

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

For dates of service on or after Jan. 1, 2026, Blue Cross Blue Shield of Michigan and Blue Care Network are making changes to the preferred and nonpreferred designations for some medical benefit drugs.

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

Changes to preferred drug designations

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 |
| Ustekinumab (Stelara®) | No preferred drug | <ul style="list-style-type: none"> • Steqeyma®, HCPCS Q5099 • Pyzchiva®, HCPCS Q9997 • Wezlana®, HCPCS Q5138 <p>Note: Prior authorization isn't required for these preferred drugs.</p> |
| Eculizumab (Soliris®) | No preferred drug | Epysqli® , HCPCS code Q5151 |
| 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> |

| Reference product | Preferred drugs | |
|-------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| | Before Jan. 1, 2026 | On or after Jan. 1, 2026 |
| 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 ([availability.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](#) 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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Provider alert

Medicare Plus BlueSM and BCN AdvantageSM

Categories: Authorizations/referrals, Pharmacy

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