

## Zanvastro IV to require prior authorization for most members starting Sept. 21 and Oct. 1

Blue Cross Blue Shield of Michigan and Blue Care Network will require prior authorization 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 |
|---------------|--------------|------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Zanvastro™ IV | zilganersen  | J3590      | <ul style="list-style-type: none"> <li>Blue Cross commercial<sup>1</sup></li> <li>BCN commercial</li> </ul>         | Sept. 21, 2026                   |
|               |              |            | <ul style="list-style-type: none"> <li>Medicare Plus Blue<sup>2</sup></li> <li>BCN Advantage<sup>2</sup></li> </ul> | Oct. 1, 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<sup>®</sup> 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.

We're adding a prior authorization requirement to help meet our goal of promoting safe, effective treatment while responsibly managing healthcare costs. This requirement supports clinically appropriate, cost-effective care and helps ensure medical benefit drugs are used safely and effectively.

### 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](https://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](https://bcbsm.com).

### Lists of requirements

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

- [Blue Cross and BCN utilization management medical drug list for Blue Cross commercial and BCN commercial members](#)

- [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members](#)

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

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

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

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