

OmvoH SC and IV to have a step therapy requirement for most commercial members starting June 3

For dates of service on or after June 3, 2024, members must try and fail four preferred products before we'll approve prior authorization requests for OmvoH™ SC and IV (mirikizumab-mrkz), HCPCS code J3590.

The four preferred products for OmvoH SC and IV are:

Brand name (generic name)	Benefit under which drug may be covered
Humira® (adalimumab)	Pharmacy
Simponi® (golimumab)	Pharmacy
Stelara® SC (ustekinumab)	Pharmacy and medical
Xeljanz/XR® (tofacitinib) or Rinvoq® (upadacitinib)	Pharmacy

For the preferred products, providers will need to comply with any requirements, such as prior authorization, that apply under the applicable benefit.

For OmvoH SC and IV:

- The step therapy requirement will apply to most Blue Cross Shield of Michigan and Blue Care Network group and individual commercial members.
- Providers should continue to submit prior authorization requests through the NovoLogix® online tool.

By June 3, we'll update the [Blue Cross and BCN utilization management medical drug list](#) to reflect the preferred drugs.

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

For Blue Cross commercial, these requirements apply 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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