

Medicare Advantage: Part B Prior Authorization Drug List

Updated: August 27, 2024

Effective: December 15, 2024

The following list of outpatient medications covered under Medicare Part B (i.e., drugs that are delivered in the physician's office, clinic, outpatient, or home setting) require preauthorization prior to being provided or administered. This list does not include drugs that process under the Medicare Part D pharmacy benefit, such as self-administered drugs or oral medications. Coverage will be provided for Part B medical drugs when it is determined to be medically necessary, in accordance with Centers for Medicare & Medicaid Services (CMS) guidelines (Available at: <http://www.cms.gov/medicare-coverage-database>).

Coverage of these outpatient medications is based on existing National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other relevant sources. Adherence to these policies is required when they exist. The table below lists drug names, HCPCS codes, applicable Medicare policies, and *Step Therapy Program requirements. For drugs, which do not have an applicable NCD, LCD, or LCA, there may be a clinical resource. In the absence of Medicare coverage guidance (NCDs, LCDs, etc.), CMS allows Medicare Advantage plans to implement their criteria for coverage with the guidance and review of a Drug Committee. **Please refer to the published clinical policy on Aspire Health's website under Part B drugs.**

*Some Part B drugs may also require **step therapy** before they will be covered. Prior authorization will be required in these cases. Contraindication, intolerance, or a prior trial and failure with a preferred drug in the same class or category may be required, amongst other criteria. Step therapy is required when indicated in the 'Step Therapy Program' column of the table below.

This list is subject to change. Please review this list periodically for updates. Aspire Health Plan reserves the right to revise, update, and/or add/remove drugs as new drugs are FDA-approved and become available for use.

ANTI-AMYLOID AGENTS (ALZHEIMER DISEASE)				
Drug Name	HCPCS	Medicare Policies (NCD, LCD, LCA)	Clinical Resource for Drugs without NCD/ LCD/LCA	Step Therapy
Leqembi (lecanemab-irmb)	J0174	NCD	Aspire Clinical Policy	No
Aduhelm (aducanumab)	J0172	NCD	Aspire Clinical Policy	No
Kisunla (donanemab-azbt)	J0175	NCD	Aspire Clinical Policy	No

NEUROMUSCULAR BLOCKERS				
Drug Name	HCPCS	Medicare Policies (NCD, LCD, LCA)	Clinical Resource for Drugs without NCD/ LCD/LCA	Step Therapy
Botox (onabotulinumtoxin)	J0585	Noridian JE Part B LCD (L35170)	Aspire Clinical Policy (in accordance with LCD L35170)	No
Dysport (abobotulinumtoxin A)	J0586	Noridian JE Part B LCD (L35170)	Aspire Clinical Policy (in accordance with LCD L35170)	No
Myobloc (rimabotulinumtoxin B)	J0587	Noridian JE Part B LCD (L35170)	Aspire Clinical Policy (in accordance with LCD L35170)	No

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Xeomin (incobotulinumtoxin A)	J0588	Noridian JE Part B LCD (L35170)	Aspire Clinical Policy (in accordance with LCD L35170)	No
Injection, daxibotulinumtoxinA-lanm, 1 unit (Daxxify)	J0589	Noridian JE Part B LCD (L35170)	Aspire Clinical Policy (in accordance with LCD L35170)	No

BIOSIMILARS				
INFLIXIMAB PRODUCTS				
Drug Name	HCPCS	Medicare Policies (NCD, LCD, LCA)	Clinical Resource for Drugs without NCD/ LCD/LCA	Step Therapy
Remicade (infliximab)	J1745		Aspire Clinical Policy	Yes
Infliximab	J1745		Aspire Clinical Policy	Yes
Infectra (infliximab-dyyb)	Q5103		Aspire Clinical Policy	Yes
Avsola (infliximab-axxq)	Q5121		Aspire Clinical Policy	Yes
Renflexis (infliximab-abda)	Q5104		Aspire Clinical Policy	Yes
Zymfentra (infliximab-dyyb)	J3590 Q5136		Aspire Clinical Policy	Yes
RITUXIMAB PRODUCTS				
Rituxan (rituximab)	J9312		Aspire Clinical Policy	Yes
Rituxan Hycela (rituximab and hyaluronidase)	J9311		Aspire Clinical Policy	Yes
Ruxience (rituximab-pvvr)	Q5119		Aspire Clinical Policy	Yes
Truxima (rituximab-abbs)	Q5115		Aspire Clinical Policy	Yes
Riabni (rituximab-arrx)	Q5123		Aspire Clinical Policy	Yes

BONE DENSITY AGENTS (OSTEOPOROSIS)				
Drug Name	HCPCS	Medicare Policies (NCD, LCD, LCA)	Clinical Resource for Drugs without NCD/ LCD/LCA	Step Therapy
Bisphosphonates (IV):			No PA required	No
• Zoledronic acid (Reclast)	J3489			
• Ibandronate (Boniva)	J1740			
Prolia (denosumab)	J0897		Aspire Clinical Policy	Yes
Jubbonti (denosumab-bbdz) <i>Biosimilar to Prolia</i>	J3590		Aspire Clinical Policy	Yes
Xgeva (denosumab)	J0897		Aspire Clinical Policy	Yes

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Wyost (denosumab-bbdz) <i>Biosimilar to Xgeva</i>	C9399 J3490 J3590 J9999		Aspire Clinical Policy	Yes
Evenity (romosozumab)	J3111		Aspire Clinical Policy	Yes

GONADOTROPIN RELEASING HORMONE ANALOGS (ONCOLOGY; WOMEN'S HEALTH INDICATIONS)

Drug Name	HCPCS	Medicare Policies (NCD, LCD, LCA)	Clinical Resource for Drugs without NCD/ LCD/LCA	Step Therapy
Lupron Depot 1-Month 3.75 mg Lupron Depot 3-Month 11.25 mg	J1950		Aspire Clinical Policy	No
Camcevi 42 mg Kit	J1952		Aspire Clinical Policy	No
Lupron Depot 1-Month & Eligard 7.5 mg Lupron Depot 3-Month & Eligard 22.5 mg Lupron Depot 4-Month & Eligard 30 mg Lupron Depot 6-Month & Eligard 45 mg	J9217		Aspire Clinical Policy	No
Lutrate Depot 22.5 mg Kit 3-Month	J1954		Aspire Clinical Policy	No

HEMATOPOIETIC AGENT

Drug Name	HCPCS	Medicare Policies (NCD, LCD, LCA)	Clinical Resource for Drugs without NCD/ LCD/LCA	Step Therapy
Reblozyl (luspatercept-aamt)	J0896		Aspire Clinical Policy	No

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INTRA-ARTICULAR CORTICOSTEROIDS (OSTEOARTHRITIS)				
Drug Name	HCPCS	Medicare Policies (NCD, LCD, LCA)	Clinical Resource for Drugs without NCD/ LCD/LCA	Step Therapy
Methylprednisolone acetate injection (Depo-Medrol)	J1010		No PA required	No
Methylprednisolone sodium succinate, injection (Solumedrol)	J2919			
Triamcinolone acetonide injection (Kenalog)	J3301		No PA required	No
Triamcinolone diacetate injection	J3302			
Triamcinolone hexacetonide injection	J3303			
Zilretta (triamcinolone acetonide ER)	J3304		Aspire Clinical Policy	Yes
HYALURONIC ACIDS / VISCOSUPPLEMENTS (OSTEOARTHRITIS)				
Drug Name	HCPCS	Medicare Policies (NCD, LCD, LCA)	Clinical Resource for Drugs without NCD/ LCD/LCA	Step Therapy
Durolane	J7318		Aspire Clinical Policy	Yes
Gel-One	J7326		Aspire Clinical Policy	Yes
Monovisc	J7327		Aspire Clinical Policy	Yes
Synvisc-One	J7325		Aspire Clinical Policy	Yes
VISCO-3	J7321		Aspire Clinical Policy	Yes
Euflexxa	J7323		Aspire Clinical Policy	Yes
GelSyn-3	J7328		Aspire Clinical Policy	Yes
Hyalgan, Supartz, Supartz FX,	J7321		Aspire Clinical Policy	Yes
GenVisc 850	J7320		Aspire Clinical Policy	Yes
Hymovis	J7322		Aspire Clinical Policy	Yes
Orthovisc	J7324		Aspire Clinical Policy	Yes
Synjoynt	J7331		Aspire Clinical Policy	Yes
Synvisc	J7325		Aspire Clinical Policy	Yes
Triluron	J7332		Aspire Clinical Policy	Yes

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MULTIPLE SCLEROSIS (INFUSION)				
Drug Name	HCPCS	Medicare Policies (NCD, LCD, LCA)	Clinical Resource for Drugs without NCD/ LCD/LCA	Step Therapy
Tysabri (natalizumab)	J2323		Aspire Clinical Policy	Yes
Ocrevus (ocrelizumab)	J2350		Aspire Clinical Policy	Yes
Lemtrada (alemtuzumab)	J0202		Aspire Clinical Policy	Yes

BIOSIMILARS				
INFLIXIMAB PRODUCTS				
Drug Name	HCPCS	Medicare Policies (NCD, LCD, LCA)	Clinical Resource for Drugs without NCD/ LCD/LCA	Step Therapy
Remicade (infliximab)	J1745		Aspire Clinical Policy	Yes
Infliximab	J1745		Aspire Clinical Policy	Yes
Inflectra (infliximab-dyyb)	Q5103		Aspire Clinical Policy	Yes
Avsola (infliximab-axxq)	Q5121		Aspire Clinical Policy	Yes
Renflexis (infliximab-abda)	Q5104		Aspire Clinical Policy	Yes
Zymfentra (infliximab-dyyb)	J3590 Q5136		Aspire Clinical Policy	Yes
RITUXIMAB PRODUCTS				
Rituxan (rituximab)	J9312		Aspire Clinical Policy	Yes
Rituxan Hycela (rituximab and hyaluronidase)	J9311		Aspire Clinical Policy	Yes
Ruxience (rituximab-pvvr)	Q5119		Aspire Clinical Policy	Yes
Truxima (rituximab-abbs)	Q5115		Aspire Clinical Policy	Yes
Riabni (rituximab-arrx)	Q5123		Aspire Clinical Policy	Yes

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ONCOLOGY BIOSIMILARS				
BEVACIZUMAB PRODUCTS (ONCOLOGY ONLY; NOT APPLICABLE TO OPHTHALMOLOGY)				
Drug Name	HCPCS	Medicare Policies (NCD, LCD, LCA)	Clinical Resource for Drugs without NCD/ LCD/LCA	Step Therapy
Avastin (bevacizumab)	J9035	For Colorectal diagnosis: Refer to NCD 110.17: Anti-Cancer Chemotherapy for Colorectal Cancer	Aspire Clinical Policy	Yes
Alymsys (bevacizumab-maly), biosimilar	Q5126		Aspire Clinical Policy	Yes
Mvasi (bevacizumab-awwb), biosimilar	Q5107		Aspire Clinical Policy	No / PREFERRED
Vegzelma (bevacizumab-adcd), biosimilar	Q5129		Aspire Clinical Policy	Yes
Zirabev (bevacizumab-bvzr), biosimilar	Q5118		Aspire Clinical Policy	No / PREFERRED
Avzivi (bevacizumab-trjn)	J3490 J3590		Aspire Clinical Policy	Yes
TRASTUZUMAB PRODUCTS				
Herceptin (trastuzumab); <i>excludes biosimilars</i>	J9355		Aspire Clinical Policy	Yes
Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)	J9356		Aspire Clinical Policy	Yes
Enhertu (fam-trastuzumab deruxtecan-nxki)	J9358		Aspire Clinical Policy	Yes
Ontruzant (trastuzumab-dttb), biosimilar	Q5112		Aspire Clinical Policy	Yes
Herzuma (trastuzumab-pkrb), biosimilar	Q5113		Aspire Clinical Policy	Yes
Ogivri (trastuzumab-dkst), biosimilar	Q5114		Aspire Clinical Policy	No / PREFERRED
Trazimera (trastuzumab-qyyp), biosimilar	Q5116		Aspire Clinical Policy	No / PREFERRED
Kanjinti (trastuzumab-anns), biosimilar	Q5117		Aspire Clinical Policy	Yes
Phesgo (pertuzumab, trastuzumab, hyaluronidase-zzxf)	J9316		Aspire Clinical Policy	Yes

ONCOLOGY DRUGS				
Drug Name	HCPCS	Medicare Policies (NCD, LCD, LCA)	Clinical Resource for Drugs without NCD/ LCD/LCA	Step Therapy
Azedra (iobenguane iodine-131)	A9590		Aspire Clinical Policy	No
Lutathera (lutetium lu177 dotatate)	A9513		Aspire Clinical Policy	No
Pluvicto (lutetium Lu 177 vipivotide tetraxetan)	A9607		Aspire Clinical Policy	No

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Xofigo (radium-223 dichloride)	A9606		Aspire Clinical Policy	No
Radiopharmaceutical, therapeutic, not otherwise classified	A9699		Aspire Clinical Policy	No
Abraxane (paclitaxel, albumin bound)	J9264 J9258 J9259		Aspire Clinical Policy	No
Adcetris (brentuximab vedotin)	J9042		Aspire Clinical Policy	No
Adstiladrin (nadofaragene firadenovec-vncg)	J9029		Aspire Clinical Policy	No
Aliqopa (copanlisib)	J9057		Aspire Clinical Policy	No
Alkeran (melphalan)	J9245		Aspire Clinical Policy	No
Aphexda (motixafortide acetate)	J3490 J2277		Aspire Clinical Policy	No
Arranon (nelarabine)	J9261		Aspire Clinical Policy	No
Arzerra (ofatumumab)	J9302		Aspire Clinical Policy	No
Asparlas (calaspargase pegol-mknl)	J9118		Aspire Clinical Policy	No
Bavencio (avelumab)	J9023		Aspire Clinical Policy	No
Beleodaq (belinostat)	J9032		Aspire Clinical Policy	No
Belrapzo (bendamustine HCl)	J9036		Aspire Clinical Policy	No
bendamustine HCl	J9058		Aspire Clinical Policy	No
Bendeka (bendamustine)	J9034		Aspire Clinical Policy	No
Besponsa (inotuzumab ozogamicin)	J9229		Aspire Clinical Policy	No
Cyramza (ramucirumab)	J9308		Aspire Clinical Policy	No
Dacogen (decitabine)	J0893 J0894		Aspire Clinical Policy	No
Danyelza (naxitamab-gqgk)	J9348		Aspire Clinical Policy	No
Darzalex (daratumumab)	J9145		Aspire Clinical Policy	No
Darzalex Faspro (daratumumab and hyaluronidase-fihj)	J9144		Aspire Clinical Policy	No
Elahere (mirvetuximab soravtansine-gynx)	J9063		Aspire Clinical Policy	No

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Elzonris (tagraxofusp-erzs)	J9269		Aspire Clinical Policy	No
Empliciti (elotuzumab lyophilized)	J9176		Aspire Clinical Policy	No
Enhertu (fam-trastuzumab deruxtecan-nxki) <i>(not interchangeable with other trastuzumab products)</i>	J9358		Aspire Clinical Policy	No
Epkinly (epcoritamab-bysp)	J9321		Aspire Clinical Policy	No
Erbix (cetuximab)	J9055		Aspire Clinical Policy	No
Evomela <i>(Melphalan Hcl/Betadex Sulfobutyl Ether Sodium)</i>	J9245		Aspire Clinical Policy	No
Faslodex (fulvestrant)	J9393 J9394 J9395		Aspire Clinical Policy	No
Foloty (pralatrexate)	J9307		Aspire Clinical Policy	No
Fyarro (sirolimus protein-bound)	J9331		Aspire Clinical Policy	No
Halaven (eribulin mesylate)	J9179		Aspire Clinical Policy	No
Imfinzi (durvalumab)	J9173		Aspire Clinical Policy	No
Imjudo (tremelimumab-actl)	J9347		Aspire Clinical Policy	No
Imlygic (talimogene laherparepvec); intralesional injection	J9325		Aspire Clinical Policy	No
Ixempra (ixabepilone)	J9207		Aspire Clinical Policy	No
Jelmyto (mitomycin); intra-pyelocalyceal	J9281		Aspire Clinical Policy	No
Jemperli (dostarlimab-gxly)	J9272		Aspire Clinical Policy	No
Jevtana (cabazitaxel)	J9043 J9064		Aspire Clinical Policy	No
Kadcyla (ado-trastuzumab emtansine) <i>(not interchangeable with other trastuzumab products)</i>	J9354		Aspire Clinical Policy	No
Keytruda (pembrolizumab)	J9271		Aspire Clinical Policy	No
Kimmtrak (tebentafusp-tebn)	J9274		Aspire Clinical Policy	No
Kyprolis (carfilzomib)	J9047		Aspire Clinical Policy	No
Libtayo (cemiplimab-rwlc)	J9119		Aspire Clinical Policy	No

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Loqtorzi (toripalimab-tpzi)	J9999 C9399		Aspire Clinical Policy	No
Lumoxiti (moxetumomab pasudotox- tdfk)	J9313		Aspire Clinical Policy	No
Lunsumio (mosunetuzumab-axgb)	J9350		Aspire Clinical Policy	No
Margenza (margetuximab-cmkb)	J9353		Aspire Clinical Policy	No
Monjuvi (tafasitamab-cxix)	J9349		Aspire Clinical Policy	No
Mylotarg (gemtuzumab ozogamicin)	J9203		Aspire Clinical Policy	No
Onivyde (liposomal irinotecan)	J9205		Aspire Clinical Policy	No
Opdivo (nivolumab)	J9299		Aspire Clinical Policy	No
Opdualag (nivolumab and relatlimab-rmbw)	J9298		Aspire Clinical Policy	No
Padcev (enfortumab vedotin-ejfv)	J9177		Aspire Clinical Policy	No
Pedmark (sodium thiosulfate)	J0208		Aspire Clinical Policy	No
Perjeta (pertuzumab)	J9306		Aspire Clinical Policy	No
Polivy (polatuzumab vedotin-piiq)	J9309		Aspire Clinical Policy	No
Portrazza (necitumumab)	J9295		Aspire Clinical Policy	No
Poteligeo (mogamulizumab-kpkc)	J9204		Aspire Clinical Policy	No
romidepsin, non-lyophilized	J9318		Aspire Clinical Policy	No
romidepsin, lyophilized (Istodax)	J9319		Aspire Clinical Policy	No
Rybrevant (amivantamab)	J9061		Aspire Clinical Policy	No
Rylaze (asparaginase erwinia chrysanthemi (recombinant)-rywn)	J9021		Aspire Clinical Policy	No
Sarclisa (isatuximab)	J9227		Aspire Clinical Policy	No
Tecentriq (atezolizumab)	J9022		Aspire Clinical Policy	No
Tivdak (tisotumab vedotin-tftv)	J9273		Aspire Clinical Policy	No
Torisel (temsirolimus)	J9330		Aspire Clinical Policy	No
Treanda (bendamustine)	J9033		Aspire Clinical Policy	No
Trodelyv (sacituzumab govitecan- hziy)	J9317		Aspire Clinical Policy	No

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Vectibix (panitumumab)	J9303		Aspire Clinical Policy	No
Velcade (bortezomib)	J9041		Aspire Clinical Policy	No
	J9046			
	J9048			
	J9049			
	J9051			
Vidaza (azacitidine)	J9025		Aspire Clinical Policy	No
Vivimusta (bendamustine HCl)	J9056		Aspire Clinical Policy	No
Vyxeos (daunorubicin/cytarabine liposomal)	J9153		Aspire Clinical Policy	No
Yervoy (ipilimumab)	J9228		Aspire Clinical Policy	No
Yondelis	J9352		Aspire Clinical Policy	No
Zaltrap (ziv-aflibercept)	J9400		Aspire Clinical Policy	No
Zepzelca (lurbinectedin)	J9223		Aspire Clinical Policy	No
Zynlonta (loncastuximab tesirine)	J9359		Aspire Clinical Policy	No
Zynyz (retifanlimab-dlwr)	J9345		Aspire Clinical Policy	No

THYROID EYE DISEASE

Drug Name	HCPDS	Medicare Policies (NCD, LCD, LCA)	Clinical Resource for Drugs without NCD/ LCD/LCA	Step Therapy
Tepezza (teprotumumab-trbw)	J3241		Aspire Clinical Policy	No

UNLISTED DRUGS AND BIOLOGICALS

Drug Name	HCPDS	Medicare Policies (NCD, LCD, LCA)	Clinical Resource for Drugs without NCD/ LCD/LCA	Step Therapy
Unclassified drugs or biologicals	C9399		Aspire Clinical Policy	No
Unclassified drugs	J3490		Aspire Clinical Policy	No
Unclassified biologics	J3590		Aspire Clinical Policy	No
Unclassified drug or biological used for ESRD on dialysis	J3591		Aspire Clinical Policy	No
Hemophilia clotting factor, not otherwise Classified	J7199		Aspire Clinical Policy	No

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VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITOR (RETINAL DISORDERS AGENTS)				
Drug Name	HCPCS	Medicare Policies (NCD, LCD, LCA)	Clinical Resource for Drugs without NCD/ LCD/LCA	Step Therapy
Avastin (bevacizumab)	C9257 J7999		No PA required	No
*Eylea (afibercept)	J0178		Aspire Clinical Policy	Yes <i>(*exceptions apply)</i>
Eylea HD (afibercept)	J0177		Aspire Clinical Policy	Yes
Lucentis (ranibizumab)	J2778		Aspire Clinical Policy	Yes
Byooviz (ranibizumab-nuna)	Q5124		Aspire Clinical Policy	Yes
Cimerli (ranibizumab-eqrn)	J3590		Aspire Clinical Policy	Yes
Susvimo (ranibizumab implant)	J2779		Aspire Clinical Policy	Yes
Beovu (brolucizumab-dbll)	J0179		Aspire Clinical Policy	Yes
Vabysmo (faricimab)	J2777		Aspire Clinical Policy	Yes

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Medicare covers outpatient (Part B) drugs that are furnished “incident to” a physician’s service provided that the drugs are not usually self-administered by the patients who take them. See the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals at: <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>.

This Medicare Part B Prior Authorization Drug List is provided for informational purposes only and neither constitutes nor replaces professional medical advice. Physicians, hospitals, and other providers are expected to administer or use drugs/biologicals in the most effective and clinically appropriate manner. Treating physicians and other health care providers is solely responsible for all medical care decisions. In accordance with the member’s Evidence of Coverage (EOC), every benefit plan has its own coverage provisions, limitations, and exclusions. In the event of a conflict between this policy and the member’s EOC, the member’s EOC provisions will take precedence.

The inclusion of a code in this policy does not imply that the health service it describes is covered or not covered. Benefit coverage for health services is determined by the member-specific plan document and applicable laws that may mandate coverage for a particular service. Inclusion of a code does not imply or guarantee reimbursement or payment of a claim. Other Policies and Standards may also apply. Providers are expected to retain or have access to the necessary documentation when requested to support coverage.

References

1. Medicare Managed Care Manual, Chapter 4, §90.5.
2. Centers for Medicare and Medicaid Services, Medicare Advantage Prior Authorization and Step Therapy for Part B Drugs. August 7, 2018. Available online at: <http://cms.gov>.
3. Centers for Medicare and Medicaid Services, Internet-Only Medicare Benefit Policy Manual, CMS Pub. 100-02, Chapter 15, Sec. 50. Available online at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>.



H8764_RX_Part.B.Authorization.Drug.List _1024_C

Prior Authorization (PA): Approval is required needed from the plan is required before the drug is covered. This requirement helps ensure medication safety and helps guide the appropriate use of certain drugs.

Step therapy (ST): For certain drugs, members must first try another drug to treat a medical condition before the plan will cover the drug. Refer to the “Step therapy requirement” column to see whether a drug has a step therapy requirement.