

## Additional drugs to have a site-of-care requirement for most commercial members starting June 1

For dates of service on or after June 1, 2026, we're adding a site-of-care requirement for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members for the following drugs covered under the medical benefit:

- Epysqli® (eculizumab-aagh), HCPCS code Q5151
- Otulfi® IV (ustekinumab-aaaz), HCPCS code Q9999
- Pombiliti™ (cipaglucosidase alfaatga), HCPCS code J1203
- Pyzchiva® IV (ustekinumab-ttwe), HCPCS code Q9997
- Selarsdi® IV (ustekinumab-aekn), HCPCS code Q9998
- Steqeyma® IV (ustekinumab-stba), HCPCS code Q5099
- Ustekinumab-aekn – unbranded, HCPCS code Q9998
- Ustekinumab-auub – unbranded, HCPCS code Q5138
- Ustekinumab-aaaz – unbranded, HCPCS code Q9999
- Ustekinumab-stba – unbranded, HCPCS code Q5099
- Ustekinumab-ttwe – unbranded, HCPCS code Q9997
- Wezlana™ IV (ustekinumab-auub), HCPCS code Q5138

You'll be prompted to select a site of care when you submit a prior authorization request for these drugs. If the request meets clinical criteria and is for one of the following sites of care, it will be approved automatically:

- Doctor's or other health care provider's office
- Ambulatory infusion center
- The member's home, from a home infusion therapy provider

Additional information or documentation may be required for requests to administer the above drugs in an outpatient hospital setting.

As a reminder, the drugs already require prior authorization. The new site-of-care requirements are in addition to the current prior authorization requirements.

Members who start courses of treatment with any of the above drugs before June 1, 2026, will be able to continue receiving the drugs in their current location until their existing authorization

expires. If these members then continue treatment under a new prior authorization, the site-of-care requirement outlined above will apply.

### **Some Blue Cross commercial groups aren't subject to these requirements**

For Blue Cross commercial, prior authorization and site-of-care requirements apply only 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](#).

While UAW Retiree Medical Benefits Trust non-Medicare members don't participate in the standard prior authorization program, these requirements apply to them.

**Note:** These requirements don't apply to Blue Cross and Blue Shield Federal Employee Program® members.

### **Lists of requirements**

For more information about requirements related to drugs covered under the medical benefit, see these lists:

- [Blue Cross and BCN utilization management medical drug list for Blue Cross commercial and BCN commercial members](#)
- [Medical Drug Management with Blue Cross for UAW Retiree Medical Benefit Trust PPO non-Medicare members](#)

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

You can access these lists and other information about requesting prior authorization at [authorizations.bcbsm.com](https://authorizations.bcbsm.com), at these locations:

- [Blue Cross Medical Benefit Drugs](#) page
- [BCN Medical Benefit Drugs](#) page

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

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