

Update: Changes to preferred drug designations and other requirements for Medicare Advantage members, starting Nov. 1 and Jan. 1

We've updated this communication to explain changes to how we manage ustekinumab products.

Blue Cross Blue Shield of Michigan and Blue Care Network are making changes to prior authorization requirements and preferred and nonpreferred designations for some medical benefit drugs.

These changes will affect Medicare Plus Blue members and BCN Advantage members.

Changes to prior authorization requirements for ustekinumab products starting Nov. 1

Starting Nov. 1, we're changing how we manage ustekinumab products as follows:

Prior authorization requirements for ustekinumab products		
Before Nov. 1, 2025	On or after Nov. 1, 2025	On or after Jan. 22, 2026
Requires prior authorization: <ul style="list-style-type: none"> • Steqeyma[®], HCPCS Q5099 • Pyzchiva[®], HCPCS Q9997 • Wezlana[®], HCPCS Q5138 • Stelara[®], HCPCS J3358 	Does not require prior authorization: <ul style="list-style-type: none"> • Steqeyma[®], HCPCS Q5099 • Pyzchiva[®], HCPCS Q9997 • Wezlana[®], HCPCS Q5138 • Stelara[®], HCPCS J3358 	Requires prior authorization: <ul style="list-style-type: none"> • Stelara[®], HCPCS J3358 Does not require prior authorization: <ul style="list-style-type: none"> • Steqeyma[®], HCPCS Q5099 • Pyzchiva[®], HCPCS Q9997 • Wezlana[®], HCPCS Q5138

Changes to preferred drug designations starting Jan. 1

Starting Jan. 1, we're changing preferred drug designations as shown in the following table.

Changes are in **bold text**.

Reference product	Preferred drugs	
	Before Jan. 1, 2026	On or after Jan. 1, 2026
Tocilizumab (Actemra [®])	No preferred drug	Tyenne[®] HCPCS code Q5135
Eculizumab (Soliris [®])	No preferred drug	Epysqli[®] , HCPCS code Q5151

Reference product	Preferred drugs	
	Before Jan. 1, 2026	On or after Jan. 1, 2026
Infliximab	<ul style="list-style-type: none"> Renflexis[®], HCPCS code Q5104 Avsola[®], HCPCS code Q5121 	<ul style="list-style-type: none"> Inflectra[®], HCPCS code Q5103 Avsola, HCPCS code Q5121 <p>Note: Prior authorization isn't required for these preferred drugs.</p>
Pegfilgrastim	<ul style="list-style-type: none"> Neulasta[®], Neulasta[®] OnPro[®], HCPCS code J2506 Nyvepria[®], HCPCS code Q5122 Fulphila[®], HCPCS code Q5108 	<ul style="list-style-type: none"> Neulasta, Neulasta OnPro, HCPCS code J2506 Fulphila, HCPCS code Q5108
Rituximab	<ul style="list-style-type: none"> Riabni[™], HCPCS code Q5123 Ruxience[®], HCPCS code Q5119 	<ul style="list-style-type: none"> Riabni, HCPCS code Q5123 Ruxience, HCPCS code Q5119 Truxima[®], HCPCS code Q5115 <p>Note: Prior authorization isn't required for these preferred drugs.</p>
Trastuzumab	Trazimera [®] HCPCS code Q5116	<ul style="list-style-type: none"> Ontruzant[®], HCPCS code Q5112 Trazimera, HCPCS code Q5116

In addition:

- Before providers request Ultomiris[®], HCPCS code J1303, for myasthenia gravis, atypical hemolytic uremic syndrome (aHUS) or paroxysmal nocturnal hemoglobinuria (PNH), they will need to show that the member has tried and failed Epysqli, HCPCS code Q5151.
- Providers will need to submit prior authorization requests through different systems for some preferred and nonpreferred drugs. See the [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members](#) for more information.

These drugs are a part of members' medical benefits, not their pharmacy benefits.

When prior authorization is required

Prior authorization requirements apply when drugs are administered by a health care provider in sites of care such as outpatient facilities or physician offices and is billed in one of the following ways:

- Electronically through an 837P transaction or on a professional CMS-1500 claim form
- 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

To access the Medical and Pharmacy Drug PA Portal, log in to our provider portal (availity.com*), click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo. In the Applications tab, click the *Medical and Pharmacy Benefit Drug Prior Auth* tile.

Note: If you need to request access to our provider portal, follow the instructions on the [Register for Web Tools](https://bcbsm.com/providers) webpage at bcbsm.com/providers.

List of requirements

For a list of requirements related to drugs covered under the medical benefit, see the [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members](#).

We'll update this list prior to the effective date.

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