

Spevigo SC and Tyenne will require prior authorization for Medicare Advantage members starting July 1

For dates of service on or after July 1, 2024, the following drugs will require prior authorization for Medicare Plus Blue and BCN Advantage members:

- Spevigo[®] SC (spesolimab-sbzo), HCPCS code J3590

Note: Spevigo IV, HCPCS code J1747, already requires prior authorization.

- Tyenne[®] (tocilizumab-aazg), HCPCS code J3590

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

Submit prior authorization requests through the NovoLogix[®] online tool.

When prior authorization is required

These drugs will 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 (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, follow the instructions on the [Register for web tools](https://bcbsm.com/providers) webpage at bcbsm.com/providers.

List of requirements

For a 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 prior to the effective date.

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Provider alert

Medicare Plus BlueSM and BCN AdvantageSM

Category: Authorizations/referrals, Pharmacy

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