

Additional drugs to require prior authorization for Federal Employee Program non-Medicare members starting April 1

For dates of service on or after April 1, 2024, we're adding prior authorization requirements for Blue Cross and Blue Shield Federal Employee Program[®] non-Medicare members for the following drugs covered under the medical benefit:

Brand name	Generic name	HCPCS code
Allymsys [®]	bevacizumab-MALY	Q5126
Avastin [®]	bevacizumab	J9035
Fulphila [®]	pegfilgrastim-jmdb	Q5108
Fylnetra [®]	pegfilgrastim-pbbk	Q5130
Granix [®]	tbo-filgrastim	J1447
Herceptin [®]	trastuzumab	J9355
Herceptin Hylecta [™]	trastuzumab and hyaluronidase-oysk	J9356
Herzuma [®]	trastuzumab-pkrb	Q5113
Kanjinti [®]	trastuzumab-anns	Q5117
Mvasi [®]	bevacizumab-awwb	Q5107
Neulasta [®]	pegfilgrastim	J2506
Neulasta [®] Onpro [®]	pegfilgrastim	J2506
Neupogen [®]	filgrastim	J1442
Nivestym [®]	filgrastim-aafi	Q5110
Nyvepria [™]	Pegfilgrastim-apgf	Q5122
Ogivri [®]	trastuzumab-dkst	Q5114
Ontruzant [®]	trastuzumab-dttb	Q5112
Releuko [®]	filgrastim-ayow	Q5125
Rituxan Hycela [®]	rituximab and hyaluronidase	J9311
Rolvedon [®]	eflapegrastim-xnst	J1449
Stimufend [®]	pegfilgrastim-fpgk	Q5127
Trazimera [™]	trastuzumab-gyyp	Q5116
Udenyca [®]	pegfilgrastim-cbqv	Q5111
Vegzelma [®]	bevacizumab-adcd	Q5129

Brand name	Generic name	HCPCS code
Zarxio®	filgrastim-sndz	Q5101
Ziextenzo®	pegfilgrastim-bmez	Q5120
Zirabev™	bevacizumab-bvzr	Q5118

For members who begin therapies before April 1

The current review process for authorizations will continue through March 31, 2024. Authorizations received prior to April 1, 2024, will be valid for up to 12 months.

For members who begin therapies on or after April 1

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 webtools](#) webpage on **bcbsm.com**.

List of requirements

For a full list of requirements related to drugs covered under the medical benefit, see the [Utilization management medical drug list for Blue Cross and Blue Shield Federal Employee Program® non-Medicare members](#). We'll update this list prior to the effective date.

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

- [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.

[Subscribe](#) to Provider Alerts Weekly, a weekly email with a list of links to the previous week's provider alerts.

*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.

Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.