

Changes to step therapy requirements for some medical benefit drugs for Medicare Advantage members

We're making changes to requirements for various drugs. These changes will affect Medicare Plus Blue members and BCN Advantage members.

Note: The drugs mentioned below are a part of members' medical benefits, not their pharmacy benefits.

Preferred product and step therapy changes for infliximab and ustekinumab

We're making changes to preferred infliximab and ustekinumab products and changing step therapy requirements.

Preferred products changes happening on Jan. 1, 2026

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, including infliximab and ustekinumab products. We announced this in an [Oct. 3 provider alert](#).

Step therapy changes happening on Nov. 1, 2025

For dates of service on or after Nov. 1, 2025, providers will have to show that our Medicare Advantage members have tried and failed preferred infliximab **and** ustekinumab products when requesting prior authorization for the following **nonpreferred** drugs:

- Actemra[®] (tocilizumab), HCPCS code J3262
- Bimzelx[®] (bimekizumab-bkzx), HCPCS code J3590
- Cimzia[®] (certolizumab pegol), HCPCS code J0717
- Cosentyx[®] (secukinumab), HCPCS code J3247
- Ilumya (tildrakizumab-asmn), HCPCS code J3245
- Omvoh[®] IV (mirikizumab-mrkz), HCPCS code J2267
- Orencia[®] (abatacept), HCPCS code J0129
- Simponi Aria[®] (golimumab), HCPCS code J1602
- Skyrizi[®] (risankizumab-rzaa), HCPCS code J2327
- Tocilizumab-aazg unbranded biosimilar, HCPCS code Q5135
- Tofidence (tocilizumab-bavi), HCPCS code Q5133
- Tremfya[®] IV (guselkumab), HCPCS code J1628

- Tyenne[®] (tocilizumab-aazg), HCPCS code Q5135

Preferred product changes for Entyvio

For dates of service on or after Nov. 1, 2025, providers will have to show that our Medicare Advantage members who have a prescription drug plan through Medicare Plus Blue or BCN Advantage have tried and failed preferred infliximab products **and** ustekinumab before requesting Entyvio[®] (vedolizumab), HCPCS code J3380. Previously, these members didn't have to try and fail an ustekinumab product.

Preferred product changes for botulinum toxins

For dates of service on or after Oct. 1, 2025, the preferred botulinum toxin products are Botox[®] (onabotulinumtoxinA), HCPCS code J0585, and Xeomin[®] (incobotulinumtoxinA), HCPCS code J0588. Prior authorization isn't required for these preferred products.

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](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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Provider alert

Medicare Plus BlueSM and BCN AdvantageSM

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