



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

## Provider alert

Blue Cross commercial

Category: Pharmacy

Publication start date: Dec. 10, 2021

Publication end date: March 31, 2022

## Additional drugs to require prior authorization for Blue Cross URMBT non-Medicare members starting March 10

For dates of service on or after March 10, 2022, additional drugs will require prior authorization for Blue Cross UAW Retiree Medical Benefits Trust, or URMBT, non-Medicare members when these drugs are administered in an outpatient setting. Some of these drugs will also be subject to site-of-care requirements.

Submit prior authorization requests using the NovoLogix<sup>®</sup> online tool.

All of these drugs are covered under the medical benefit.

Refer to the table below for the details. When a cell is blank, the drug doesn't have site-of-care requirements.

HCPCS code	Brand name	Generic name	Requirements	
			Prior authorization	Site of care
J0800	Acthar gel <sup>®</sup>	corticotropin	✓	
J2504	Adagen <sup>®</sup>	pegademase bovine	✓	✓
J0791	Adakveo <sup>®</sup>	crizanlizumab-tmca	✓	✓
J3145	Aveed <sup>®</sup>	testosterone undecanoate	✓	
J0585	Botox <sup>®</sup>	onabotulinumtoxinA	✓	
J0567	Brineura <sup>®</sup>	cerliponase alfa	✓	
J0717	Cimzia <sup>®</sup>	certolizumab pegol	✓	✓
J0586	Dysport <sup>®</sup>	abobotulinumtoxinA	✓	
J1744	Firazyr <sup>®</sup>	icatibant	✓	✓



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HCPCS code	Brand name	Generic name	Requirements	
			Prior authorization	Site of care
J0223	Givlaari®	givosiran	✓	✓
J1729	Hydroxyprogesterone Caproate	hydroxyprogesterone caproate NOS	✓	
J1744	Icatibant	icatibant hcl	✓	✓
J0638	Ilaris®	canakinumab	✓	✓
J3245	Ilumya®	tildrakizumab-asmn	✓	✓
J1726	Makena®	hydroxyprogesterone caproate	✓	
J0587	Myobloc®	rimabotulinumtoxinB	✓	
J2796	Nplate®	romiplostim	✓	
J0897	Prolia®	denosumab	✓	✓
J0896	Reblozyl®	luspatercept-aamt	✓	✓
J1744	Sajazii®	icatibant acetate	✓	✓
J7352	Scenesse®	afamelanotide	✓	
J2502	Signifor LAR®	pasireotide	✓	
90378	Synagis®	palivizumab	✓	
Q2053	Tecartus®	brexucabtagene autoleucel	✓	
S0189	Testopel®	testosterone pellet	✓	



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HCPCS code	Brand name	Generic name	Requirements	
			Prior authorization	Site of care
J1746	Trogarzo®	lbalizumab-uiyk	✓	✓
J1823	Uplizna®	inebilizumab-cdon	✓	
J3032	Vyepti®	eptinezumab-jjmr	✓	✓
J0588	Xeomin®	incobotulinumtoxinA	✓	
J0897	Xgeva®	denosumab	✓	✓
J0775	Xiaflex®	collagenase clostridium histolyticum	✓	
J2357	Xolair®	omalizumab	✓	✓

### Explanation of site-of care requirement

Through site-of-care requirements, members receiving select injectable or infusible drugs in the outpatient hospital setting are redirected to a lower cost, alternate site of care, such as the physician's office or member's home.

### How to submit authorization requests

Submit prior authorization requests through NovoLogix. It offers real-time status checks and immediate approvals for certain medications.

To learn how to submit requests through NovoLogix, do the following:

1. Go to [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com).
2. Click *Blue Cross*.

3. Click [Medical Benefit Drugs](#).
4. Scroll to the Blue Cross commercial column.
5. Review the information in the “How to submit authorization requests electronically using NovoLogix” section.

### More about the requirements

Authorization isn't a guarantee of payment. As always, health care practitioners need to verify eligibility and benefits for members.

For additional information on requirements related to drugs covered under the medical benefit for Blue Cross URMBT non-Medicare members, see:

- [Medical oncology prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members](#)
- [Medical Drug Management with Blue Cross for UAW Retiree Medical Benefit Trust PPO non-Medicare Members](#)

Note: Accredo manages prior authorization requests for additional medical benefit drugs.

We'll update the appropriate drug lists to reflect the information in this message prior to the effective date.