

## We're changing how we manage Entyvio SC and Omvoh SC, starting March 1

For dates of service on or after March 1, 2024, Blue Cross Blue Shield of Michigan and Blue Care Network are changing how we manage the following drugs for our Medicare Advantage members:

- Entyvio<sup>®</sup> SC (vedolizumab), HCPCS code J3590
- Omvoh<sup>™</sup> SC (mirikizumab-mrkz), HCPCS code J3590

This change applies to our Medicare Plus Blue and BCN Advantage members.

**Important:** This change doesn't affect Entyvio IV, HCPCS code J3380, and Omvoh IV, HCPCS code J3590, which will continue to be managed as part of members' Part B medical benefits. These drugs will continue to require prior authorization through the Part B medical benefit, using the NovoLogix<sup>®</sup> web tool.

### What's changing on March 1

For dates of service on or after March 1, Medicare Plus Blue and BCN Advantage members who previously received Entyvio SC or Omvoh SC under the Part B medical benefit will be required to continue their treatment under their Part D pharmacy benefits.

We're making this change because these therapies can be safely and conveniently self-administered in the home; the Centers for Medicare & Medicaid Services, or CMS, has added these drugs to the [Self-Administered Drug Exclusion List: \(SAD List\)\\*](#).

As a result:

- These drugs are no longer covered when administered by a doctor or other health care professional under the Part B medical benefit.
- Entyvio SC and Omvoh SC are not included in our Medicare Advantage Part D formularies, but providers can request prior authorization for them as exceptions. (See "How to submit prior authorization requests for Entyvio SC and Omvoh SC".)
- Your patients can obtain these medications at pharmacies that dispense specialty drugs. They can also obtain these drugs through an AllianceRx Walgreens Pharmacy.
- For members who don't have Part D pharmacy benefits through Blue Cross or BCN, providers need to work with the pharmacy vendor that provides each member's Part D coverage.

## How to submit prior authorization requests for Entyvio SC and Omvoh SC

For members who have Part D pharmacy benefits through Medicare Plus Blue or BCN Advantage, providers need to submit prior authorization requests for Entyvio SC and Omvoh SC as follows:

**Electronically:** Through CoverMyMeds<sup>®</sup> or another free ePA tool, such as Surescripts<sup>®</sup> or ExpressPAth<sup>®</sup>. See [Save time and submit your prior authorization requests electronically for pharmacy benefit drugs](#) for more information.

- **By phone:** Call 1-800-437-3803 and follow the prompts for medications billed through the pharmacy benefit.
- **By fax:**
  - For Medicare Plus Blue requests, fax to 1-866-601-4428.
  - For BCN Advantage requests, fax to 1-800-459-8027.

### List of requirements

For a full 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 this list to reflect the changes related to these drugs.

Authorization isn't a guarantee of payment. Health care practitioners need to verify eligibility and benefits for members.

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