![Blue Cross Blue Shield Blue Care Network of Michigan logo]

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Provider alert

Blue Cross commercial and BCN commercial
Categories: Authorizations/referrals, Pharmacy
Date posted: Nov. 10, 2023 | Date updated: Jan. 23, 2024

Updated: Entyvio, Omvoh and Wezlana to have requirements for most commercial members

*We updated this alert to include information about the site-of-care requirement for Entyvio®
SC. Although this information wasn't included in the included in the original alert, **you don't
need to take any action.** We've already reviewed the site of care for all prior authorization
requests with dates of service on or after Nov. 23, 2023.*

For dates of service on or after Nov. 23, 2023, we're adding requirements for most Blue
Cross Blue Shield of Michigan and Blue Care Network group and individual commercial
members for the following drugs:

Drug	New requirement(s)	
	Prior authorization	Site of care
Entyvio SC (vedolizumab), HCPCS code J3380	✓	✓
Omvoh™ SC and IV (mirikizumab-mrkz), HCPCS code J3590	✓	
Wezlana™ SC and IV (ustekinumab-auub), HCPCS code J3590	✓	

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

The prior authorization requirement is applied only when the drugs are administered in an
outpatient setting.

For drugs that have a site-of-care requirement, the online submission tool will prompt you to
select a site of care when you submit prior authorization requests. If the request meets
clinical criteria and is for one of the following sites of care, it will be approved automatically:

- Doctor's or other health care provider's office

- Ambulatory infusion center

- The member's home, from a home infusion therapy provider

Note: Prior authorization and site-of-care requirements don't apply to the UAW Retiree Health
Care Trust (group number 70605) or the UAW International Union (group number 71714).

How to submit prior authorization requests
Submit prior authorization requests 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 (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, see the Register for web tools webpage on **bcbsm.com**.

Some Blue Cross commercial groups not subject to these requirements

For Blue Cross commercial groups, this prior authorization requirement applies only to groups that 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.

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.

You can access this list and other information about requesting prior authorization on the following pages of the **ereferrals.bcbsm.com** website:

- Blue Cross Medical Benefit Drugs

- BCN Medical Benefit Drugs

Prior 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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