

Update: Tremfya IV to require prior authorization for most commercial members starting Sept. 26

We updated an earlier communication to show that the HCPCS code for Tremfya® IV is J1628.

For dates of service on or after Sept. 26, 2024, we're adding a prior authorization requirement for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members for the following drug:

- Tremfya IV (guselkumab), HCPCS code J1628

Submit prior authorization requests for this medical benefit drug through the NovoLogix® online tool.

How to access NovoLogix

To access NovoLogix, log in to our provider portal (availability.com*), click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo. You'll find links to the NovoLogix tools on the Applications tab.

Note: If you need to request access to our provider portal, see the [Register for web tools](#) webpage on bcbsm.com.

Some Blue Cross commercial groups aren't subject to this requirement

For Blue Cross commercial, 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.

List of requirements

For a full list of requirements related to drugs covered under the medical benefit, see the [Blue Cross and BCN utilization management medical drug list for Blue Cross commercial and BCN commercial members](#). We'll update this list prior to the effective date.

You can access this list and other information about requesting prior authorization on the following pages of the ereferrals.bcbsm.com website:

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

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

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