

Update: Changes to preferred drug designations and prior authorization requirements for Medicare Advantage members

We updated this alert to remove information about infliximab step therapy requirements. Watch for a separate provider alert on this topic.

For dates of service on or after Jan. 1, 2024, Blue Cross Blue Shield of Michigan and Blue Care Network are making changes to the preferred and nonpreferred designations for some medical benefit drugs.

In addition, providers will need to submit prior authorization requests through different systems for some preferred and nonpreferred drugs.

These changes will affect most Medicare Plus Blue members and BCN Advantage members.

Preferred drug designations are changing

Starting Jan. 1, we're changing preferred drug designations as shown in the following table.

Changes are in **bold text**.

Reference product	Preferred drugs	
	Before Jan. 1, 2024	On or after Jan. 1, 2024
Bevacizumab	<ul style="list-style-type: none"> Mvasi[®] HCPCS code Q5107 Zirabev[®] HCPCS code Q5118 	<ul style="list-style-type: none"> Mvasi HCPCS code Q5107
Infliximab	<ul style="list-style-type: none"> Avsola[®] HCPCS code Q5121 Inflectra[®] HCPCS code Q5103 	<ul style="list-style-type: none"> Avsola HCPCS code Q5121 Renflexis[®] HCPCS code Q5104
Pegfilgrastim	<ul style="list-style-type: none"> Fulphila[®] HCPCS code Q5108 Neulasta[®], Neulasta[®] OnPro[®] HCPCS code J2506 Ziextenzo[®] HCPCS code Q5120 	<ul style="list-style-type: none"> Neulasta, Neulasta OnPro HCPCS code J2506 Nyvepria[®] HCPCS code Q5122
Rituximab	<ul style="list-style-type: none"> Riabni[™] HCPCS code Q5123 Ruxience[®] HCPCS code Q5119 	<ul style="list-style-type: none"> Ruxience HCPCS code Q5119 Truxima[®] HCPCS code Q5115
Trastuzumab	<ul style="list-style-type: none"> Kanjinti[®] HCPCS code Q5117 Trazimera[®] HCPCS code Q5116 	<ul style="list-style-type: none"> Kanjinti HCPCS code Q5117 Ogivri[®] HCPCS code Q5114

How to submit prior authorization requests

Submit prior authorization requests as follows:

- Preferred oncology drugs will require prior authorization through Carelon Medical Benefits Management. All other preferred drugs will require prior authorization through NovoLogix[®] online tool.
- Nonpreferred drugs will require prior authorization through NovoLogix.

Important: Preferred infliximab and rituximab agents do not require prior authorization.

Reminder: Bevacizumab agents don't require prior authorization for use in retinal disorders.

To submit a prior authorization request, log in to our provider portal (availity.com*), click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo. Then, click the tile to access the appropriate NovoLogix tool or the Carelon ProviderPortal.

Note: If you need to request access to Availity[®] Essentials, follow the instructions on the [Register for web tools](#) webpage at bcbsm.com/providers.

When prior authorization is required

These drugs will require prior authorization when they are administered by a health care 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 837I transaction or using the UB04 claim form for a hospital outpatient type of bill 013x

List of requirements

For a list of requirements related to drugs covered under the medical benefit, see the [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members](#).

We'll update the list to reflect these changes prior to the effective date.

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