

Additional drugs to require prior authorization for Medicare Advantage members starting May 11

For dates of service on or after May 11, 2026, the following drugs will require prior authorization for Medicare Plus Blue and BCN Advantage members when billed under the medical benefit:

- AukelsoTM (denosumab-kyqq), HCPCS code Q5161
- BosayaTM (denosumab-kyqq), HCPCS code Q5161
- Gammagard Liquid[®] ERC (human immune globulin), HCPCS code J1599
- PapzimeosTM (zopapogene imadenovec-drba), HCPCS code J3404
- Starjemza[®] IV (ustekinumab-hmny), HCPCS code J3590

When prior authorization is required

Prior authorization requirements apply when these 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

Categories: Authorizations/referrals, Pharmacy

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