![HealthPartners]

Services and Medicare Part B Drugs

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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)
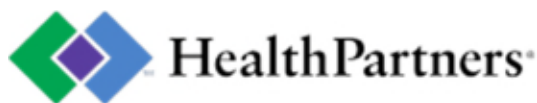
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Services requiring prior authorization

1. Ambulance and medical transportation (fixed wing transport only)
2. Artificial intervertebral disc replacement – cervical
3. Artificial intervertebral disc replacement – lumbar
4. Autologous chondrocyte implantation (ACI)
5. Automatic external defibrillator
6. Bone stimulators, electronic and ultrasonic
7. Breast surgery
8. Category III CPT codes
9. Chronic pain - multidisciplinary intensive day treatment programs
10. Cosmetic surgery/treatments
11. Deep brain stimulation and responsive neurostimulation for neurological movement disorders
12. Dental services - accidental dental
13. Dental services - ambulatory hospitalization and anesthesia for dental care
14. Dental services - cone beam computed tomography (CBCT) scan for medically-related dental services
15. Dental services - medically necessary outpatient
16. Dental services - orthognathic surgery
17. Eye surgery – refractive
18. Gender reassignment surgery
19. Gynecomastia surgery
20. Home hospice services
21. In-home mental health psychotherapy services
22. In-network benefit requests
23. Investigational services
24. Lift chair mechanism
25. Minimally invasive and laser spine procedures
26. Nutritional support
27. Panniculectomy
28. Percutaneous tibial nerve stimulation (PTNS) for overactive bladder
29. Pneumatic compression devices and heat/cold therapy units
30. Prosthesis - upper limb
31. Proton beam radiation therapy
32. Reconstructive surgery
33. Repetitive transcranial magnetic stimulation
34. Rhinoplasty and septorhinoplasty
35. Sacroiliac (SI) joint fusion surgery
36. Sex therapy, sexual dysfunctions and paraphilic disorders
37. Skilled nursing facility (SNF)
38. Spinal fusion, lumbar
39. Temporomandibular disorder (TMD)
40. Transplants
41. Varicose vein procedures
42. Ventricular assist devices (VADs) and total artificial hearts
43. Weight loss surgery

Services no longer requiring prior authorization

1. Airway clearance system/ high frequency chest wall compression system (effective 6/1/2020)
2. Ankle replacement surgery (effective 11/1/2019)
3. Blepharoplasty, blepharoptosis repair, and brow lift (effective 8/1/2020)
4. Breast pumps (effective 5/1/2020)
5. Cardiac event monitoring (effective 8/1/2020)
6. Cognitive rehabilitation (effective 6/1/2020)
7. Home health service (effective 11/1/2019)
8. Home phototherapy - full body cabinet (effective 8/1/2020)
9. Hospital bed (effective 6/1/2020)
10. Neuromuscular electrical stimulators (NMES) and functional electrical stimulators (FES) (effective 8/1/2020)
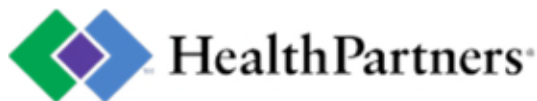
HealthPartners

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11. Oral appliances for sleep disorders (effective 11/1/2019)
12. Pressure reducing support services (effective 6/1/2020)
13. Primary hyperhidrosis treatments (effective 11/1/2019)
14. Prosthesis - lower limb (effective 6/1/2020)
15. Reduction mammoplasty (effective 11/1/2019)
16. Spinal cord and implanted peripheral nerve stimulation (effective 8/1/2020)

17. Spine surgical practice - low back pain office visits (effective 3/1/2020)
18. Stereotactic radiosurgery and stereotactic body radiation therapy (effective 11/1/2019)
19. Uvulopalatopharyngoplasty (UPPP) for obstructive sleep apnea (OSA) (effective 11/1/2019)
20. Wheelchairs - mobility assistive equipment (MAE) - (includes manual, power and scooter) (effective 8/1/2020)

Medicare Part B Drugs requiring prior authorization

1. Abatacept (Orencia®)
2. Ado-trastuzumab emtansine (Kadcyla®), fam-trastuzumab deruxtecan-nxki (Enhertu®), pertuzumab (Perjeta®), trastuzumab (Herceptin®, Herzuma®, Kanjinti™, Ogivri™, Ontruzant®, Trazimera™), and trastuzumab and hyaluronidase-oysk (Herceptin Hylecta™)
3. Advanced drug therapy for pulmonary hypertension: epoprostenol (generic, Flolan® and Veletri®), treprostinil (generic, Remodulin® and Tyvaso®), iloprost (Ventavis®) and sildenafil injection (Revatio®)
4. Aflibercept (Eylea®), Brolucizumab-dbll (Beovu®), and Ranibizumab (Lucentis®)
5. Agalsidase beta (Fabrazyme®)
6. Alemtuzumab (Lemtrada™)
7. Alpha-1 antitrypsin (AAT) deficiency enzyme replacement therapy: alpha-1 proteinase inhibitor (Aralast NP®, Glassia®, Prolastin®-C, and Zemaira®)
8. Belimumab (Benlysta®)
9. Benralizumab (Fasenra™)
10. Bevacizumab (Avastin®, Mvasi™, Zirabev®)
11. Bezlotoxumab (Zinplava™)
12. Blinatumomab (Blincyto™)
13. Blood factor products for hemophilia and other clotting disorders
14. Buprenophrine (Probuphine®)
15. Buprenorphine injectable (Sublocade™)
16. Burosumab (Crysvita®)
17. Canakinumab (ILARIS®)
18. Caplacizumab-yhdp (Cablivi®)
19. Cerliponase alfa (Brineura®)
20. Certolizumab (Cimzia®)
21. Collagenase (Xiaflex®)
22. Compounded medications
23. Crizanlizumab-tmca (Adakveo®)

24. Duopa®
25. Eculizumab (Soliris®) and ravulizumab-cwvz (Ultomiris™)
26. Edavarone (Radicava®)
27. Elapegademase-lvlr (Revcovi™)
28. Emapalumab-lzsg (Gamifant®)
29. Eptinezumab-jjmr (Vyepti™)
30. Esketamine (Spravato™)
31. Eteplirsen (Exondys 51™)
32. Filgrastim, Pegfilgrastim, Tbo-Filgrastim and biosimilars
33. Fluocinolone acetonide implants (Retisert™) and (Yutiq™)
34. Givosiran (Givlaari®)
35. Golimumab (Simponi ARIA®)
36. Golodirsen (Vyondys 53®)
37. Guselkumab (Tremfya®)
38. Hereditary angioedema (HAE) drug therapy
39. Ibalizumab-uiyk (Trogarzo™)
40. Immune globulin therapy
41. Infliximab (Remicade®, Inflectra®, Renflexis®, Avsola™)Ipilimumab (Yervoy®)
42. Luspatercept-aamt (Reblozyl®)
43. Medications for risk reduction of primary breast cancer in women
44. Mepolizumab (Nucala®)
45. Moxetumomab pasudotox-tdfk (Lumoxiti™)
46. Mucopolysaccharidoses (MPS) drug therapy
47. Natalizumab (Tysabri®)
48. Necitumumab (Portrazza®)
49. Nusinersen (Spinraza®)
50. Ocrelizumab (Ocrevus®)
51. Omalizumab (Xolair®)
52. Onasemnogene abeparvovec-xioi (Zolgensma®)
53. Oncology drug coverage
54. Patisiran (Onpattro™)

HealthPartners®

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55. Peanut (arachis hypoqaea) allergen powder-dnfp (Palforzia™)
56. Pegloticase (Krystexxa®)
57. Plerixafor (Mozobil®)
58. Pompe disease enzyme replacement therapy: alglucosidase alfa (Lumizyme®)
59. Recent Food and Drug Administration (FDA) approved medications coverage policy
60. Reslizumab (Cinqair®)
61. Rituximab (Rituxan®, Ruxience™, Truxima®, and Rituxan Hycela®)
62. Romosozumab-aqqg (Evenity®)
63. Sebelipase alfa (Kanuma®)
64. Somatostatin analogues for acromegaly (Sandostatin LAR®, Somatuline Depot®, Signifor LAR®, Somavert®)
65. Tagraxofusp-erzs (Elzonris™)
66. Teprotumumab-trbw (Tepezza®)
67. Tildrakizumab-asmn (Ilumya™)
68. Tocilizumab (Actemra®)
69. Type I Gaucher disease intravenous enzyme replacement therapy: imiglucerase (Cerezyme®), velaglucerase (VPRIV®), and taliglucerase (Elelyso®)
70. Ustekinumab (Stelara®)
71. Vedolizumab (Entyvio®)
72. Voretigene neparvovec-rzyl (Luxturna™)

Medicare Part B Drugs requiring step therapy

None (subject to change at any time; would apply to new starts only)

Medicare Drug Coverage Policies apply but does not require prior authorization

1. Abarelix (Plenaxis®) for the Treatment of Prostate Cancer
2. Anti-Inhibitor Coagulant Complex (AICC)
3. Bortezomib (Velcade®)
4. Botulinum toxins: abobotulinumtoxinA (Dysport®), incobotulinumtoxinA (Xeomin®), onabotulinumtoxinA (Botox®) and rimabotulinumtoxinB (Myobloc®)
5. Denosumab (Prolia®, Xgeva®)
6. Erythropoiesis Agents in Cancer and Related Neoplastic Conditions
7. Ibandronate Sodium (Boniva®)
8. Intra-articular hyaluronan (Viscosupplementation)
9. Intravenous Iron Therapy
10. Levocarnitine for use in the Treatment of Carnitine Deficiency
11. Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (Leuprolide, Goserelin, Triptorelin, Histrelin)
12. Nesiritide (Natrecor®) for Treatment of Heart Failure Patients
13. Paclitaxel (Taxol®/Abraxane™)
14. Verteporfin (Visudyne™)
15. 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