PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

August 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 **October 1, 2024**.

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Alyglo	J1599	Commercial, Medicare and Medicaid
Beqvez	J3590	Medicare and Medicaid
Hercessi	J9999	Medicare and Medicaid
Imdeltra	J9999	Commercial, Medicare and Medicaid
Kisluna	J3590	Medicare and Medicaid
Kresaldi*	Per FDA recommendations	Medicare and Medicaid
Nypozi	J3590	Medicare and Medicaid
PiaSky	J3590	Medicare and Medicaid
Prademagene*	Per FDA recommendations	Medicare and Medicaid

*PA will be required upon FDA approval

For Medicare and Medicaid lines of business, new drugs that currently don't have individual policies will follow PA to label policy.

The following drug(s), which are currently on the drug list, have updates to Medical Pharmacy Policies effective **October 1, 2024**

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Acthar Gel	J0801	Commercial, Medicare and Medicaid
Actemra IV	J3262	Commercial, Medicare and Medicaid
Adcetris	J9042	Commercial, Medicare and Medicaid
Akynzeo	J1454	Commercial, Medicare and Medicaid
Adstiladrin	J9029	Commercial, Medicare and Medicaid
Aloxi	J2469	Commercial, Medicare and Medicaid
Alpha-1	J0256	Commercial, Medicare and Medicaid
Amondys 45	J1426	Commercial, Medicare and Medicaid
Aranesp	J0881	Commercial, Medicare and Medicaid
Bavencio	J9023	Commercial, Medicare and Medicaid

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Benlysta IV	J0490	Commercial, Medicare and Medicaid
Bevacizumab	J9035	Commercial, Medicare and Medicaid
Breyanzi	Q2054	Commercial, Medicare and Medicaid
Cabazitaxel	J9043	Commercial, Medicare and Medicaid
Cinvanti	J0185	Commercial, Medicare and Medicaid
Cosela	J1448	Commercial, Medicare and Medicaid
Darzalex _IV	J9145	Commercial, Medicare and Medicaid
Denosumab	J0897	Commercial, Medicare and Medicaid
Elzonris	J9269	Commercial, Medicare and Medicaid
Enhertu	J9358	Commercial, Medicare and Medicaid
Enjaymo	J1302	Commercial, Medicare and Medicaid
Entyvio IV	J3380	Commercial, Medicare and Medicaid
Epoetin _alfa	J0885	Commercial, Medicare and Medicaid
Erbitux	J9055	Commercial, Medicare and Medicaid
Evenity	J3111	Commercial, Medicare and Medicaid
Evkeeza	J1305	Commercial, Medicare and Medicaid
Exondys51	J1428	Commercial, Medicare and Medicaid
Fasenra	J0517	Commercial, Medicare and Medicaid
Feraheme	Q0138	Commercial, Medicare and Medicaid
Fulphila	Q5108	Commercial, Medicare and Medicaid
Fylentra	Q5130	Commercial, Medicare and Medicaid
Injectafer	J1439	Commercial, Medicare and Medicaid
Jelmyto	J9281	Commercial, Medicare and Medicaid
Kyprolis	J9047	Commercial, Medicare and Medicaid
Leqvio	J1306	Commercial, Medicare and Medicaid
Mircera	J0888	Commercial, Medicare and Medicaid
Monoferric	J1437	Commercial, Medicare and Medicaid
Neulasta	J2506	Commercial, Medicare and Medicaid
Nyvepria	Q5122	Commercial, Medicare and Medicaid
Opdivo	J9299	Commercial, Medicare and Medicaid
Provenge	Q2043	Commercial, Medicare and Medicaid
Reblozyl	J0896	Commercial, Medicare and Medicaid
Riabni	Q5123	Commercial, Medicare and Medicaid
Rituxan	J9312	Commercial, Medicare and Medicaid
Rolvedon	J1449	Commercial, Medicare and Medicaid
Ruxience	Q5119	Commercial, Medicare and Medicaid
Rybrevant	J9061	Commercial, Medicare and Medicaid
Saphnelo	J0491	Commercial, Medicare and Medicaid
Soliris	J1300	Commercial, Medicare and Medicaid
Spevigo	J1747	Commercial, Medicare and Medicaid
Stimufend	Q5127	Commercial, Medicare and Medicaid
Sustol	J1627	Commercial, Medicare and Medicaid
Tecvayli	J9380	Commercial, Medicare and Medicaid
Tofidence	Q5133	Commercial, Medicare and Medicaid
Truxima	Q5115	Commercial, Medicare and Medicaid
Udencya	Q5111	Commercial, Medicare and Medicaid
Ultomiris	J1303	Commercial, Medicare and Medicaid
Uplizna	J1823	Commercial, Medicare and Medicaid
Viltepso	J1427	Commercial, Medicare and Medicaid

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Ziextenzo	Q5120	Commercial, Medicare and Medicaid
Zoledronic Acid	J3489	Commercial, Medicare and Medicaid
Zynteglo	J3393	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 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
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. There is no cost to the provider.

Instructions on how to utilize this portal are found at 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.