

Additional preferred products for Soliris and Ultomiris for most commercial members starting April 1

For dates of service on or after April 1, 2024, step therapy requirements will change for Soliris® (eculizumab), HCPCS code J1300, and Ultomiris® (ravulizumab), HCPCS code J1303.

Preferred products for Soliris and Ultomiris	
Before April 1, 2024	On or after April 1, 2024
Members must try and fail: <ul style="list-style-type: none"> Vyvgart® 	Members must try and fail both : <ul style="list-style-type: none"> Rystiggo® Either Vyvgart or Vyvgart Hytrulo

This change affects Blue Cross Shield of Michigan commercial members and Blue Care Network commercial members.

By April 1, we'll update the [Blue Cross and BCN utilization management medical drug list](#) to reflect the new preferred drugs.

The drugs discussed above continue to require prior authorization through the NovoLogix® online tool.

Some Blue Cross commercial groups aren't subject to these requirements

For Blue Cross commercial groups, this prior authorization requirement applies only to groups that participate in the standard commercial Medical Drug Prior Authorization Program for drugs administered under the medical benefit. To determine whether a group participates in the prior authorization program, see the [Specialty Pharmacy Prior Authorization Master Opt-in/out Group list](#).

Note: Blue Cross and Blue Shield Federal Employee Program® members and UAW Retiree Medical Benefits Trust (non-Medicare) members don't participate in the standard prior authorization program.

Additional information

For more information about medical benefit drugs, see the following pages on ereferrals.bcbsm.com:

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

Prior authorization isn't a guarantee of payment. Health care practitioners need to verify eligibility and benefits for members.

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