

Amvuttra™ and Skyrizi® IV to require prior authorization for most commercial members starting July 28

Starting July 28, 2022, we're adding prior authorization requirements for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members for the following drugs covered under the medical benefit:

- Amvuttra (vutrisiran), HCPCS code J3590
- Skyrizi intravenous (risankizumab-rzaa), HCPCS code J3590

These drugs are part of members' medical benefits, not their pharmacy benefits.

Note: Skyrizi subcutaneous is self-administered and is covered under members' pharmacy benefits, not under their medical benefits. Members can obtain Skyrizi SQ through pharmacies.

Some Blue Cross commercial groups not subject to these requirements

For Blue Cross commercial groups, this authorization requirement applies only to groups that currently participate in the standard commercial Medical Drug Prior Authorization Program for drugs administered under the medical benefit. To determine whether a group participates in the prior authorization program, see the [Specialty Pharmacy Prior Authorization Master Opt-in/out Group list](#).

Note: Blue Cross and Blue Shield Federal Employee Program® members and UAW Retiree Medical Benefits Trust (non-Medicare) members don't participate in the standard prior authorization program.

When submitting requests on or after July 28

Starting July 28, submit prior authorization requests for Amvuttra and Skyrizi IV through the NovoLogix® online tool. It offers real-time status checks and immediate approvals for certain medications.

If you have access to the Availity® Essentials provider portal (availity.com*), you already have access to NovoLogix. If you need to request access to Availity, follow the instructions on the [Register for webtools](#) webpage at bcbsm.com/providers.

After you've logged in to Availity, click *Payer Spaces* and then click the BCBSM and BCN logo. This will take you to the Blue Cross and BCN payer space, where you'll find links to the NovoLogix tools on the Applications tab.

When submitting requests before July 28

Prior to July 28, fax your requests for preservice review as follows:

- **For Blue Cross commercial members:** Fax to Provider Inquiry at 1-866-311-9603.
- **For BCN commercial members:** Fax to the Medical Drug Help Desk at 1-877-325-5979.

List of requirements

For a full list of requirements related to drugs covered under the medical benefit, see the [Blue Cross and BCN utilization management medical drug list for Blue Cross commercial and BCN commercial members](#). We'll update this list prior to the effective change of the change.

You can access this list and other information about requesting prior authorization at ereferrals.bcbsm.com, at these locations:

- [Blue Cross Medical Benefit Drugs](#) page
- [BCN Medical Benefit Drugs](#) page

Authorization isn't a guarantee of payment. Health care practitioners need to verify eligibility and benefits for members.

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.