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Medicare Plus BlueSM and BCN AdvantageSM Categories: Authorizations/referrals, Pharmacy

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Step therapy requirement added for Darzalex Faspro starting May 1

For dates of service on or after May 1, 2025, health care providers will have to show that our Medicare Plus Blue and BCN Advantage members have tried and failed the preferred daratumumab product Darzalex® (daratumumab), HCPCS code J9145, when requesting prior authorization for the following drug:

Darzalex Faspro® (daratumumab and hyaluronidase-fihj), HCPCS code J9144

These drugs are a part of members' medical benefits, not their pharmacy benefits.

When prior authorization is required

These drugs require prior authorization, as applicable, when they are administered by a provider in sites of care such as outpatient facilities or physician offices and are billed in one of the following ways:

- Electronically through an 837P transaction or on a professional CMS-1500 claim form
- Electronically through an 837l transaction or using the UB04 claim form for a hospital outpatient type of bill 013x

How to submit prior authorization requests

Submit prior authorization requests to OncoHealth using one of the following methods:

- Through the OncoHealth OneUM[™] portal, which you can access by logging in to our provider portal (<u>availity.com</u>*), clicking *Payer Spaces* and then clicking the *BCBSM and BCN* logo. Click the *OncoHealth Provider Portal* tile in the Applications tab.
- By calling OncoHealth at 1-888-916-2616
- By faxing to 1-800-264-6128

List of requirements

For a list of requirements related to drugs covered under the medical benefit, see the <u>Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members.</u>

We'll update this list prior to the effective date.

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