

## 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

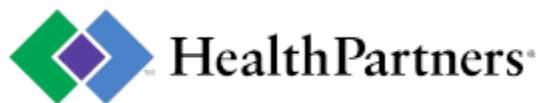
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| <ol style="list-style-type: none"> <li>1. Ambulance and medical transportation (fixed wing transport only)</li> <li>2. Artificial intervertebral disc replacement – cervical</li> <li>3. Artificial intervertebral disc replacement – lumbar</li> <li>4.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

1. Category III CPT codes (effective 1/1/2022)

### Medicare Part B Drugs (listed on the following medical policies) requiring prior authorization

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| <ol style="list-style-type: none"> <li>1. Aducanumab-avwa (Aduhelm™)</li> <li>2. Advanced drug therapy for pulmonary hypertension: epoprostenol (generic, Flolan® and Veletri®), treprostinil (generic, Remodulin® and Tyvaso®), iloprost (Ventavis®) and sildenafil injection (Revatio®)</li> <li>3. Afamelanotide (Scenesse®)</li> <li>4. Agalsidase beta (Fabrazyme®)</li> <li>5. Alemtuzumab (Lemtrada™)</li> <li>6. Allogeneic Processed Thymus Tissue–agdc (RETHYMIC®)</li> </ol> | <ol style="list-style-type: none"> <li>7. Alpha-1 antitrypsin (AAT) deficiency enzyme replacement therapy: alpha-1 proteinase inhibitor (Aralast NP®, Glassia®, Prolastin®-C, and Zemaira®)</li> <li>8. Anifrolumab (Saphnelo®) and Belimumab (Benlysta®)</li> <li>9. Bezlotoxumab (Zinplava™)</li> <li>10. Blood factor products for hemophilia and other clotting disorders</li> <li>11. Buprenorphine (Probuphine®)</li> <li>12. Buprenorphine injectable (Sublocade™)</li> </ol> |
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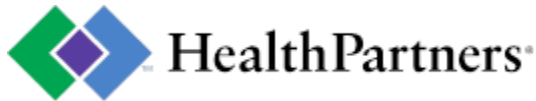
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13. Burosumab (Crysvita®)
14. Cabotegravir (Apretude®)
15. Canakinumab (ILARIS®)
16. Casimersen (Amondys 45™)
17. Cerliponase alfa (Brineura®)
18. Certolizumab (Cimzia®)
19. Complement inhibitors (Soliris®, Ultomiris™, Empaveli™)
20. Compounded medications
21. Crizanlizumab-tmca (Adakveo®)
22. Duopa®
23. Edavarone (Radicava®)
24. Efgartigimod alfa-fcab (Vyvgart®)
25. Elapegedemase-ivlr (Revcovi™)
26. Eptinezumab-jjmr (Vyepiti™)
27. Esketamine (Spravato™)
28. Eteplirsen (Exondys 51™)
29. Evinacumab-dgnb (Evkeeza™)
30. Fluocinolone acetonide implants (Retisert™) and (Yutiq™)
31. Fosdenopterin (Nulibry™)
32. Givosiran (Givlaari®)
33. Golodirsen (Vyondys 53®)
34. Guselkumab (Tremfya®)
35. Hereditary angioedema (HAE) drug therapy
36. Hydroxyprogesterone caproate (Makena®)
37. Ibalizumab-uiyk (Trogarzo™)
38. Inclisiran (Leqvio®)
39. Infliximab (Remicade®, Inflectra®, Renflexis®, Avsola™)
40. Lumasiran (Oxlumo™)
41. Medications for risk reduction of primary breast cancer in women
42. Mucopolysaccharidoses (MPS) drug therapy
43. Nusinersen (Spinraza®)
44. Ocular VEGF medications
45. Onasemnogene abeparvec-xioi (Zolgensma®)
46. Oncology - ado-trastuzumab emtansine (Kadcyla®), fam-trastuzumab deruxtecan-nxki (Enhertu®), pertuzumab (Perjeta®)
47. Oncology - bevacizumab (Avastin®, Mvasi™, Zirabev®, Alymsys®)
48. Oncology - blinatumomab (Blincyto™)
49. Oncology - caplacizumab-yhdp (Cablivi®)
50. Oncology - chimeric antigen receptor/genetically engineered T-cell receptor (CAR-T) therapy
51. Oncology - emapalumab-lzsg (Gamifant®)
52. Oncology - ipilimumab (Yervoy®)
53. Oncology - luspatercept-aamt (Reblozyl®)
54. Oncology - moxetumomab pasudotox-tdfk (Lumoxiti™)
55. Oncology - necitumumab (Portrazza®)
56. Oncology - nivolumab (Opdivo®)
57. Oncology - pegfilgrastim (Neulasta®, Fulphila™, Nyvepria™, Udenyca™, and Ziextenzo®)
58. Oncology - pembrolizumab (Keytruda®)
59. Oncology - tagraxofusp-erzs (Elzonris™)
60. Oncology - trastuzumab (Herceptin®, Herzuma®, Kanjinti™, Ogivri™, Ontruzant®, Trazimera™), and trastuzumab and hyaluronidase-oysk (Herceptin Hylecta™)
61. Oncology drug coverage
62. Oncology\*\* - immune globulin therapy
63. Oncology\*\* - rituximab (Rituxan®, Ruxience™, Truxima®, Rituxan Hycela®, and Riabni™)
64. Patisiran (Onpattro™)
65. Peanut (arachis hypoqaea) allergen powder-dnfp (Palforzia™)
66. Pegloticase (Krystexxa®)
67. Plerixafor (Mozobil®)
68. Pompe disease enzyme replacement therapy: alglucosidase alfa (Lumizyme®) and avalglucosidase alfa-ngpt (Nexvizyme®)
69. Recent Food and Drug Administration (FDA) approved medications coverage policy
70. Satralizumab-mwge (Enspryng™) and inebilizumab-cdon (Uplizna™)
71. Sebelipase alfa (Kanuma®)
72. Somatostatin analogues for acromegaly (Sandostatin LAR®, Somatuline Depot®, Signifor LAR®, Somavert®)
73. Sutimlimab-jome (Enjaymo™)
74. Teprotumumab-trbw (Tepezza®)
75. Tezepelumab (Tezspire™)
76. Tildrakizumab-asmn (Ilumya™)
77. Type I Gaucher disease intravenous enzyme replacement therapy: imiglucerase (Cerezyme®), velaglucerase (VPRIV®), and taliglucerase (Elelyso®)
78. Ustekinumab (Stelara®)
79. Viltolarsen (Viltepso®)
80. Voretigene neparvec-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  | 14. Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (Leuprolide, Goserelin, Triptorelin, Histrelin) |
| 2. Abatacept (Orencia®)   | 15. Mepolizumab (Nucala®)  |
| 3. Anti-Inhibitor Coagulant Complex (AICC)  | 16. Natalizumab (Tysabri®)   |
| 4. Benralizumab (Fasenra™)  | 17. Nesiritide (Natrecor®) for Treatment of Heart Failure Patients                                       |
| 5. Bortezomib (Velcade®)  | 18. Ocrelizumab (Ocrevus®)   |
| 6. Botulinum toxins: abobotulinumtoxinA (Dysport®), incobotulinumtoxinA (Xeomin®), onabotulinumtoxinA (Botox®) and rimabotulinumtoxinB (Myobloc®) | 19. Omalizumab (Xolair®)   |
| 7. Collagenase (Xiaflex®)   | 20. Oncology** - denosumab (Prolia®, Xgeva®)   |
| 8. Erythropoiesis Agents in Cancer and Related Neoplastic Conditions  | 21. Paclitaxel (Taxol®/Abraxane™)  |
| 9. Golimumab (Simponi ARIA®)  | 22. Reslizumab (Cinqair®)  |
| 10. Ibandronate Sodium (Boniva®)  | 23. Romosozumab-aqqg (Evenity®)  |
| 11. Intra-articular hyaluronan (Viscosupplementation)   | 24. Tocilizumab (Actemra®)   |
| 12. Intravenous Iron Therapy  | 25. Vedolizumab (Entyvio®)   |
| 13. Levocarnitine for use in the Treatment of Carnitine Deficiency  | 26. Verteporfin (Visudyne™)  |
|   | 27. 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>