PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

September 3, 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 **November 1, 2024**.

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Bkemv	J3590	Commercial, Medicare and Medicaid
Cosentyx IV	J3247	Commercial, Medicare and Medicaid
Epysqli	J3590	Commercial, Medicare and Medicaid
Kisunla	J3590	Commercial
Posfrea	J2468	Commercial, Medicare and Medicaid
Pemetrexed (Apotex)	J9999	Commercial, Medicare and Medicaid
Pyzchiva IV	J3590	Commercial, Medicare and Medicaid
Pyzchiva SC	J3590	Commercial and Medicaid
Rytelo	J9999	Commercial, Medicare and Medicaid
Selarsdi	J3590	Commercial and Medicaid
Yimmugo	J1599	Commercial, Medicare and Medicaid
Tecelra	J9999	Commercial, Medicare and Medicaid

*PA will be required upon FDA approval

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 **November 1, 2024**

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Briumvi (ublituximab-xiiy)	J2329	Commercial, Medicare and Medicaid
Erbitux (cetuximab)	J9055	Commercial, Medicare and Medicaid
Fulphila	Q5108	Commercial, Medicare and Medicaid
Fylnetra	Q5130	Commercial, Medicare and Medicaid
Granix	J1447	Commercial, Medicare and Medicaid
Herceptin	J9355	Commercial, Medicare and Medicaid
Hercessi	J9999	Commercial, Medicare and Medicaid
Herzuma	Q5113	Commercial, Medicare and Medicaid
Imfinzi (durvalumab)	J9173	Commercial, Medicare and Medicaid
Imjudo (tremelimumab-actl)	J9347	Commercial, Medicare and Medicaid

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Kanjinti	Q5117	Commercial, Medicare and Medicaid
Keytruda (pembrolizumab)	J9271	Commercial, Medicare and Medicaid
Lemtrada (alemtuzumab)	J0202	Commercial, Medicare and Medicaid
Libtayo (cemiplimab-rwlc)	J9119	Commercial, Medicare and Medicaid
Loqtorzi (toripalimab-tpzi)	J9999	Commercial, Medicare and Medicaid
Neupogen	J1442	Commercial, Medicare and Medicaid
Neulasta	J2506	Commercial, Medicare and Medicaid
Nivestym	Q5110	Commercial, Medicare and Medicaid
Nyvepria	Q5122	Commercial, Medicare and Medicaid
Ocrevus (ocrelizumab)	J2350	Commercial, Medicare and Medicaid
Ogivri	Q5114	Commercial, Medicare and Medicaid
Opdivo (nivolumab)	J9299	Commercial, Medicare and Medicaid
Ontruzant	Q5112	Commercial, Medicare and Medicaid
Paclitaxel Albumin-Bound: (Abraxane; Paclitaxel Albumin-Bound)	J9264, J9259, J9258, J9999	Commercial, Medicare and Medicaid
Rolvedo	J1449	Commercial, Medicare and Medicaid
Releuko	Q5125	Commercial, Medicare and Medicaid
Rituximab	J9312	Commercial, Medicare and Medicaid
Rituxan	J9312	Commercial, Medicare and Medicaid
Riabni	Q5123	Commercial, Medicare and Medicaid
Ruxience	Q5119	Commercial, Medicare and Medicaid
Ryzneuta	J3590	Commercial, Medicare and Medicaid
Soliris	J1300	Commercial, Medicare and Medicaid
Stimufend	Q5127	Commercial, Medicare and Medicaid
Tecentriq (atezolizumab)	J9022	Commercial, Medicare and Medicaid
Trazimera	Q5116	Commercial, Medicare and Medicaid
Truxima	Q5115	Commercial, Medicare and Medicaid
Tyruko	J3590	Commercial, Medicare and Medicaid
Tysabri	J2323	Commercial, Medicare and Medicaid
Udenyca	Q5111	Commercial, Medicare and Medicaid
Yervoy	J9228	Commercial, Medicare and Medicaid
Zarxio	Q5101	Commercial, Medicare and Medicaid
Ziextenzo	Q5120	Commercial, Medicare and Medicaid
Zynyz (retifanlimab-dlwr)	J9345	Commercial, Medicare and Medicaid

The step therapy mandate policy will have a mid-year update effective 11/01/2024.

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.