

Medicare Advantage Prior Authorization Update For Provider-Administered Drug Program

On April 1, 2021, Florida Blue Medicare Advantage began processing prior authorizations for Appendix A drugs for **non-oncology** indications. Beginning July 1, 2021, Florida Blue Medicare Advantage will process prior authorizations for Appendix B drugs for **non-oncology** indications. New Century Health will continue to process prior authorizations for drugs **with** oncology indications.

New Information to Note

Updated lists of codes Appendix A and Appendix B for non-oncology indications are attached. Please note the following:

- All pre-authorizations for drugs (for non-oncology indications) listed in Appendix A and Appendix B for Florida Blue Medicare will be processed through Availity®¹.
- Requests for Appendix B drugs received before July 1, 2021, will remain in effect until the authorization expires. After that, authorization requests must be submitted to Florida Blue Medicare Advantage.

Facility Policy

A separate facility authorization **will not be needed** for drug administration services if the location of service is indicated correctly in Availity.

Prior Authorization Process

Starting July 1, 2021, please use the Availity provider portal to submit authorization requests for drugs, except for an oncology or hematology diagnosis. See attached Appendices A and B for code level detail.

The requesting physician must complete an authorization request using one of the following methods:

- Log into the Availity provider portal at availity.com.
- If you are new to Availity, go to availity.com and select **Register** at the top right corner of the page. Then, follow the registration steps to create the account. Once you have an account with Availity, you can request prior authorizations as well as claims for services provided to our members.
- For fax service, please see the bulletin [Faxing Prior Authorization Requests?](#). Also please see [Tips for Submitting Prior Authorization Requests](#).

If you need help setting up an Availity account, call 800-727-2227 and select **Contract Inquiries**.

Additional Information

Frequently Asked Questions about the program are available anytime in the provider manual. Go to floridablue.com/providers select **Tools & Resources**, then **News and Announcements, Bulletins & FAQs**, and finally **Utilization Management and Other Programs**.

If you have any questions, please call us at 800-955-5692.

¹Availity, LLC is a multi-payer joint venture company. For more information, visit availity.com.

Appendix

APPENDIX A: Non-Oncology Drug Prior Authorizations Required by Florida Blue Medicare Advantage Effective April 1, 2021		
HCPCS/ CPT	DRUG NAME	GENERIC/ HCPCS DESCRIPTION
J0881	Aranesp	Darbepoetin Alfa
J0885	Epogen	Epoetin Alfa
J0885	Procrit	Epoetin Alfa
J0896	Reblozyl	Luspatercept-Aamt
J0897	Prolia	Denosumab
J1442	Neupogen	Filgrastim
J1447	Granix	Tbo-Filgrastim
J1459	Privigen	Human Immune Globulin
J1554	Asceniv	Immune Globulin Iv
J1556	Bivigam	Human Immune Globulin
J1557	Gammaplex	Human Immune Globulin
J1561	Gammaked	Human Immune Globulin
J1561	Gamunex	Human Immune Globulin
J1561	Gamunex-C	Human Immune Globulin
J1566	Carimune Nf	Human Immune Globulin
J1566	Gammagard Sd	Human Immune Globulin
J1566	Panglobulin Nf	Human Immune Globulin
J1568	Octagam	Human Immune Globulin
J1569	Gammagard Liquid	Human Immune Globulin
J1572	Flebogamma	Human Immune Globulin
J1599*	Unclassified Ivig*	Human Immune Globulin
J1930	Somatuline Depot	Lanreotide
J1950	Lupron Depot	Leuprolide Acetate
J2353	Sandostatin Lar Depot	Octreotide
J2469	Aloxi	Palonosetron
J2796	Nplate	Romiplostim
J2820	Leukine	Sargramostim (Gm-Csf)
J3315	Trelstar Depot	Triptorelin Pamoate
J3315	Trelstar La	Triptorelin Pamoate
J9217	Eligard	Leuprolide Acetate
J9217	Lupron Depot	Leuprolide Acetate
J9312	Rituxan	Rituximab
Q5101	Zarxio	Filgrastim-Sndz
Q5106	Retacrit	Epoetin Alfa-Epbx
Q5110	Nivestym	Filgrastim-Aafi
Q5115	Truxima	Rituximab-Abbs
Q5119	Ruxience	Rituximab-Pvvr
J9999*	Riabni*	Rituximab-Arrx*
C9072 / J1599	Asceniv*	Immune Globulin Iv**
J1599	Panzyga*	Immune Globulin Iv**

Appendix

APPENDIX B: Non-Oncology Drug Prior Authorizations Required by Florida Blue Medicare Advantage Effective July 1, 2021		
HCPCS/ CPT	DRUG NAME	GENERIC/ HCPCS DESCRIPTION
J0129	Orencia Iv	Abatacept
J0178	Eylea	Aflibercept
J0179	Beovu	Brolucizumab-Dbll
J0180	Fabrazyme	Agalsidase Beta
J0202	Lemtrada	Alemtuzumab
J0221	Lumizyme	Alglucosidase Alfa
J0222	Onpattro	Patisiran
J0256	Aralast Np	Alpha 1-Proteinase Inhibitor
J0256	Aralast	Alpha 1-Proteinase Inhibitor
J0256	Prolastin-C	Alpha 1-Proteinase Inhibitor
J0256	Zemaira	Alpha 1-Proteinase Inhibitor
J0257	Glassia	Alpha 1-Proteinase Inhibitor
J0470	Bal In Oil	Dimercaprol
J0490	Benlysta Iv	Belimumab Iv
J0517	Fasenra	Benralizumab
J0565	Zinplava	Bezlotoxumab
J0567	Brineura	Cerliponase Alfa
J0570	Probuphine Implant	Buprenorphine Implant
J0584	Crysvita	Burosumab-Twza
J0585	Botox	Onabotulinumtoxin A
J0586	Dysport	Onabotulinumtoxin A
J0587	Myobloc	Onabotulinumtoxin B
J0588	Xeomin	Onabotulinumtoxin A
J0597	Berinerit	C1 Esterase Inhibitor
J0600	Calcium Disodium	Edetate Calcium Disodium
J0638	Ilaris	Canakinumab
J0717	Cimzia	Certolizumab Pegol
J0775	Xiaflex	Collagenase, Clostridium Histolyticum
J0800	Hp Acthar	Corticotropin
J0888	Mircera	Epoetin Beta (Non-Esrd Use)
J1290	Kalbitor	Ecallantide
J1300	Soliris	Eculizumab
J1301	Radicava	Edaravone
J1303	Ultomiris	Ravulizumab-Cwvz
J1322	Vimizim	Elosulfase Alfa
J1325	Flolan	Epoprostenol
J1325	Veletri	Epoprostenol
J1428	Exondys 51	Eteplirsen
J1439	Injectafer	Ferric Carboxymaltose
J1458	Naglazyme	Galsulfase

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J1602	Simponi Aria	Golimumab
J1726	Makena	Hydroxyprogesterone Caproate
J1729	Hydroxyprogesterone Caproate	Hydroxyprogesterone Caproate
J1740	Boniva	Ibandronate Sodium
J1743	Elaprase	Idursulfase
J1745	Remicade	Infliximab
J1786	Cerezyme	Imuglucerase
J1823	Uplizna	Inebilizumab-Cdon
J1931	Aldurazyme	Laronidase
J2182	Nucala	Mepolizumab
J2323	Tysabri	Natalizumab
J2350	Ocrevus	Ocrelizumab
J2357	Xolair	Omalizumab
J2503	Macugen	Pegaptanib Sodium
J2507	Krystexxa	Pegloticase
J2502	Signifor Lar	Pasireotide , Long Acting
J2724	Ceprozin	Protein C Concentrate
J2778	Lucentis	Ranibizumab
J2786	Cinqair	Reslizumab
J2787	Photrexa Viscous	Riboflavin 5'phosphate
J2840	Kanuma	Sebelipase Alfa
J3032	Vyepti	Eptinezumab-Jjmr
J3060	Elelyso	Taliglucerase Alfa
J3111	Evenity	Romosozumab-Aqqg
J3145	Aveed	Testosterone Undecanoate
J3241	Tepezza	Teprotumumab-Trbw
J3245	Ilumya	Tildrakizumab
J3262	Actemra	Tocilizumab
J3304	Zilretta	Triamcinolone Acetonide
J3316	Triptodur	Triptorelin, Extended-Release
J3357	Stelara Sq	Ustekinumab Sq
J3358	Stelara Iv	Ustekinumab Iv
J3380	Entyvio	Vedolizumab
J3385	Vpriv	Velaglucerase Alfa
J3396	Visudyne	Verteporfin
J3397	Mepsevii	Vestronidase Alfa-Vjvk
J3590*	Unclassified Biologics*	Unclassified Biologics*
J7311	Retisert	Fluocinolone Acetonide, Intravitreal Implant
J7312	Ozurdex	Dexamethasone, Intravitreal Implant
J7313	Iluvien	Flucinolone Acetonide, Intravitreal Implant
J7314	Yutiq	Fluocinolone Acetonide, Intravitreal Implant
J7318	Durolane	Hyaluronan/ Derivative
J7320	Genvisc 850	Hyaluronan/ Derivative

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J7321	Hyalgan	Sodium Hyaluronate
J7321	Supartz	Sodium Hyaluronate
J7322	Hymovis	Hyaluronan/ Derivative
J7323	Euflexxa	Sodium Hyaluronate
J7324	Orthovisc	High Molecular Weight Hyaluronan Injection
J7325	Synvisc	Hylan G-F 20
J7325	Synvisc One	Hylan G-F 20
J7326	Gel-One	Cross-Linked Hyaluronate
J7327	Monovisc	High Molecular Weight Hyaluronan
J7328	Gel-Syn	Hyaluronan/ Derivative
J7329	Trivisc	Hyaluronan/ Derivative
J7331	Synjojoyt	Synjojoyne
J7332	Triluron	Triluron
J7333	Visco-3	Sodium Hyaluronate
J7401 / C9122**	Sinuva Implant	Momelasone Furoate Sinus Implant
J7402	Sinuva Implant	Momelasone Furoate Sinus Implant
J9210	Gamifant	Emapalumab-Lzsg
J9226	Supprelin La	Histrelin Acetate
Q5103	Inflextra	Infliximab-Dyyb, Biosimilar
Q5104	Renflexis	Infliximab-Abda, Biosimilar
Q5109	Ixifi	Infliximab-Qbtx
Q5121	Avsola	Infliximab-Axxq
Q9991	Sublocade	Buprenorphine Extended-Release, 100mg or Less
Q9992	Sublocade	Buprenorphine Extended-Release, Greater 100mg
J3590*	Revcovi*	Elapegademase-lvlr
J3590*	Evkeeza*	Evinacumab-Dgnb