, for intravenous use
J3357	Ustekinumab, for subcutaneous injection, 1 mg
J3358	Ustekinumab, for intravenous injection, 1 mg
J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg
J0840	Injection, crotalidae polyvalent immune fab (ovine), up to 1 gram
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1460	Injection, gamma globulin, intramuscular, 1 cc
J1554	Injection, immune globulin (asceniv), 500 mg
J1555	Injection, immune globulin (cuvitru), 100 mg
J1556	Injection, immune globulin (bivigam), 500 mg
J1557	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1558	Injection, immune globulin (xembify), 100 mg
J1559	Injection, immune globulin (hizentra), 100 mg
J1560	Injection, gamma globulin, intramuscular, over 10 cc
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg
J1562	Injection, immune globulin (vivaglobin), 100 mg
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg
J1571	Injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml

J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1573	Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg
J1670	Injection, tetanus immune globulin, human, up to 250 units
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
J2791	Injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu

Policy History

Date	Action
1/1/2022	Policy updated to include the following drugs: Nplate, Entyvio, Orencia, Simponi, Stelara, Tyvaso, Asceniv, Bivigam, Cuvitru, Flebogamma, Gamma Globulin, Gammagard, Gammaplex, Gamunex-C/Gammaked, Hepagam, Hizentra, Hyqvia, Immune globulin, Octagam, Rhophylac, Tetanus Immunoglobulin, Vivaglobin, and Xembify. Policy reviewed and approved by P&T 11/17/2021. Effective 1/1/2022
1/1/2021	New policy. Policy reviewed and approved by P&T 11/17/2020. Effective 1/1/2021

References

1. Botox[®] [package insert] Madison, NJ: Allergan USA, Inc.; July 2020.
2. Dysport[®] [package insert] Cambridge, MA: Ipsen Biopharmaceuticals, Inc.; September 2019.
3. Myobloc[®] [package insert] Rockville, MD: Solstice Neurosciences, LLC.; September 2020.
4. Xeomin[®] [package insert] Raleigh, NC: Merz Pharmaceuticals, LLC.; August 2020.
5. Cinqair[®] [package insert] West Chester, PA: Teva Respiratory, LLC.; February 2020.
6. Fasenra[®] [package insert] Wilmington, DE: AstraZeneca Pharmaceuticals LP.; October 2019.
7. Nucala [package insert] Philadelphia, PA: GlaxoSmithKline LLC.; September 2019.
8. Xolair[®] [package insert] South San Francisco, CA: Genentech USA, Inc.; May 2019.
9. Xgeva[®] [package insert] Thousand Oaks, CA: Amgen Inc.; June 2020.
10. Ocrevus[®] [package insert] South San Francisco, CA: Genentech USA, Inc.; May 2020.
11. NPLATE[®] [package insert] Thousand Oaks, CA: Amgen Inc.; January 2021.
12. Entyvio[®] [package insert] Lexington, MA: Takeda Pharmaceuticals America, Inc.; August 2021.
13. Orencia[®] [package insert] Princeton, New Jersey: E.R. Squibb & Sons, L.L.C.; June 2020.
14. Simponi[®] [package insert] Horsham, PA: Janssen Biotech, Inc.; September 2020.
15. Stelara[®] [package insert] Horsham, PA: Janssen Biotech, Inc.; December 2020.
16. Tyvaso[®] [package insert] Research Triangle Park, NC: United Therapeutics Corp.; May 2021.
17. Asceniv[®] [package insert] Boca Raton, FL: ADMA Biologics; November 2020.
18. Privigen[®] [package insert] Bern, Switzerland: CSL Behring AG; March 2019.
19. Cytogam[®] [package insert] Roswell, GA: Saol Therapeutics; May 2020.
20. Crofab[®] [package insert] West Conshohocken, PA: BTG International Inc.; January 2018.
21. Bivigam[®] [package insert] Boca Raton, FL: Biotest Pharmaceuticals Corporation; February 2016.
22. Cuvitru[®] [package insert] Lexington, MA: Baxalta US Inc.; October 2021.
23. Flebogamma[®] [package insert] Barcelona, Spain: Instituto Grifols, S.A.; November 2019.
24. Gammagard[®] [package insert] Lexington, MA: Baxalta US Inc.; March 2021.
25. Gammaplex[®] [package insert] Elstree, United Kingdom: Bio Products Laboratory Ltd.; March 2020.
26. Gamunex-C/Gammaked[®] [package insert] Research Triangle Park, NC: Grifols Therapeutics LLC; January 2020.
27. Hepagam[®] [package insert] Berwyn, PA: Aptevo BioTherapeutics LLC; December 2018.
28. Hizentra[®] [package insert] Bern, Switzerland: CSL Behring AG; April 2021.
29. Hyqvia[®] [package insert] Lexington, MA: Baxalta US Inc.; March 2021.
30. Octagam[®] [package insert] Hoboken, NJ: Octapharma USA Inc.; September 2009.

31. Rhophylac® [package insert] Bern, Switzerland: CSL Behring AG; February 2021.
32. Vivaglobin® [package insert] Marburg, Germany: CSL Behring GmbH; April 2010.
33. Xembify® [package insert] Research Triangle Park, NC: Grifols Therapeutics LLC; August 2020.

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http://www.bluecrossma.com/common/en_US/medical_policies/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf