

Aflibercept-yszy and Yimmugo to require prior authorization for Medicare Advantage members starting Oct. 27

For dates of service on or after Oct. 27, 2025, the following drugs will require prior authorization for Medicare Plus Blue and BCN Advantage members:

- Aflibercept-yszy, HCPCS code Q5153 (unbranded biosimilar)
- Yimmugo[®] (immune globulin intravenous, human-dira), HCPCS code J3590

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

Submit prior authorization requests through the Medical and Pharmacy Drug PA Portal.

When prior authorization is required

These drugs will require prior authorization when it is 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 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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