

## Tyenne, Tofidence and Zinplava to have a site-of-care requirement for most commercial members starting Nov. 1

For dates of service on or after Nov. 1, 2024, we're adding a site-of-care requirement for Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members for the following drugs when they're billed under the medical benefit:

- Tyenne<sup>®</sup> IV and SC (tocilizumab-aazg), HCPCS code J3590
- Tofidence<sup>™</sup> (tocilizumab-bav), HCPCS code Q5133
- Zinplava (bezlotoxumab), HCPCS code J0565

The NovoLogix<sup>®</sup> online tool will prompt you to select a site of care when you submit prior authorization requests for these drugs. If the request meets the clinical criteria for the drug and is for one of the following sites of care, it will be approved automatically:

- Doctor's or other health care provider's office
- Ambulatory infusion center
- The member's home, from a home infusion therapy provider

Additional information or documentation may be required for requests to administer Tyenne, Tofidence and Zinplava in an outpatient hospital setting.

As a reminder, these drugs already require prior authorization. The new site-of-care requirement is in addition to the current prior authorization requirement.

Members who start courses of treatment with Tyenne, Tofidence and Zinplava before Nov. 1, 2024, will be able to continue receiving the drug in their current location until their existing authorization expires. If these members then continue treatment under a new prior authorization, the site-of-care requirement outlined above will apply.

### Some Blue Cross commercial groups aren't subject to these requirements

For Blue Cross commercial groups, prior authorization and site-of-care requirements apply 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<sup>®</sup> 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 at [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com), at these locations:

- [Blue Cross Medical Benefit Drugs](#) page
- [BCN Medical Benefit Drugs](#) page

Prior authorization isn't a guarantee of payment. Health care providers need to verify eligibility and benefits for members.

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