

Bkemv will be the preferred eculizumab product for commercial members starting Oct. 12

Starting Oct. 12, 2025, the following eculizumab drugs will be preferred and nonpreferred for Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members:

Preferred and nonpreferred eculizumab products	
Before Oct. 12, 2025	On or after Oct. 12, 2025
There is no preferred product.	<p>Preferred: Bkemv™ (eculizumab-aeeb), HCPCS code Q5152</p> <p>Nonpreferred:</p> <ul style="list-style-type: none"> • Epysqli® (eculizumab-aagh), HCPCS code Q5151 • Soliris® (eculizumab), HCPCS code J1299

These drugs already require prior authorization. Soliris also has a site-of-care requirement.

How this will affect members

- Members who have an active authorization for Bkemv (the **preferred eculizumab product**) as of Oct. 12, 2025, won't be affected by this change.
- For members who have an active authorization for a **nonpreferred eculizumab product**, authorizations will remain in effect until Oct. 11, 2025. We'll automatically issue an authorization for Bkemv from Oct. 12, 2025, until Oct. 12, 2026, so these members can continue their eculizumab therapy without interruptions. Providers don't need to submit prior authorization requests for dates of service within this time frame.
- For members who will start therapy with an eculizumab product on or after Oct. 12, 2025, submit a prior authorization request.

How to submit prior authorization requests

Submit prior authorization requests through the Medical and Pharmacy Drug PA Portal. It offers real-time status checks and immediate approvals for certain medications.

To access the Medical and Pharmacy Drug PA Portal, log in to our provider portal (availability.com*), click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo. Click the *Medical/pharm drug benefit prior auth (commercial)* tile in the Applications tab.

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

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

For Blue Cross commercial groups, 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 practitioners need to verify eligibility and benefits for members.

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