

## Update: Selarsdi to require prior authorization for most members

We've updated this provider alert to add the words "prior authorization" to the title.

Blue Cross Blue Shield of Michigan and Blue Care Network are adding a prior authorization requirement for the following drugs covered under the medical benefit. For commercial members, these requirements are part of the changes to the preferred ustekinumab products, announced in a [Jan. 29, 2025, provider alert](#).

Lines of business	Brand name	Generic name	HCPCS code	For dates of service on or after
<ul style="list-style-type: none"> <li>Blue Cross commercial<sup>1</sup></li> </ul>	Selarsdi™ IV	ustekinumab-aekn	Q9998	April 17, 2025
<ul style="list-style-type: none"> <li>BCN commercial</li> </ul>	Selarsdi™ SC	ustekinumab-aekn	Q9998	April 17, 2025
<ul style="list-style-type: none"> <li>Medicare Plus Blue<sup>2</sup></li> <li>BCN Advantage<sup>2</sup></li> </ul>	Selarsdi™ IV	ustekinumab-aekn	Q9998	July 1, 2025

<sup>1</sup>For Blue Cross commercial, requirements apply to all fully insured members (group and individual) and 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 that Blue Cross and Blue Shield Federal Employee Program<sup>®</sup> members and UAW Retiree Medical Benefits Trust (non-Medicare) members don't participate in the standard prior authorization program.

<sup>2</sup>For Medicare Advantage members, drugs require prior authorization when administered by a health care provider in sites of care such as outpatient facilities or physician offices and are (a) billed electronically through an 837P transaction or on a professional CMS-1500 claim form or (b) billed electronically through an 837I transaction or using the UB04 claim form for a hospital outpatient type of bill 013x.

## How to submit prior authorization requests

Submit prior authorization requests through the NovoLogix<sup>®</sup> online tool. It offers real-time status checks and immediate approvals for certain medications.

To access NovoLogix, log in to our provider portal ([availity.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](#) page on [bcbsm.com](#).

## Lists of requirements

For a full list of requirements related to drugs covered under the medical benefit, refer to the following drug lists:

- Blue Cross commercial and BCN commercial: [Blue Cross and BCN utilization management medical drug list for Blue Cross commercial and BCN commercial members](#)
- Medicare Advantage: [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members](#)



**Blue Cross  
Blue Shield  
Blue Care Network**  
of Michigan

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## Provider alert

**Blue Cross commercial, Medicare Plus Blue<sup>SM</sup>,  
BCN commercial and BCN Advantage<sup>SM</sup>**

**Categories: Authorizations/referrals, Pharmacy**

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You can access these lists and other information 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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