

Step therapy requirements added for Entyvio, Rystiggo, Vabysmo and Vyvgart and for Medicare Advantage members starting May 1

For dates of service on or after May 1, 2025, providers will have to show that our Medicare Plus Blue and BCN Advantage members have tried and failed certain drugs when requesting prior authorization for the following drugs:

- Entyvio[®] (vedolizumab), HCPCS code J3380
- Rystiggo[®] (rozanolixizumab-noli), HCPCS code J9333
- Vabysmo[®] (faricimab-svoa), HCPCS code J2777
- Vyvgart[®] (efgartigimod alfa-fcab), HCPCS code J9332
- Vyvgart® Hytrulo (efgartigimod alfa-fcab and hyaluronidase-qvfc), HCPCS code J9334

Refer to the table below for the step therapy requirements.

Drug	Diagnosis	Step therapy requirements	Preferred products
Entyvio — For members who don't have a Medicare Advantage prescription drug plan through Blue Cross or BCN	Crohn's disease and ulcerative colitis	Trial and failure of one infliximab product and one ustekinumab product.	 Infliximab: Renflexis[®] (infliximab-abda), HCPCS code Q5104 Avsola[®] (infliximab-axxq), HCPCS code Q5121 Ustekinumab: Stelara[®] (ustekinumab), HCPCS code J3358 and biosimilars
Entyvio — For members who have a Medicare Advantage prescription drug plan through Blue Cross or BCN	Crohn's disease and ulcerative colitis	Trial and failure of one infliximab product	 Renflexis[®] (infliximab-abda), HCPCS code Q5104 Avsola[®] (infliximab-axxq), HCPCS code Q5121 Note: Renflexis and Avsola do not require prior authorization.

Provider alert



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Medicare Plus BlueSM and BCN AdvantageSM Category: Authorizations/referrals, Pharmacy

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Drug	Diagnosis	Step therapy requirements	Preferred products
Vabysmo	All FDA- approved indications	Trial and failure of bevacizumab (Avastin [®]) or a bevacizumab biosimilar and an aflibercept product, a ranibizumab product or Beovu [®] .	 Avastin[®] (bevacizumab), HCPCS code J9035 and biosimilars Eylea[®] (aflibecept), HCPCS code J0178 and biosimilars Eylea[®] HD (aflibercept), HCPCS code J0177 Lucentis[®] (ranibizumab), HCPCS code J2778 and biosimilars Beovu[®] (brolucizumab-dbll), HCPCS code J0179
 Rystiggo Vyvgart Vyvgart Hytrulo 	Myasthenia gravis	Trial and failure of one rituximab product	 Ruxience[®] (rituximab-pvvr), HCPCS code Q5119 Riabni[®] (rituximab-arrx), HCPCS code Q5123 Note: Ruxience and Riabni do not require prior authorization.

Submit prior authorization requests through the NovoLogix[®] online tool when these drugs will be billed as a medical benefit.

When prior authorization is required

These drugs require prior authorization, as applicable, 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

How to access 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 for web tools</u> 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</u> <u>Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage</u> <u>members</u>.

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

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Availity[®] is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and data interchange services.

NovoLogix[®] is an independent company that provides an online prescription drug prior authorization tool for Blue Cross Blue Shield of Michigan and Blue Care Network.