Changes to infliximab step therapy requirements for Medicare Advantage members

For dates of service on or after Jan. 1, 2024, infliximab step therapy requirements are changing for Cimzia®, Skyrizi® IV and Ilumya®. These changes apply to Medicare Plus BlueSM and BCN AdvantageSM members.

Notes:

• These drugs are part of members' medical benefits, not their pharmacy benefits.
• These drugs require prior authorization. Submit requests through the NovoLogix® online tool.

Requirements added for Cimzia and Skyrizi
Starting Jan. 1, members will have to try and fail a preferred infliximab drug before a provider requests prior authorization for the following drugs:

• Cimzia® (certolizumab pegol), HCPCS code J0717
• Skyrizi® IV (risankizumab-rrzaa), HCPCS code J2327

For information about preferred drug designations, see our provider alert titled Update: Changes to preferred drug designations and prior authorization requirements for Medicare Advantage members.

Requirements removed for Ilumya
Starting Jan. 1, members won't have to try and fail a preferred infliximab drug before using Ilumya®.

Ilumya will continue to require prior authorization.

How to submit prior authorization requests
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.

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 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.

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

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