

## Skysona<sup>®</sup> to require prior authorization for most commercial members starting Oct. 20

Starting Oct. 20, 2022, we're adding a prior authorization requirement for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members for the following drug covered under the medical benefit:

- Skysona (elivaldogene autotemcel), HCPCS code J3590

### When submitting prior authorization requests on or after Oct. 20

Starting Oct. 20, 2022, submit prior authorization requests for Skysona through the NovoLogix<sup>®</sup> online tool. It offers real-time status checks and immediate approvals for certain medications.

To access NovoLogix, log in to our provider portal ([availity.com](https://availity.com)\*), click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo. You'll find links to the NovoLogix tools on the Applications tab.

Note: If you need to request access to our provider portal, follow the instructions on the [Register for webtools](https://bcbsm.com/providers) webpage on [bcbsm.com/providers](https://bcbsm.com/providers).

### When submitting requests before Oct. 20

Prior to Oct. 20, 2022, fax 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.

### Some Blue Cross commercial groups not subject to these requirements

For Blue Cross commercial groups, this prior 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<sup>®</sup> members and UAW Retiree Medical Benefits Trust (non-Medicare) members don't participate in the standard prior authorization program.

### 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 date of the change.

You can access this list and other information about requesting prior authorization at [ereferrals.bcbsm.com](http://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.

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