Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Provider alert

Blue Cross commercial and BCN commercial

Categories: Authorizations/referrals, Pharmacy

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Lucamzi to require prior authorization for most commercial members starting Nov. 9

For dates of service on or after Nov. 9, 2026, we're adding a prior authorization requirement for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members for the following drug covered under the medical benefit:

- Lucamzi™ (ranibuzumab-blrz), HCPCS code J3590

Submit prior authorization requests through the Medical and Pharmacy Drug PA Portal.

We're making this change to help promote 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.

Click here for additional information, including information about:

- How to submit prior authorization requests
- The Blue Cross commercial groups that aren't subject to this requirement
- The full list of requirements for drugs covered under the medical benefit for commercial members

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