

PROVIDER BULLETIN

PROVIDER INFORMATION



October 1, 2024

Prime Therapeutics Management (UM) Program: Medical Drug Updates

In December of 2022, Magellan Rx Management was acquired by Prime Therapeutics. Effective October 1, 2024, the new brand entity for the medical pharmacy solutions program will be “Prime Therapeutics Management.”

Prime Therapeutics Management 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 **December 1, 2024**.

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Ahzantive	J3590	Commercial, Medicare and Medicaid
Beqvez	J3590/C9172	Commercial
Enzeevu	J3590	Commercial, Medicare and Medicaid
Hercessi	J9999/C9399	Commercial
Lymphir	J9999	Commercial, Medicare and Medicaid
Niktimvo	J3590	Commercial, Medicare and Medicaid
Nypozi	J3590	Commercial
Opuviz	J3590	Commercial, Medicare and Medicaid
Pavblu	J3590	Commercial, Medicare and Medicaid
PiaSky	J3590/ C9399	Commercial
Tremfya IV	J3590	Commercial, Medicare and Medicaid
Yesafili	J3590	Commercial, Medicare and Medicaid

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 **December 1, 2024**. (Note: Medicare follows NCD/LCD/Chapter 15 policies)

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Abecma	Q2055	Commercial and Medicaid
Abraxane	J9264	Commercial and Medicaid
Actemra IV	J3262	Commercial and Medicaid
Adcetris (brentuximab vedotin)	J9042	Commercial and Medicaid
Aloxi	J2469	Commercial and Medicaid
Alyglo	J1599	Commercial and Medicaid

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Alymsys	Q5126	Commercial and Medicaid
Amvuttra (vutrisiran)	J0225	Commercial and Medicaid
Asceniv	J1554	Commercial and Medicaid
Avastin	J9035	Commercial and Medicaid
Avzivi (bevacizumab)	J9999, C9399	Commercial and Medicaid
Bavencio (avelumab)	J9023	Commercial and Medicaid
Beqvez (fidanacogene elaparavovec-dzkt) IV	J3590/C9172	Commercial and Medicaid
Berinert (C1 Esterase Inhibitor, human)	J0597	Commercial and Medicaid
Bivigam	J1556	Commercial and Medicaid
Blincyto (blinatumomab)	J9039	Commercial and Medicaid
Bkemv (Eculizumab)	J3590	Commercial and Medicaid
Breyanzi (lisocabtagene maraleucel)	Q2054	Commercial and Medicaid
Cinryze (C1 Esterase Inhibitor, human)	J0598	Commercial and Medicaid
Crysvita (burosumab-twza)	J0584	Commercial and Medicaid
Cosentyx IV (secukinumab)	J3247	Commercial and Medicaid
Cutaquig	J1551	Commercial and Medicaid
Cuvitru	J1555	Commercial and Medicaid
Durolane	J7318	Commercial and Medicaid
Elevidys (delandistrogene moxeparvovec-rokl)	J1413	Medicaid
Enhertu (fam-trastuzumab deruxtecan-nxki)	J9358	Commercial and Medicaid
Epkinly (epcoritamab-bysp)	J9321	Commercial and Medicaid
Erbitux (cetuximab)	J9055	Commercial and Medicaid
Epysqli	J3590	Commercial and Medicaid
Euflexxa	J7323	Commercial and Medicaid
Eylea	J0178	Commercial and Medicaid
Eylea HD	J0177	Commercial and Medicaid
Firazyr (icatibant)	J1744	Commercial and Medicaid
Filgrastim (Neupogen)	J1442	Commercial and Medicaid
Filgrastim-aafi (Nivestym)	Q5110	Commercial and Medicaid
Filgrastim-sndz (Zarxio)	Q5101	Commercial and Medicaid
Filgrastim-ayow (Releuko)	Q5125	Commercial and Medicaid
Flebogamma	J1572	Commercial and Medicaid
Gammagard Liquid	J1569	Commercial and Medicaid
Gammagard S/D	J1566	Commercial and Medicaid
Gammaked	J1561	Commercial and Medicaid
Gammplex	J1557	Commercial and Medicaid
Gamunex-C	J1561	Commercial and Medicaid
Gel-One	J7326	Commercial and Medicaid
GelSyn-3	J7328	Commercial and Medicaid
GenVisc 850	J7320	Commercial and Medicaid
Haegarda (C1 Esterase Inhibitor Subcutaneous, human) SQ	J0599	Commercial and Medicaid
Hemgenix (etranacogene dezaparvovec-drlb)	J1411	Commercial and Medicaid
Herceptin	J9355	Commercial and Medicaid
Hercessi (trastuzumab)	J9999/C9399	Commercial and Medicaid
Herzuma	Q5113	Commercial and Medicaid
Hizentra	J1559	Commercial and Medicaid
Hyalgan	J7321	Commercial and Medicaid
Hygvia	J1575	Commercial and Medicaid

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Hymovis	J7322	Commercial and Medicaid
Ilaris (canakinumab)	J0638	Commercial and Medicaid
Ilumya (tildrakizumab-asmn)	J3245	Commercial and Medicaid
Iluvien (fluocinonide acetonide implant)	J7313	Commercial and Medicaid
Imdelltra (tarlatamab-dlle)	J9999/C9170	Commercial and Medicaid
Imfinzi (durvalumab)	J9173	Commercial and Medicaid
Imjudo (tremelimumab-actl)	J9347	Commercial and Medicaid
Jemperli (dostarlimab-gxly)	J9272	Commercial and Medicaid
Kalbitor (ecallantide)	J1290	Commercial and Medicaid
Kanjinti	Q5117	Commercial and Medicaid
Keytruda (pembrolizumab)	J9271	Commercial and Medicaid
Krystexxa (pegoticase)	J2507	Commercial and Medicaid
Libtayo (cemiplimab-rwlc)	J9119	Commercial and Medicaid
Lutathera (lutetium Lu 177 dotatate)	A9513	Commercial and Medicaid
Mircera (methoxy polyethylene glycol-epoetin beta)	J0888	Commercial and Medicaid
Monovisc	J7327	Commercial and Medicaid
Mvasi	Q5107	Commercial and Medicaid
Octagam	J1568	Commercial and Medicaid
Ogivri	Q5114	Commercial and Medicaid
Omvoh IV(mirikizumab-mrkz)	J2267	Commercial and Medicaid
Onpattro (patisiran lipid complex)	J0222	Commercial and Medicaid
Orthovisc	J7324	Commercial and Medicaid
Ontruzant	Q5112	Commercial and Medicaid
Opdivo (nivolumab)	J9299	Commercial and Medicaid
Orencia IV (abatacept)	J0129	Commercial and Medicaid
Paclitaxel Albumin-Bound (Paclitaxel Albumin-Bound)	J9259/J9264	Commercial and Medicaid
Panzyga	J1576	Commercial and Medicaid
Piasky (crovalimab-akkz)	J3590/C9399	Commercial and Medicaid
Polivy (polatuzumab vedotin-piiq)	J9309	Commercial and Medicaid
Posfrea IV	J2468	Commercial and Medicaid
Privigen	J1459	Commercial and Medicaid
Pyzchiva	J3590	Commercial and Medicaid
Qalsody (tofersen)	J1304	Medicaid
Radicava (edaravone)	J1301	Commercial and Medicaid
Riabni	Q5123	Commercial and Medicaid
Rituxan	J9312	Commercial and Medicaid
Roctavian (valoctocogene roxaparvovec-rvox)	J1412	Commercial and Medicaid
Ruconest (C1 Esterase Inhibitor, recombinant) IV	J0596	Commercial and Medicaid
Ruxience	Q5119	Commercial and Medicaid
Selarsdi	J3590	Commercial and Medicaid
Skyrizi IV (risankizumab-rzaa)	J2327	Commercial and Medicaid
Soliris	J1300	Commercial and Medicaid
Spinraza (nusinersen)	J2326	Commercial and Medicaid
Spravato (esketamine)	G2082, G2083, S0013	Commercial and Medicaid
Stelara IV	J3358	Commercial and Medicaid
Stelara SC	J3357	Commercial and Medicaid
Supartz/Supartz FX	J7321	Commercial and Medicaid

Drug Name	Code(s)	Line(s) of Business that will require Prior Authorization
Synjoynt	J7331	Commercial and Medicaid
Synvisc	J7325	Commercial and Medicaid
Synvisc-One	J7325	Commercial and Medicaid
Takhzyro (lanadelumab-flyo)	J0593	Commercial and Medicaid
Tbo-Filgras tim (Granix)	J1447	Commercial and Medicaid
Tecentriq (atezolizumab) IV	J9022	Commercial and Medicaid
Tofidence IV	Q5133	Commercial and Medicaid
Trazimera	Q5116	Commercial and Medicaid
Triluron	J7332	Commercial and Medicaid
TriVisc	J7329	Commercial and Medicaid
Truxima	Q5115	Commercial and Medicaid
Tyenne IV	Q5135	Commercial and Medicaid
Vegzelma	Q5129	Commercial and Medicaid
VISCO-3 (Intra-articular)	J7321	Commercial and Medicaid
Vyvgart Hytrulo (efgartigimod alfa-fcab and hyaluronidase-qvfc) SQ	J9334	Commercial and Medicaid
Wezlana IV	Q5138	Commercial and Medicaid
Wezlana SC	Q5138	Commercial and Medicaid
Xembify SQ	J1558	Commercial and Medicaid
Yervoy (ipilimumab)	J9228	Commercial and Medicaid
Yimmugo	J1599	Commercial and Medicaid
Zirabev	Q5118	Commercial and Medicaid
Zolgensma (onasemnogene abeparvovec-xioi) IV	J3399	Commercial 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 Therapeutics Management 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 Therapeutics Management

Providers submit Prime Therapeutics Management 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 Therapeutics Management 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 Therapeutics Management representative call 800-424-1706, 8:00 a.m. to 8:00 p.m. CST, Monday – Friday.