

Byooviz[®] is no longer the preferred ranibizumab drug for Medicare Advantage members

Because Byooviz is no longer the preferred ranibizumab drug for Medicare Plus Blue and BCN Advantage members, it's no longer a step therapy requirement when prescribing Lucentis[®].

As a result, providers no longer need to include clinical documentation showing that the patient has tried Byooviz when submitting prior authorization requests for Lucentis[®] with dates of service on or after Jan. 9, 2023.

Important: Both Byooviz and Lucentis continue to require that the member first try and fail Avastin[®] (bevacizumab), HCPCS code J3590 for Medicare Plus Blue and HCPCS J9035 for BCN Advantage.

As a reminder, Avastin doesn't require prior authorization when used for retinal conditions.

These drugs are covered under members' medical benefits.

Prior authorization still required

Both Byooviz and Lucentis continue to require prior authorization when administered by a health care provider in sites of care such as outpatient facilities or physician offices and 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

Submit prior authorization requests through the NovoLogix[®] tool

Submit prior authorization requests for both Byooviz and Lucentis using NovoLogix. 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* 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.

If you need to request access to Availability[®], follow the instructions on the [Register for webtools](https://availability.com) webpage at bcbsm.com/providers.

Reminder about requirements for other retinal drugs

All other intravitreal drugs for retinal conditions still have Avastin as a step therapy requirement. These drugs are:

- Eylea[®] (aflibercept), HCPCS code J0178
- Beovu[®] (rolucizumab-dbl), HCPCS code J0179
- Vabysmo[®] (facricimab-svoa), HCPCS codes J2777
- Susvimo[™] (ranibizumab injection, for ocular implant), HCPCS code J2779
- Cimerli[™] (ranibizumab-eqrn), HCPCS code J3590

List of requirements

For a list of requirements related to drugs covered under the medical benefit, see the [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue PPO and BCN Advantage members](#).

We'll update the list to reflect these changes.

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