

Hemgenix[®] and Tzield[™] to require prior authorization for most members starting in December

We're adding a prior authorization requirement for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial and Medicare Advantage members for the following drugs covered under the medical benefit:

Drug name	Members	Effective date of requirement
Hemgenix [®] (etranacogene dezaparvovec-drlb), HCPCS code J3590	<ul style="list-style-type: none"> Medicare Plus Blue BCN Advantage 	For dates of service on or after Dec. 2, 2022
	<ul style="list-style-type: none"> Blue Cross commercial BCN commercial 	Starting Dec. 8, 2022
Tzield [™] (teplizumab- mzwv), HCPCS code J3590	<ul style="list-style-type: none"> Medicare Plus Blue BCN Advantage 	For dates of service on or after Dec. 2, 2022
	<ul style="list-style-type: none"> Blue Cross commercial BCN commercial 	Starting Dec. 8, 2022

When submitting prior authorization requests on or after the effective date

Starting with the effective date of the change, submit prior authorization requests for Hemgenix and Tzield through the NovoLogix[®] online tool. It offers real-time status checks and immediate approvals for certain medications.

To access NovoLogix, log in to our provider portal (availability.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](http://bcbsm.com/providers) webpage on bcbsm.com/providers.

When submitting prior authorization requests for commercial members before the effective date

For Blue Cross and BCN commercial members, before the effective date of the change, 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.

When prior authorization is required

These medications require prior authorization when they're administered by a health care provider in sites of care such as outpatient facilities or physicians' offices and are billed in one of the following ways:

- Electronically through an 837P transaction or on a professional CMS-1500 claim form
- Electronically through an 837I transaction or by using the UB04 claim form for a hospital outpatient type of bill 013x

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[®] members and UAW Retiree Medical Benefits Trust (non-Medicare) members don't participate in the standard prior authorization program.

Lists of requirements

For a full outline of requirements related to drugs covered under the medical benefit, refer to these lists:

- [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue PPO and BCN Advantage members](#)
- [Blue Cross and BCN utilization management medical drug list for Blue Cross commercial and BCN commercial members](#)

We'll update these lists prior to the effective dates of the change.

You can access these lists 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 CareNetwork website. While we recommend this site, we're not responsible for its content.

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