

PROVIDER BULLETIN

PROVIDER INFORMATION

July 1, 2024

MagellanRx Management, a Prime Therapeutics Company (UM) Program: Medical Drug Updates

The MagellanRx Management, a Prime Therapeutics Company (Prime/MRx) program for medical drugs will be making updates to the Current Procedural Terminology (CPT) Prior Authorization (PA) Code List.

The following drug(s) have been added to the medical drug program and will require prior authorization for dates of service beginning **September 1, 2024**.

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Adzynma	J7171	Commercial, Medicare and Medicaid
Amtagvi	J9999	Commercial, Medicare and Medicaid
Anktiva	J9999	Commercial, Medicare and Medicaid
Bendamustine	J9034	Commercial, Medicare and Medicaid
Blincyto	J9039	Commercial, Medicare and Medicaid
Columvi	J9286	Commercial, Medicare and Medicaid
Cyramza	J9308	Commercial, Medicare and Medicaid
Darzalex Faspro	J9144	Commercial, Medicare and Medicaid
Elahere	J9063	Commercial, Medicare and Medicaid
Izervay	J2782	Commercial, Medicare and Medicaid
Jubbonti	J3590	Commercial, Medicare and Medicaid
Lenmeldy	J3590	Commercial, Medicare and Medicaid
Loqtorzi	J3263	Commercial, Medicare and Medicaid
Palonosetron	J2468	Commercial, Medicare and Medicaid
Ryzneuta	J9361	Commercial, Medicare and Medicaid
Tevimbra	J9999	Commercial, Medicare and Medicaid
Tyenne	J3590	Commercial, Medicare and Medicaid
Wyost	J3590	Commercial, Medicare and Medicaid

To view the Medical Drug Lists:

- Access the 'Provider Section' of the Blue Cross website at bluecrossmn.com/providers
- Select "Medical and behavioral health policies" under "Medical Management"
- Scroll down and click on the "Prime/MRx Medical Drug clinical guidelines" link, located under Other evidence-based criteria and guidelines we use and how to access them
- Medical Drugs are listed in alphabet order. To search for a specific drug, Ctrl + F and type in the drug name.
- Select the drug to view the Medical Policy for the selected drug.

- All drugs in the list apply to Medicare members. Please refer to CMS for the clinical guidelines that apply for Medicare members.
- A reference will be placed behind the drug name to indicate if the policy applies to Commercial, Medicaid, or both.

Products Impacted

- Commercial
- Medicare Advantage
- Minnesota Health Care Programs

Prior Authorization Look Up Tool

Providers should use the Prior Authorization Look Up Tool on [Availity.com/Essentials](https://www.availity.com/essentials) to quickly determine if an authorization is required. By entering Member Group Number, Date of Service and Procedure Code, the tool will indicate whether an Authorization is required. If an Authorization is not required, the tool will allow the user to print the results for their records. If an Authorization is required, the user will move directly into the next field in Authorization application to complete the request.

To access the Prior Authorization Look Up Tool:

1. Log in at [Availity.com/Essentials](https://www.availity.com/essentials)
2. Select Patient Registration, choose Authorization & Referrals, then Authorizations
3. Select Payer BCBSMN, your Organization, Transaction Type Outpatient and you will be redirected to the Authorization Look Up Tool application.

To submit a Prior Authorization (PA) Request to Prime/MRx

Providers submit Prime/MagellanRx requests at [Availity.com/Essentials](https://www.availity.com/essentials). There is no cost to the provider.

Instructions on how to utilize this portal are found at [Availity.com/Essentials](https://www.availity.com/essentials). Providers should reference the Prime/MRx Medical Policies, submit prior authorization requests and submit all applicable clinical documentation with the PA request. Failure to submit required information may result in review delays or denial of the request due to insufficient information.

Note: An approved PA does not guarantee coverage under a subscriber's benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

If a provider does not obtain a required prior authorization before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.

Questions?

If you have questions and would like to speak to a Prime/MRx representative call 800-424-1706, 8:00 a.m. to 8:00 p.m. CST, Monday – Friday.