

Lenmeldy to require prior authorization for most commercial members starting March 28

For dates of service on or after March 28, 2024, we're adding a prior authorization requirement for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members for the following drug covered under the medical benefit:

- Lenmeldy™ (atidarsagene autotemcel), HCPCS code J3590

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 (availability.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 aren't subject to this requirement

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:



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

Provider alert

Blue Cross commercial and BCN commercial
Categories: Authorizations/referrals, Pharmacy

Date poste: March 22, 2024

- [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.

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