

Additional drugs to require prior authorization for Medicare Advantage members starting Oct. 15

For dates of service on or after Oct. 15, 2023, the following drugs will require prior authorization for Medicare Plus Blue and BCN Advantage members. These drugs are a part of members' medical benefits, not their pharmacy benefits.

- Lantidra (donislecel-jujn), HCPCS code J3590
- Izervay™ (avacincaptad pegol), HCPCS code J3490
- Eylea® HD (aflibercept), HCPCS code J3490
- Veopoz™ (pozelimab-bbfg), HCPCS code J3590

Submit prior authorization requests through the NovoLogix® online tool.

When prior authorization is required

These drugs will require prior authorization when they are administered by a health care provider in sites of care such as outpatient facilities or physician 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 using the UB04 claim form for a hospital outpatient type of bill 013x

Submit prior authorization requests through the NovoLogix tool

To access NovoLogix, log in to our provider portal (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 Availity®, follow the instructions on the [Register for web tools](https://bcbsm.com/providers) webpage at bcbsm.com/providers.

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 and BCN Advantage members](#).

We'll update the list to reflect this change prior to the effective date.



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Provider alert

Medicare Plus BlueSM and BCN AdvantageSM

Categories: Authorizations/referrals, Pharmacy

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