



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
Aranesp
Avastin
Botox
Epogen
Erbitux
Hizentra
IVIG
Ixempra
Leukine
Macugen
Myobloc
Neulasta
Orencia
Orthovisc
Prolia
Reclast
Remicade
Rituxan
Sandostatin
Synvisc
Torisel
Treanda
Tysabri
Vectibix
Velcade
Vidaza
Visudyne
Xeloda
Xolair
Zometa

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



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Mailing Address:

BlueCross BlueShield of Tennessee

1 Cameron Hill Circle , Ste 0005

Chattanooga, TN 37402-7205

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.