

## Preferred product for Hemgenix for most commercial members starting Nov. 11

For dates of service on or after Nov. 11, 2024, we're adding a step therapy requirement for Hemgenix® (etranacogene dezaparvovec-drlb), HCPCS code J1411.

Preferred product for Hemgenix	
Before Nov. 11, 2024	On or after Nov. 11, 2024
There isn't a preferred product.	Members must try and fail Beqvez™.

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

By Nov. 11, 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 this requirement

For Blue Cross commercial, this step therapy 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](http://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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