

Changes to preferred drug designations under the medical benefit for most commercial members, starting Jan. 1

For dates of service on or after Jan. 1, 2024, Blue Cross Blue Shield of Michigan and Blue Care Network are making changes to preferred drug designations for some products. In addition, providers will need to submit prior authorization requests through different systems for some preferred and nonpreferred drugs.

These changes will affect:

- Most Blue Cross Blue Shield of Michigan commercial members — **Exception:** These changes don't apply to UAW Retiree Medical Benefits Trust non-Medicare members or Blue Cross and Blue Shield Federal Employee Program® members.
- All Blue Care Network commercial members

Changes to preferred drug designations

We're changing preferred drug designations as shown in the following table.

Changes are in **bold text**.

Product	Preferred drugs	
	Before Jan. 1, 2024	On or after Jan. 1, 2024
Bevacizumab	<ul style="list-style-type: none"> • Mvasi® • Zirabev® 	Mvasi only
Pegfilgrastim	<ul style="list-style-type: none"> • Fulphila • Neulasta®, Neulasta® OnPro® • Ziextenzo® 	<ul style="list-style-type: none"> • Neulasta, Neulasta OnPro • Nyvepria®
Rituximab	<ul style="list-style-type: none"> • Riabni™ • Ruxience® 	<ul style="list-style-type: none"> • Ruxience • Truxima®
Trastuzumab	<ul style="list-style-type: none"> • Kanjinti® • Trazimera® 	<ul style="list-style-type: none"> • Kanjinti • Ogivri®

How existing prior authorizations are affected by these changes

Existing prior authorizations are affected as follows:

- For bevacizumab, rituximab and trastuzumab products, the member can continue taking a drug that will be designated as nonpreferred after Jan. 1 until their existing authorization

expires. However, we encourage health care providers to begin using products that will be designated as preferred starting Jan. 1, 2024.

- For pegfilgrastim products, active authorizations for Fulphila and Ziextenzo will end Dec. 31, 2023. Providers will need to transition members who are currently taking Fulphila or Ziextenzo to a preferred drug for dates of service on or after Jan. 1, 2024.

Changes to prior authorization processes

The following table outlines prior authorization requirements for the drugs listed above for dates of service on or after Jan. 1, 2024.

Note: To determine which Blue Cross commercial groups have opted in to the Carelon medical oncology program, see the [Carelon medical oncology prior authorization program opt-in list for Blue Cross commercial self-funded groups](#).

Lines of business	Changes to requirements
<ul style="list-style-type: none"> • BCN commercial members • Blue Cross commercial members whose groups participate in the Carelon medical oncology program 	<ul style="list-style-type: none"> • Preferred drugs will require prior authorization through Carelon Medical Benefits Management. Exception: Rituximab preferred drugs won't require prior authorization. • Nonpreferred drugs will require prior authorization through NovoLogix.
Blue Cross commercial members whose groups don't participate in the Carelon medical oncology program	<ul style="list-style-type: none"> • Preferred products won't require prior authorization. • Nonpreferred products will require prior authorization through NovoLogix.

Additional information

For additional information on requirements related to drugs covered under the medical benefit, refer to the following drug lists:

- [Medical oncology prior authorization list for Blue Cross and BCN commercial members](#)
- [Blue Cross and BCN utilization management medical drug list](#)

For additional information about medical benefit drugs, see the following pages of our ereferrals.bcbsm.com website:

- [Blue Cross Medical Benefit Drugs](#)
- [BCN Medical Benefit Drugs](#)