



## **Yartemlea IV to require prior authorization for most members starting Jan. 19 and Feb. 2**

Blue Cross Blue Shield of Michigan and Blue Care Network are adding a prior authorization requirement for the following drug covered under the medical benefit:

Brand name	Generic name	HCPCS code	Lines of business	For dates of service on or after
Yartemlea™ IV	narsoplimab	J3590	<ul style="list-style-type: none"><li>Blue Cross commercial<sup>1</sup></li><li>BCN commercial</li></ul>	Jan. 19, 2026
			<ul style="list-style-type: none"><li>Medicare Plus Blue<sup>2</sup></li><li>BCN Advantage<sup>2</sup></li></ul>	Feb. 2, 2026

<sup>1</sup>For Blue Cross commercial, requirements apply to all fully insured members (group and individual) and to groups that participate in the standard commercial Medical Drug Prior Authorization Program for drugs administered under the medical benefit. To determine whether a group participates in the prior authorization program, see the [Specialty Pharmacy Prior Authorization Master Opt-in/out Group list](#). Note that Blue Cross and Blue Shield Federal Employee Program® members and UAW Retiree Medical Benefits Trust (non-Medicare) members don't participate in the standard prior authorization program.

<sup>2</sup>For Medicare Advantage members, drugs require prior authorization when administered by a health care provider in sites of care such as outpatient facilities or physician offices and are (a) billed electronically through an 837P transaction or on a professional CMS-1500 claim form or (b) billed 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**

Submit prior authorization requests through the Medical and Pharmacy Drug PA Portal. It offers real-time status checks and immediate approvals for certain medications.

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. Click the *Medical and Pharmacy Benefit Drug Prior Auth* tile in the Applications tab.

Note: If you need to request access to our provider portal, see the [Register for Web Tools](#) webpage on [bcbsm.com](#).

### **Lists of requirements**

For a full list of requirements related to drugs covered under the medical benefit, refer to the following drug lists:

- Blue Cross commercial and BCN commercial: [Blue Cross and BCN utilization management medical drug list for Blue Cross commercial and BCN commercial members](#)
- Medicare Advantage: [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members](#)

We'll update these lists prior to the effective date.



You can access this list and other information about requesting prior authorization on the [Medical Benefit Drugs page](#) on the **authorizations.bcbsm.com** website.

Prior authorization isn't a guarantee of payment. Health care providers need to verify eligibility and benefits for members.

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