

Hemlibra to have a quantity limit requirement for most commercial members

For dates of service on or after June 20, 2024, we're adding a quantity limit requirement for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members for the following drug covered under the medical benefit:

- Hemlibra® (emicizumab-kxwh), HCPCS code J7170

The new quantity limit requirement is in addition to the prior authorization and site-of-care requirements that currently apply to this drug.

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 members with Blue Cross non-Medicare plans don't participate in the standard prior authorization program.

List of requirements

For a full list of quantity limit requirements related to drugs covered under the medical benefit, see the document titled [Blue Cross and BCN quantity limits for medical drugs](#). We'll update this list prior to the effective date.

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