Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Medicare Plus Blue<sup>SM</sup> and BCN Advantage<sup>SM</sup> Categories: Authorizations/referrals, Pharmacy

Date posted: March 19, 2024

# Step therapy requirement to be added for VPRIV and Elelyso for Medicare Advantage members starting June 1

For dates of service on or after June 1, 2024, providers will have to show that Medicare Plus Blue and BCN Advantage members tried and failed Cerezyme<sup>®</sup> (imiglucerase) when requesting prior authorization for the following drugs:

- VPRIV<sup>®</sup> (velaglucerase alfa), HCPCS code J3385
- Elelyso<sup>®</sup> (taliglucerase alfa), HCPCS code J3060

Cerezyme is Blue Cross Blue Shield of Michigan and Blue Care Network's preferred enzyme replacement therapy for Gaucher disease.

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

Submit prior authorization requests for VPRIV and Elelyso through the NovoLogix® online tool.

As a reminder, Cerezyme doesn't require prior authorization for dates of service on or after Jan. 1, 2024.

#### When prior authorization is required

VPRIV and Elelyso 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 NovoLogix

To access NovoLogix, log in to our provider portal (<u>availity.com</u>\*), 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, follow the instructions on the <u>Register</u> for web tools webpage at **bcbsm.com/providers**.

## List of requirements

For a list of requirements related to drugs covered under the medical benefit, see the <u>Medical Drug</u> and Step Therapy Prior Authorization List for <u>Medicare Plus Blue and BCN Advantage members</u>.

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

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### **Provider alert**

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