

## Update: Changes coming to preferred products for drugs covered under the medical benefit for most members, starting April 1

*This Provider Alert updates two web-DENIS messages that we posted on Dec. 30, 2020. The same information was communicated through news items on the [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) website and in our provider newsletters.*

For dates of service on or after April 1, 2021, we're designating certain medications as preferred products. This change will affect most Blue Cross Blue Shield of Michigan commercial, all Medicare Plus Blue<sup>SM</sup>, all Blue Care Network commercial and all BCN Advantage<sup>SM</sup> members.

### Here's what you need to know when prescribing these products

For dates of service on or after April 1:

- **Preferred products vary based on members' health care plans.** Be sure to read this entire message.
- **For members who start treatment on or after April 1:** Prescribe preferred products when possible. You can find information on how to submit prior authorization requests for both preferred products and nonpreferred products in the "Submitting requests for prior authorization" on page 4.
- **For members who receive nonpreferred products for bevacizumab, trastuzumab or rituximab, for courses of treatment that start before April 1:** These members can continue treatment using the nonpreferred product until their authorizations expire.

We'll reach out to **commercial members** who receive these nonpreferred products and encourage them to discuss treatment options with you.

- **For members who receive nonpreferred products for pegfilgrastim:** These members will need to transition to a preferred product by April 1.
- **For members who receive a bevacizumab product through intravitreal administration on or after April 1:** Prior authorization won't be required for intravitreal administrations for diagnoses associated with ocular conditions. As a reminder, bevacizumab products for intravitreal administration don't currently require prior authorization.

### Information for Blue Cross commercial members

The requirements outlined in this message do and do not apply as follows:

- These requirements apply only to groups that participate in the standard commercial Medical Drug Prior Authorization program for drugs covered under the medical benefit.
- These requirements **don't** apply to members covered by the Blue Cross and Blue Shield Federal Employee Program<sup>®</sup> or to UAW Retiree Medical Benefits Trust non-Medicare members.
- For Michigan Education Special Services Association and Blue Cross commercial self-funded groups:
  - **For preferred products:** These groups **don't** participate in the AIM Specialty Health<sup>®</sup> oncology management program. Because of this, you don't need to request prior authorization for members who have coverage through these groups.
  - **For nonpreferred products:** You'll need to request prior authorization through the NovoLogix<sup>®</sup> online tool for members who have coverage through these groups.

Correction: Previous communications incorrectly listed the Michigan Education Special Services Association as group to which these requirements don't apply.

### Preferred and nonpreferred products for most members

We're designating the following products as preferred and nonpreferred for:

- Blue Cross commercial fully insured groups
- Blue Cross commercial members with individual coverage
- Medicare Plus Blue members
- BCN commercial members
- BCN Advantage members

Medication	Preferred products	Nonpreferred products
bevacizumab (reference product: Avastin <sup>®</sup> )	<ul style="list-style-type: none"> <li>• Mvasi<sup>™</sup> (bevacizumab-awwb), HCPCS code Q5107</li> <li>• Zirabev<sup>®</sup> (bevacizumab-bvzr), HCPCS code Q5118</li> </ul>	<ul style="list-style-type: none"> <li>• Avastin<sup>®</sup> (bevacizumab), HCPCS code J9035</li> </ul>

Medication	Preferred products	Nonpreferred products
rituximab (reference product: Rituxan <sup>®</sup> )	<ul style="list-style-type: none"> <li>Ruxience<sup>™</sup> (rituximab-pvvr), HCPCS code Q5119<sup>(1)</sup></li> <li>Riabni<sup>™</sup> (rituximab-arrx), HCPCS code J3590<sup>(1),(2)</sup></li> </ul>	<ul style="list-style-type: none"> <li>Rituxan<sup>®</sup> (rituximab), HCPCS code J9312</li> <li>Truxima<sup>®</sup> (rituximab-abbs), HCPCS code Q5115</li> </ul>
trastuzumab (reference product: Herceptin <sup>®</sup> )	<ul style="list-style-type: none"> <li>Kanjinti<sup>™</sup> (trastuzumab-anns), HCPCS code Q5117</li> <li>Trazimera<sup>™</sup> (trastuzumab-qyyp), HCPCS code Q5116</li> </ul>	<ul style="list-style-type: none"> <li>Herceptin<sup>®</sup> (trastuzumab), HCPCS code J9355</li> <li>Herzuma<sup>®</sup> (trastuzumab-pkrb), HCPCS code Q5113</li> <li>Ogivri<sup>®</sup> (trastuzumab-dkst), HCPCS code Q5114</li> <li>Ontruzant<sup>®</sup> (trastuzumab-dttb), HCPCS code Q5112</li> </ul>
filgrastim (reference product: Neupogen <sup>®</sup> )	<ul style="list-style-type: none"> <li>Nivestym<sup>®</sup> (filgrastim-aafi), HCPCS code Q5110</li> <li>Zarxio<sup>®</sup> (filgrastim-sndz), HCPCS code Q5101</li> </ul>	<ul style="list-style-type: none"> <li>Neupogen<sup>®</sup> (filgrastim), HCPCS code J1442<sup>(3),(4)</sup></li> <li>Granix<sup>®</sup> (tbo-filgrastim), HCPCS code J1447<sup>(3),(4)</sup></li> </ul>

<sup>(1)</sup>Preferred rituximab products don't require authorization through AIM Specialty Health.

<sup>(2)</sup>Will become a unique code

<sup>(3)</sup>For BCN commercial, Medicare Plus Blue and BCN Advantage members: For courses of treatment that start Oct. 1, 2020, through March 31, 2021, submit these requests to AIM. For courses of treatment that start on or after April 1, 2021, submit these requests through NovoLogix.

<sup>(4)</sup>For Blue Cross commercial fully insured members and Blue Cross commercial members with individual coverage: For courses of treatment that start on or after Oct. 1, 2020, you're already submitting these requests through NovoLogix; this will not change.

## Additional preferred and nonpreferred products for most commercial members

We're designating the following products as preferred and nonpreferred for:

- Blue Cross commercial fully insured groups
- Blue Cross commercial members with individual coverage
- BCN commercial members

Medication	Preferred products	Nonpreferred products
pegfilgrastim (reference product: Neulasta <sup>®</sup> )	<ul style="list-style-type: none"> <li>Neulasta<sup>®</sup> / Neulasta<sup>®</sup> Onpro<sup>®</sup> (pegfilgrastim), HCPCS code J2505</li> <li>Nyvepria<sup>™</sup> (pegfilgrastim-apgf), HCPCS code Q5122</li> </ul>	<ul style="list-style-type: none"> <li>Fulphila<sup>®</sup> (pegfilgrastim-jmdb), HCPCS code Q5108</li> <li>Udenyca<sup>®</sup> (pegfilgrastim-cbqv), HCPCS code Q5111</li> <li>Ziextenzo<sup>™</sup> (pegfilgrastim-bmez), HCPCS code Q5120</li> </ul>

### Additional preferred and nonpreferred products for Medicare Advantage members

We're designating the following products as preferred and nonpreferred for Medicare Plus Blue and BCN Advantage members.

Medication	Preferred products	Nonpreferred products
pegfilgrastim (reference product: Neulasta <sup>®</sup> )	<ul style="list-style-type: none"> <li>Neulasta<sup>®</sup> /Neulasta Onpro<sup>®</sup> (pegfilgrastim), HCPCS code J2505</li> <li>Udenyca<sup>®</sup> (pegfilgrastim-cbqv), HCPCS code Q5111</li> </ul>	<ul style="list-style-type: none"> <li>Fulphila<sup>®</sup> (pegfilgrastim-jmdb), HCPCS code Q5108</li> <li>Ziextenzo<sup>™</sup> (pegfilgrastim-bmez), HCPCS code Q5120</li> <li>Nyvepria<sup>™</sup> (pegfilgrastim-apgf), HCPCS code Q5122</li> </ul>

### Submitting requests for prior authorization

Here's how to submit prior authorization requests for preferred products and for nonpreferred products:

- For preferred products:** These products require prior authorization through AIM. Submit the request through the [AIM provider portal](#)\* or by calling the AIM Contact Center at 1-844-377-1278. For information about registering for and accessing the AIM *ProviderPortal*, see the [Frequently asked questions page](#)\* on the AIM website.

**Exception:** Ruxience and Riabni don't require authorization.

Correction: Previous communications incorrectly stated that Ruxience and Riabni require prior authorization.

- Nonpreferred products:** These products have authorization requirements. Submit the prior authorization request through NovoLogix. NovoLogix offers real-time status checks and immediate approvals for certain medications. If you have access to

Provider Secured Services, you already have access to enter authorization requests through NovoLogix. If you need to request access to Provider Secured Services, complete the [Provider Secured Access Application](#) form and fax it to the number on the form.

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

### Lists of requirements

See the following lists to view requirements for these products.

- For commercial members, see:
  - **Standard commercial medical drug program:** [Blue Cross and BCN utilization management medical drug list for Blue Cross PPO \(commercial\) and BCN HMO \(commercial\) members](#) document
  - **Medical oncology drug program:** [Medical oncology prior authorization list for Blue Cross PPO' \(commercial\) fully insured and BCN HMO \(commercial\) members](#)
- For Medicare Advantage members, see the [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue PPO and BCN Advantage members](#).

We'll update the requirements lists with the new information prior to April 1, 2021.

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