

We're changing how we manage immunoglobulin therapies for most commercial members starting Oct. 1

For dates of service on or after Oct. 1, 2024, the drugs listed below will be the preferred immunoglobulin products for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members:

- Gammagard[®], liquid and S/D, (immune globulin), HCPCS codes J1566 and J1569
- Hizentra[®] (immune globulin), HCPCS code J1559
- Octagam[®] (immune globulin), HCPCS code J1568

Here's how these products are covered:

- Gammagard, Hizentra and Octagam will continue to be covered under the medical benefit when administered by a health care professional.
- Gammagard and Hizentra will continue to be covered under the pharmacy benefit when self-administered.

How this will affect members

Here's important information you'll need to know:

- Members who have active authorizations for the **preferred** immunoglobulin products won't be affected by this change.
- For members who have active authorizations for **nonpreferred** immunoglobulin products:
 - These members are authorized to continue their current therapy through Sept. 30, 2024.
 - We've proactively issued authorizations for the **preferred** products from Oct. 1, 2024, through Sept. 30, 2025, to avoid any interruptions in therapy. You won't need to submit prior authorization requests for the preferred products for dates of service within this time frame.
 - We'll mail letters to members who are currently using nonpreferred products to notify them of these changes.
 - For members who will continue to use a nonpreferred immunoglobulin product on or after Oct. 1, you'll need to submit a new prior authorization request.

How to submit prior authorization requests

You'll submit prior authorization requests differently depending on how the medication is administered, as follows:

- For an immunoglobulin product that requires administration by a health care professional, submit the request through the NovoLogix® online tool.
- For a self-administered immunoglobulin product, submit the request using an electronic prior authorization, or ePA, tool such as CoverMyMeds® or Surescripts®.

Some Blue Cross commercial groups aren't subject to this requirement

For Blue Cross commercial, this 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](#).

Notes:

- The changes discussed above apply to Blue Cross commercial UAW Retiree Medical Benefits Trust members with non-Medicare plans. However, they don't apply to the UAW Retiree Health Care Trust (group number 70605) or the UAW International Union (group number 71714).
- Blue Cross and Blue Shield Federal Employee Program® members don't participate in the standard prior authorization program.

List of requirements

For more information about the requirements related to drugs covered under the **medical benefit**, see these lists:

- For Blue Cross commercial URMBT members with non-Medicare plans: [Medical Drug Management with Blue Cross for UAW Retiree Medical Benefits Trust PPO non-Medicare members](#)
- For most other commercial members: [Blue Cross and BCN utilization management medical drug list for Blue Cross commercial and BCN commercial members](#).

For a full list of requirements related to drugs covered under the **pharmacy benefit**, see the [Prior authorization and step therapy coverage criteria](#).

We'll update these lists to reflect the changes related to these drugs prior to the effective dates.

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

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