



**of Tennessee**

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1 Cameron Hill Circle  
Chattanooga, TN 37402

bcbst-medicare.com

## **BlueAdvantage Specialty Pharmacy Medications –**

Certain high-risk/high-cost specialty pharmacy medications administered in any setting other than inpatient hospital requires prior authorization for LPPO members and an advance determination is recommended for PFFS members. This applies to all provider types including home infusion therapy providers and hospitals providing outpatient infusions and injections. These include, but are not limited to:

Alimta (Pemetrexed injection 10 mg)  
Avastin (Bevacizumab injection 10 mg)  
Aranesp (Darbepoetin ALFA, ESRD and non-ESRD use)  
Botox (Botulinum toxin A)  
Epogen (Epoetin alfa, non-ESRD)  
Erbix (Cetuximab injection 10 mg)  
Herceptin (Trastuzumab)  
IGIV (Gammagard liquid injection, gamunex injection, octagam injection, immune globulin powder, immune globulin subcutaneous, RHO(D) immune globulin, human, SD)  
Ixempra (Ixabepilone injection)  
Leukine (Sargramostim, 50 mcg, injection)  
Lucentis (Ranibizumab injection)  
Macugen (Pegaptanib, sodium injection)  
Myobloc (Botulinum toxin type B)  
Neulasta (Pegfilgrastim injection 6 mg)  
Neumega (Oprelvekin injection)  
Novantrone (Mitoxantrone HCL per 5 mg)  
Orencia (Abatacept injection)  
Orthovisc injection per dose  
Reclast injection  
Remicade (Infliximab injection)  
Rituxan (Rituximab cancer treatment 100 mg)  
Sandostatin (Octreotide injection, depot)  
Synvisc injection per dose  
Torisel (Temsirolimus injection)  
Treanda (Bendamustine injection)  
Tysabri (Natalizumab injection)  
Vectibix (Panitumumab injection)  
Velcade (Bortezomib injection 0.1 mg)  
Vidaza (Azacitidine injection)  
Visudyne (Verteporfin injection 0.1 mg)  
Xeloda (Capecitabine, oral, 500 mg)  
Xolair (Omalizumab injection 5 mg)  
Zometa (Zoledronic acid)

Practitioners may contact the Utilization Management Department by phone, fax or in writing to obtain prior authorization or advance determination and bill for these drugs.

### **Utilization Management Contact Information:**

Phone: 1-800-924-7141

Fax: 1-888-535-5243 or 423-535-5243

Mailing Address:

BlueCross BlueShield of Tennessee



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The following information is required when requesting prior authorization or advance determination on any of the above listed drugs:

HCPCS code (J, Q or S code)

Drug name

National Drug Code (NDC)

Frequency

Dosage

Clinical information to support the request

**Note:** *Authorization listing is subject to change; Changes will be communicated via BlueAlert newsletter or updates to this Manual.*

Reviews are based on National Coverage Determinations, Local Coverage Determinations and BCBST Medical Policy. The pharmacology section of the BlueCross BlueShield of Tennessee Medical Policy Manual includes decision support trees to assist providers considering use of these medications. Providers can select the appropriate drug from the manual at <http://www.bcbst.com/MPManual/Pharmacology.htm> and connect to the decision support tree in the policy.