

Changes to preferred drug designations for Medicare Advantage members starting Jan. 1

For dates of service on or after Jan. 1, 2027, Blue Cross Blue Shield of Michigan and Blue Care Network are changing prior authorization requirements and preferred and nonpreferred designations for some medical benefit drugs for Medicare Plus Blue and BCN Advantage members. These drugs are a part of members' medical benefits, not their pharmacy benefits.

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

Changes are in **bold text**.

Reference product	Preferred drugs	
	Before Jan. 1, 2027	On or after Jan. 1, 2027
Tocilizumab (Actemra®)	Tyenne® HCPCS code Q5135	Avtozma® HCPCS code Q5156
Immune Globulins	- Gammagard® HCPCS code J1569 - Octagam® HCPCS code J1568	- Gammagard HCPCS code J1569 - Octagam HCPCS code J1568 Gamunex-C® HCPCS code J1561
Infliximab (Remicade®)	- Inflectra®, HCPCS code Q5104 - Avsola®, HCPCS code Q5121	- Inflectra, HCPCS code Q5103 Renflexis®, HCPCS code Q5104 Note: Prior authorization isn't required for these preferred drugs.
Filgrastim (Neupogen®)	- Nivestym®, HCPCS code Q5110 - Zarxio®, HCPCS code Q5101	- Zarxio, HCPCS code Q5101 Granix®, HCPCS code J1447
Pegfilgrastim (Neulasta®)	- Neulasta®, Neulasta® OnPro®, HCPCS code J2506 - Fulphila®, HCPCS code Q5108	Udenyca®, Udenyca® Onbody HCPCS code Q5111 - Fulphila, HCPCS code Q5108
Bevacizumab (Avastin®)	- Zirabev®, HCPCS code Q5118 - Mvasi®, HCPCS code Q5107	Vegzelma® , HCPCS code Q5129
Ustekinumab (Stelara®)	- Steqeyma®, HCPCS code Q5099 - Pyzchiva®, HCPCS code Q9997 - Wezlana®, HCPCS code Q5138	- Steqeyma, HCPCS Q5099 - Wezlana, HCPCS Q5138 Yesintek™, HCPCS code Q5100
Ranibizumab	No preferred drug	Lucentis® , HCPCS code J2778
Recombinant Factor IX	No preferred drug	Alprolix® , HCPCS code J7201

When prior authorization is required

Prior authorization requirements apply when 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

Where to submit the prior authorization request varies by drug. To determine where to submit the request, see the [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members](#) for more information; look in the *Submit authorization requests through* columns.

To access the appropriate portal, click the *Medical and Pharmacy Drug PA Portal* tile or the *OncoHealth Provider Portal* tile on the Applications tab within our payer space. ([Learn how to access our provider portal payer space.](#))

Note: If you need to request access to our provider portal, follow the instructions on the [Register for Web Tools](#) 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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