

Update: Preferred product for Zynteglo for most commercial members starting April 19

We updated an earlier communication to show that there's a preferred product for Zynteglo™ for most commercial members starting April 19.

For dates of service on or after April 19, 2024, we're adding a step therapy requirement for Zynteglo™ (betibeglogene autotemcel), HCPCS code J3590.

Preferred product for Zynteglo	
Before April 19, 2024	On or after April 19, 2024
There isn't a preferred product.	Members must try and fail Casgevy™.

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

By April 19, we'll update the [Blue Cross and BCN utilization management medical drug list](#) to reflect the preferred drug.

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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