



MASSACHUSETTS

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Omidubicel as Adjunct Treatment for Hematologic Malignancies Prior Authorization Request Form for Omidubicel-only (Omisirge®), #067

Medical Policy #028 Omidubicel as Adjunct Treatment for Hematologic Malignancies

CLINICAL DOCUMENTATION

- Clinical documentation that supports the medical necessity criteria for Omidubicel-only (Omisirge®) must be submitted.
- If the patient does not meet all the criteria listed below, please submit a letter of medical necessity with a request for [Clinical Exception \(Individual Consideration\)](#) explaining why an exception is justified.

Requesting Prior Authorization Using Authorization Manager

Providers will need to use [Authorization Manager](#) to submit initial authorization requests for services. Authorization Manager, available 24/7, is the quickest way to review authorization requirements, request authorizations, submit clinical documentation, check existing case status, and view/print the decision letter. For commercial members, the requests must meet medical policy guidelines.

To ensure the request is processed accurately and quickly:

- Enter the facility's NPI or provider ID for where services are being performed.
- Enter the appropriate surgeon's NPI or provider ID as the servicing provider, *not* the billing group.

Authorization Manager Resources

- Refer to our [Authorization Manager](#) page for tips, guides, and video demonstrations.

Complete Prior Authorization Request Form for Omidubicel-only (Omisirge®) [\(067\)](#) using [Authorization Manager](#).

For out of network providers: Requests should still be faxed to 888-973-0726.

Patient Information	
Patient Name:	Today's Date:
BCBSMA ID#:	Date of Treatment:
Date of Birth:	Place of Service: Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/>
Physician Information	
Name:	Facility Information
Address:	Name:
	Address:

Phone #:	Phone #:
Fax#:	Fax#:
NPI#:	NPI#:

Criteria for initial approval for one-time infusion one treatment course per lifetime

Please check off if the patient has the following diagnosis:	
Hematologic malignancy	<input type="checkbox"/>

Please check off if the patient meets ALL of the following conditions:	
<ul style="list-style-type: none"> • Individual is 12 years of age and older AND 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Individual has a diagnosis of hematologic malignancies who are planned for umbilical cord blood transplantation following myeloablative conditioning to reduce: <ul style="list-style-type: none"> ○ time to neutrophil recovery AND ○ the incidence of infection. 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Individual is candidate for myeloablative allogeneic hematopoietic stem cell transplantation (HSCT) AND 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Individual does not have ANY of the following: <ul style="list-style-type: none"> ○ Availability of human leukocyte antigen-identical or human leukocyte antigen-matched donor or human leukocyte antigen-haploidentical donor ○ History of receiving prior allogeneic hematopoietic stem cell transplant ○ Other malignancy or significant immunodeficiency disorder ○ Active, uncontrolled HCV or HBV infection AND 	<input type="checkbox"/>
<ul style="list-style-type: none"> • The medication is being prescribed by or in consultation with hematologist/oncologist. 	<input type="checkbox"/>

CPT CODES/ HCPCS CODES/ ICD CODES

HCPCS codes:	Code Description
C9399	Unclassified drugs or biologicals
J3590	Unclassified biologics