

Reminder: Most preferred infliximab, rituximab and ustekinumab products won't require prior authorization for Medicare Advantage members

As a reminder, Blue Cross Blue Shield of Michigan and Blue Care Network is making changes to prior authorization requirements for some preferred medical benefit drugs.

Some preferred products **won't** require prior authorization for Medicare Plus Blue and BCN Advantage members as follows:

- Preferred **infliximab** products won't require prior authorization on or after Jan. 1, 2026. The preferred products are Avsola[®] and Inflectra[®].
- Preferred **rituximab** products won't require prior authorization on or after Jan. 1, 2026. The preferred products are Riabni[™], Ruxience[®] and Truxima[®].
- Preferred **ustekinumab** products:
 - **For dates of service on or after Nov. 1, 2025:** Preferred products don't require prior authorization. The preferred products are Steqeyma[®], Pyzchiva[®], Wezlana[®] and Stelara[®].
 - **For dates of service on or after Jan. 22, 2026:** Stelara[®] will require prior authorization through the Medical and Pharmacy Drug PA Portal. The other preferred ustekinumab products, listed above, won't require prior authorization.

For complete details, see the [Oct. 3, 2025, provider alert](#).

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