



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

# Medical Drug Management with Blue Cross for UAW Retiree Medical Benefits Trust PPO non-Medicare members

Revised August 2024

The drugs in this list require authorization from Blue Cross through the NovoLogix® online tool for UAW Retiree Medical Benefits Trust members with Blue Cross non-Medicare plans. They may also have site-of-care and quantity limit requirements. For more information about quantity limits, see the document titled [Blue Cross and BCN quantity limits for medical drugs](#).

For information on additional drugs that require prior authorization for UAW Retiree Medical Benefits Trust members with Blue Cross non-Medicare plans, see the [Oncology value management program prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members](#).

For more information about medical benefit drugs, see the [Blue Cross Medical Benefit Drugs](#) page of the [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) website.

You must submit authorization requests prior to administering any of the drugs on list for those drugs to be eligible for payment.

HCPCS code	Brand name	Generic name	Effective dates <i>(If there's no date, there's no requirement.)</i>		
			Prior authorization	Site-of-care requirement	Preferred product
Q2055	Abecma®	idecabtagene vicleucel	11/1/2021		
J3262	Actemra® IV Actemra® SQ Actemra ACTPen®	tocilizumab	6/1/2022	6/1/2022	
J0800	Acthar gel®	corticotropin	3/10/2022		
J2504	Adagen®	pegademase bovine	3/10/2022	3/10/2022	
J0791	Adakveo®	crizanlizumab-tmca	3/10/2022	3/10/2022	
J0172	Aduhelm®	aducanumab-avwa	1/1/2023		
J1931	Aldurazyme®	laronidase	1/1/2023	1/1/2023	
J1426	Amondys 45™	casimersen	1/1/2023		
J0256	Aralast®	alpha 1 proteinase inhibitor	1/1/2023	1/1/2023	



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

## Medical Drug Management with Blue Cross for UAW Retiree Medical Benefits Trust PPO non-Medicare members

Revised August 2024

HCPCS code	Brand name	Generic name	Effective dates <i>(If there's no date, there's no requirement.)</i>		
			Prior authorization	Site-of-care requirement	Preferred product
J1554	Asceniv™	immune globulin (human)-slra	1/1/2023	1/1/2023	
J3145	Aveed®	testosterone undecanoate	3/10/2022		
Q5121	Avsola™	infliximab-axxq	12/27/2021	12/27/2021	4/1/2022: Preferred infliximab product*
J0490	Benlysta	belimumab	1/1/2019	1/1/2019	
J0179	Beovu®	brolocizumab	11/1/2021		
J0597	Berinert®	c-1 esterase	1/1/2019	1/1/2019	
J1556	Bivigam®	immune globulin (bivigam)	1/1/2023	1/1/2023	
J0585	Botox®	onabotulinumtoxinA	3/10/2022		
Q2054	Breyanzi®	lisocabtagene maraleucel	11/1/2021		
J0567	Brineura®	cerliponase alfa	1/1/2023		
J2329	Briumvi®	ublituximab-xiiv	3/7/2024	3/7/2024	
Q5124	Byooviz®	ranibizumab-nuna	11/1/2022		
Q2056	Carvykti™	ciltacabtagene autoleucel	11/1/2022		
Q5128	Cimerli™	ranibizumab-eqrn	5/11/2023		
J1786	Cerezyme®	imiglucerase	1/1/2023	1/1/2023	
J0717	Cimzia®	certolizumab pegol	3/10/2022	3/10/2022	
J2786	Cinqair®	reslizumab	1/1/2019	1/1/2019	



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

## Medical Drug Management with Blue Cross for UAW Retiree Medical Benefits Trust PPO non-Medicare members

Revised August 2024

HCPCS code	Brand name	Generic name	Effective dates <i>(If there's no date, there's no requirement.)</i>		
			Prior authorization	Site-of-care requirement	Preferred product
J0598	Cinryze®	c-1 esterase	1/1/2019	7/1/2024	
J0800	Cortrophin®	corticotropin	9/1/2022		
J0584	Crysvita®	burosumab-twza	9/7/2021	9/7/2021	
J1551	Cutaquig®	immune globulin	1/1/2023	1/1/2023	
J1555	Cuvitru®	immune globulin	1/1/2023	1/1/2023	
J0589	Daxxify®	daxibotulinum toxinA-lanm	7/1/2024		
J0586	Dysport®	abobotulinumtoxinA	3/10/2022		
J1743	Elaprase®	idursulfase	1/1/2023	1/1/2023	
J3060	Elelyso®	taliglucerase alfa	1/1/2023	1/1/2023	
J2508	Elfabrio®	pegunigalsidase alfa-iwxj	8/13/2024	8/13/2024	
C9399, J3490	Empaveli®	pegcetacoplan	6/1/2022		
J3380	Entyvio®	vedolizumab	1/1/2019	1/1/2019	
J3111	Evenity®	romosozumab-aqqg	1/1/2023	1/1/2023	
J1305	Evkeeza™	evinacumab-dgnb	11/1/2022	7/1/2024	
J1428	Exondys 51™	eteplirsen	1/1/2019		
J0178	Eylea®	afibercept	1/1/2020		
J0180	Fabrazyme®	agalsidase beta	1/1/2023	1/1/2023	



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

## Medical Drug Management with Blue Cross for UAW Retiree Medical Benefits Trust PPO non-Medicare members

Revised August 2024

HCPCS code	Brand name	Generic name	Effective dates <i>(If there's no date, there's no requirement.)</i>		
			Prior authorization	Site-of-care requirement	Preferred product
J1744	Firazyr®	icatibant	3/10/2022	3/10/2022	
J1572	Flebogamma®	immune globulin	1/1/2023	1/1/2023	
J1569	Gammagard®	immune globulin	1/1/2023	1/1/2023	
J1566	Gammagard S/D®	immune globulin	1/1/2023	1/1/2023	
J1557	Gammaplex®	immune globulin	1/1/2023	1/1/2023	
J1561	Gamunex-C®/Gammaked™	immune globulin	1/1/2023	1/1/2023	
J0223	Givlaari®	givosiran	3/10/2022	3/10/2022	
J0257	Glassia®	alpha 1 proteinase inhibitor	1/1/2023	1/1/2023	
J7170	Hemlibra®	emicizumab-kxwh	1/1/2023	1/1/2023	
J1559	Hizentra®	immune globulin	1/1/2023	1/1/2023	
J1575	Hyqvia®	immune globulin	1/1/2023	1/1/2023	
J1744	Icatibant	icatibant hcl	3/10/2022	3/10/2022	
J0638	Ilaris®	canakinumab	3/10/2022	3/10/2022	
J3245	Ilumya®	tildrakizumab-asmn	3/10/2022	3/10/2022	
**90283	Immune globulin (igIV)	immune globulin	1/1/2023		
**90284	Immune globulin (IgSC)	immune globulin	1/1/2023		



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

## Medical Drug Management with Blue Cross for UAW Retiree Medical Benefits Trust PPO non-Medicare members

Revised August 2024

HCPCS code	Brand name	Generic name	Effective dates <i>(If there's no date, there's no requirement.)</i>		
			Prior authorization	Site-of-care requirement	Preferred product
Q5103	Inflectra®	infliximab-dyyb	1/1/2019	1/1/2019	11/1/2019: Preferred infliximab product
J2782	Izervay™	avacincaptad pegol intravitreal solution	8/13/2024		
J1290	Kalbitor®	ecallantide	1/1/2023	1/1/2023	
J2840	Kanuma®	sebelipase alfa	1/1/2023	1/1/2023	
J2507	Krystexxa®	pegloticase	1/1/2019	1/1/2019	
Q2042	Kymriah®	tisagenlecleucel-t	1/1/2019		
J0217	Lamzedo®	velmanase alfa-tycv	9/12/2024		
J0202	Lemtrada®	alemtuzumab	10/1/2019	12/27/2021 <a href="#">Lemtrada/Tysabri FAQ</a>	
J2778	Lucentis®	ranibizumab	1/1/2020		
J0221	Lumizyme®	alglucosidase alfa	1/1/2023	1/1/2023	
J3398	Luxturna®	voretigene neparvovec-rzyl	9/7/2021		
J2503	Macugen®	pegaptanib	1/1/2020		
J3397	Mepsevii™	vestronidase alfa-vjbk	1/1/2020	1/1/2020	
J0587	Myobloc®	rimabotulinumtoxinB	3/10/2022		
J1458	Naglazyme®	galsulfase	1/1/2023	1/1/2023	



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

## Medical Drug Management with Blue Cross for UAW Retiree Medical Benefits Trust PPO non-Medicare members

Revised August 2024

HCPCS code	Brand name	Generic name	Effective dates <i>(If there's no date, there's no requirement.)</i>		
			Prior authorization	Site-of-care requirement	Preferred product
J2796	Nplate®	romiplostim	3/10/2022		
J3490	Nulibry™	fosdenopterin	12/27/2021		
J2350	Ocrevus®	ocrelizumab	10/1/2019	10/1/2019	
J1568	Octagam®	immune globulin	1/1/2023	1/1/2023	
J0222	Onpattro®	patisiran	11/1/2021	11/1/2021	
J0129	Orencia®	abatacept	1/1/2019	1/1/2019	
J0224	Oxlumo®	lumarisan	11/1/2022	11/1/2022	
J3590, C9399	Palforzia®	peanut (arachis hypogaea) allergen powder-dnfp	1/1/2023		
J1599	Panzyga®	immune globulin	7/12/2021 – 9/2/2021, 1/1/2023	7/12/2021 – 9/2/2021, 1/1/2023	
J1459	Privigen®	immune globulin	1/1/2023	1/1/2023	
J0256	Prolastin C®	alpha 1 proteinase inhibitor	1/1/2023	1/1/2023	
J0897	Prolia®	denosumab	3/10/2022	3/10/2022	
J1304	Qalsody®	tofersen	7/1/2024		
J1301	Radicava®	edaravone	1/1/2019	4/1/2019	
J0896	Reblozyl®	luspatercept-aamt	3/10/2022	3/10/2022	
J1440	Rebyota™	fecal microbiota, livejslm	3/7/2024		



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

## Medical Drug Management with Blue Cross for UAW Retiree Medical Benefits Trust PPO non-Medicare members

Revised August 2024

HCPCS code	Brand name	Generic name	Effective dates <i>(If there's no date, there's no requirement.)</i>		
			Prior authorization	Site-of-care requirement	Preferred product
J1745	Remicade®	infliximab	1/1/2019	1/1/2019	11/1/2019: Nonpreferred infliximab product
Q5104	Renflexis®	infliximab-abda	1/1/2019	1/1/2019	11/1/2019: Nonpreferred infliximab product
J0596	Ruconest®	c1 inhibitor recombinant	1/1/2019	1/1/2019	
J2998	Ryplazim®	plasminogen, human-tvmh	9/1/2022		
J1744	Sajazir™	icatibant acetate	3/10/2022	3/10/2022	
J0491	Saphnelo	anifrolumab-fnia	6/30/2022	6/30/2022	
J7352	Scenesse®	afamelanotide	3/10/2022		
J2502	Signifor LAR®	pasireotide	3/10/2022		
J1602	Simponi Aria®	golimumab	1/1/2019	1/1/2019	
J2327	Skyrizi IV®	risankizumab-rzaa	3/7/2024	3/7/2024	
J1300	Soliris®	eculizumab	1/1/2023	1/1/2023	
J2326	Spinraza®	nusinersen	1/1/2019		
S0013	Spravato®	esketamine	7/12/2021		
J3358	Stelara® IV	ustekinumab	1/1/2019	1/1/2019	
J3357	Stelara® SubQ	ustekinumab	1/1/2023	1/1/2023	
J2779	Susvimo™	ranibizumab	1/1/2023		
J2781	Syfovre®	pegcetacoplan	8/13/2024		



Blue Cross  
Blue Shield  
of Michigan

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

## Medical Drug Management with Blue Cross for UAW Retiree Medical Benefits Trust PPO non-Medicare members

Revised August 2024

HCPCS code	Brand name	Generic name	Effective dates <i>(If there's no date, there's no requirement.)</i>		
			Prior authorization	Site-of-care requirement	Preferred product
**90378	Synagis®	palivizumab	3/10/2022		
Q2053	Tecartus®	brexucabtagene autoleucel	3/10/2022		
J3241	Tepezza®	teprotumumab-trbw	11/1/2021	11/1/2021	
S0189	Testopel®	testosterone pellet	3/10/2022		
J2356	Tezspire®	tezepelumab-ekko	1/1/2023		
J1746	Trogarzo®	ibalizumab-uyyk	3/10/2022	3/10/2022	
J2323	Tysabri®	natalizumab	10/1/2019	12/27/2021 <a href="#">Lemtrada/Tysabri FAQ</a>	
J9381	Tzield®	teplizumab-mzww	7/10/2023		
J1303	Ultomiris®	ravulizumab-cwvz	9/7/2021	9/7/2021	
J1823	Uplizna®	inebilizumab-cdon	3/10/2022		
J2777	Vabysmo®	faricimab-svoa	11/1/2022		
J1427	Viltepso®	viltolarsen	1/1/2023		
J1322	Vimizim®	elosulfase alfa	1/1/2023	1/1/2023	
J3385	Vpriv®	velaglucerase alfa	1/1/2023	1/1/2023	
J3032	Vyepti®	eptinezumab-jjmr	3/10/2022	3/10/2022	
J3401	Vyjuvek™	beremagene geperpavec-svdt	9/12/2024	9/12/2024	
J1429	Vyondys 53®	golodirsen	1/1/2023		





A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

## Medical Drug Management with Blue Cross for UAW Retiree Medical Benefits Trust PPO non-Medicare members

Revised August 2024

HCPCS code	Brand name	Generic name	Effective dates <i>(If there's no date, there's no requirement.)</i>		
			Prior authorization	Site-of-care requirement	Preferred product
J9332	Vyvgart®	efgartigimod alfa-fcab	11/1/2022	11/1/2022	
J1558	Xembify®	immune globulin (human)- klhw	1/1/2023	1/1/2023	
J0218	Xenpozyme™	olipudase alfa	5/11/2023	5/11/2023	
J0588	Xeomin®	incobotulinumtoxinA	3/10/2022		
J0897	Xgeva®	denosumab	3/10/2022	3/10/2022	
J0775	Xiaflex®	collagenase clostridium histolyticum	3/10/2022		
J2357	Xolair®	omalizumab	3/10/2022	3/10/2022	
Q2041	Yescarta®	axicabtagene ciloleucel	1/1/2019		
J0256	Zemaira®	alpha 1 proteinase inhibitor	1/1/2023	1/1/2023	
J3304	Zilretta®	triamcinolone acetone, extended release	1/1/2019		
J0565	Zinplava™	bezlotoxumab	1/1/2019		

\*Avsola was nonpreferred 12/27/2021 through 3/31/2022.

\*\*CPT Copyright 2023 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.