Blue Cross Blue Shield of Michigan

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

Revised August 2026

The drugs in this list require authorization from Blue Cross through the Medical and Pharmacy Drug PA Portal (accessed by clicking the *Medical and Pharmacy Benefit Drug Prior Auth* tile in Availity Essentials™) 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 Medical Benefit Drugs page on the **authorizations.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 *(If there's no date, there's no requirement.)*		
			Prior authorization	Site-of-care requirement	Preferred product
Q2055	Abecma®	idecabtagene vicleucel	11/1/2021		
J3262	Actemra® IV Actemra® SC 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		
J7171	Adzynma	adamts13, recombinant-krhn	4/16/2025		
J1931	Aldurazyme®	laronidase	1/1/2023	1/1/2023	

HCPCS code	Brand name	Generic name	Effective dates (*If there's no date, there's no requirement.*)		
			Prior authorization	Site-of-care requirement	Preferred product
J1552	Alyglo™	immune globulin intravenous, human-stwk 10%	6/1/2025	6/1/2025	• Non-preferred immune globulin product • Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam
J1426	Amondys 45™	casimersen	1/1/2023		
NOC*	Amtagvi®	lifileucel	6/1/2025		
J0256	Aralast®	alpha 1 proteinase inhibitor	1/1/2023	1/1/2023	
J1554	Asceniv™	immune globulin (human)-slra	1/1/2023	1/1/2023	• Non-preferred immune globulin product • Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam
J3145	Aveed®	testosterone undecanoate	3/10/2022		
Q5121	Avsola™	infliximab-axxq	12/27/2021	12/27/2021	Preferred infliximab products: Avsola and Inflectra
J0490	Benlysta	belimumab	1/1/2019	1/1/2019	
J0179	Beovu®	brolucizumab	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	• Non-preferred immune globulin product • Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam
Q5158	Bomyntra®	denosumab-bnht	12/31/2025	7/1/2026	
J0585	Botox®	onabotulinumtoxinA	3/10/2022		

HCPCS code	Brand name	Generic name	Effective dates (If there's no date, there's no requirement.)		
			Prior authorization	Site-of-care requirement	Preferred product
Q2054	Breyanzi®	lisocabtagene maraleucel	11/1/2021		
J0567	Brineura®	cerliponase alfa	1/1/2023		
J2329	Briumvi®	ublituximab-xiiy	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	
J0598	Cinryze®	c-1 esterase	1/1/2019	7/1/2024	
Q5158	Conexxence®	denosumab-bnht	12/31/2025	7/1/2026	
J0800	Cortrophin®	corticotropin	9/1/2022		

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			Prior authorization	Site-of-care requirement	Preferred product
J3247	Cosentyx®	secukinumab	4/16/2025	4/16/2025	**For ankylosing spondylitis:** • ***Preferred products — pharmacy benefit:*** Enbrel, preferred adalimumab biosimilar, Xeljanz/XR, Rinvoq, Simponi 50 SC • ***Nonpreferred product — pharmacy benefit:*** Taltz • ***Nonpreferred product — pharmacy or medical benefit***: Cimzia **For non-radiographic axial spondyloarthritis:** • ***Preferred product — pharmacy benefit:*** Rinvoq • ***Nonpreferred product — pharmacy benefit:*** Taltz • ***Nonpreferred product — pharmacy or medical benefit***: Cimzia **For psoriatic arthritis:** • ***Preferred products — pharmacy benefit***: Enbrel, preferred adalimumab biosimilar, Otezla, Rinvoq, Tremfya, Xeljanz/XR, Simponi 50 SC, Skyrizi • ***Preferred product — pharmacy or medical benefit***: Stelara SC • ***Nonpreferred product — pharmacy benefit:*** Taltz • ***Nonpreferred products — pharmacy or medical benefit***: Orencia, Cimzia
J0584	Crysvita®	burosumab-twza	9/7/2021	9/7/2021	

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			Prior authorization	Site-of-care requirement	Preferred product
J1551	Cutaquig®	immune globulin	1/1/2023	1/1/2023	• Non-preferred immune globulin product • Preferred immune globulin product(s): Gammagard, Gamunex-C, and Hizentra
J1555	Cuvitru®	immune globulin	1/1/2023	1/1/2023	• Non-preferred immune globulin product • Preferred immune globulin product(s): Gammagard, Gamunex-C, and Hizentra
J0589	Daxxify®	daxibotulinum toxinA-lanm	7/1/2024		
J7340	Duopa®	carbidopa/levodopa	3/2/2026		
J0586	Dysport®	abobotulinumtoxinA	3/10/2022		
J1743	Elaprase®	idursulfase	1/1/2023	1/1/2023	
J3060	Elelyso®	taliglucerace alfa	1/1/2023	1/1/2023	
J2508	Elfabrio®	pegunigalsidase alfa-iwxj	8/13/2024	8/13/2024	
NOC*	Entyvio® SC	vedolizumab	1/1/2019	1/1/2019	
J3380	Entyvio® IV	vedolizumab	4/16/2025	4/16/2025	
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®	aflibercept	1/1/2020		
J0177	Eylea HD®	aflibercept	3/13/2025		
J0180	Fabrazyme®	agalsidase beta	1/1/2023	1/1/2023	

HCPCS code	Brand name	Generic name	Effective dates (If there's no date, there's no requirement.)		
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J1744	Firazyr®	icatibant	3/10/2022	3/10/2022	
J1572	Flebogamma®	immune globulin	1/1/2023	1/1/2023	• Non-preferred immune globulin product • Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam
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	• Non-preferred immune globulin product • Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam
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	
J7172	Hympavzi®	guselkumab	11/4/2026		
J1575	Hyqvia®	immune globulin	1/1/2023	1/1/2023	• Non-preferred immune globulin product • Preferred immune globulin product(s): Gammagard, Gamunex-C, and Hizentra
J1744	Icatibant	icatibant hcl	3/10/2022	3/10/2022	

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			Prior authorization	Site-of-care requirement	Preferred product
J0638	Ilaris®	canakinumab	3/10/2022	3/10/2022	
J3245	Ilumya®	tildrakizumab-asmn	3/10/2022	3/10/2022	
J7313	Iluvien®	fluocinlone acetonide	1/1/2026		Preferred product: Ozurdex®
J9256	Imaavy®	nipocalimab-aahu	11/4/2026		For AChR positive myasthenia gravis: Vyvgart or Vyvgart Hytrulo AND Rystiggo AND Uplizna
**90283	Immune globulin (igIV)	immune globulin	1/1/2023		
**90284	Immune globulin (IgSC)	immune globulin	1/1/2023		
Q5103	Inflectra®	infliximab-dyyb	1/1/2019	1/1/2019	Preferred infliximab products: Avsola* and Inflectra
J2782	Izervay™	avacincaptad pegol intravitreal solution	8/13/2024		
Q5136	Jubbonti®	denosumab-bbdz	7/30/2025	7/1/2026	
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	Lamzede®	velmanase alfa-tycv	9/12/2024		
J0202	Lemtrada®	alemtuzumab	10/1/2019	12/27/2021	Lemtrada/Tysabri FAQ
J1306	Leqvio®	inclisiran	4/15/2026	4/15/2026	

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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	
J9038	Niktimvo™	axatilimab-csfr	12/10/2025		
J2796	Nplate®	romiplostim	3/10/2022		
J3490	Nulibry™	fosdenopterin	12/27/2021		
J2350	Ocrevus®	ocrelizumab	10/1/2019	10/1/2019	
J2351	Ocrevus Zunovo™	ocrelizumab and hyaluronidase-ocsq	10/8/2025	10/8/2025	
J1568	Octagam®	immune globulin	1/1/2023	1/1/2023	

HCPCS code	Brand name	Generic name	Effective dates (If there's no date, there's no requirement.)		
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J2267	Omvoh®	mirikizumab-mrkz	4/16/2025	4/16/2025	**Preferred products — all of the following:** • Preferred adalimumab biosimilar (pharmacy benefit) • Simponi® (Pharmacy benefit) • Stelara® SC (Pharmacy or Medical benefit) • Skyrizi (pharmacy benefit), • Tremfya (pharmacy benefit) • either Xeljanz/XR® (Pharmacy benefit) or Rinvoq® (Pharmacy benefit) **Nonpreferred products:** Zeposia (pharmacy benefit)
NOC*	Onapgo™	apomorphine hydrochloride	7/1/2026		
J0222	Onpattro®	patisiran	11/1/2021	11/1/2021	
NOC*	Opuviz™	aflibercept-yszy	7/30/2025		
J0129	Orencia®	abatacept	1/1/2019	1/1/2019	
Q5157	Osenvelt®	denosumab-bmwo	12/31/2025	3/9/2026	
J0224	Oxlumo®	lumarisan	11/1/2022	11/1/2022	
NOC*	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	• Non-preferred immune globulin product • Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam

HCPCS code	Brand name	Generic name	Effective dates (If there's no date, there's no requirement.)		
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J1307	Piasky™	crovalimab-akkz	8/20/2025	8/20/2025	
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	
J1440	Rebyota™	fecal microbiota, live-jslm	3/7/2024		
J1745	Remicade®	infliximab	1/1/2019	1/1/2019	• Non-preferred infliximab product • Preferred infliximab products: Avsola and Inflectra
Q5104	Renflexis®	infliximab-abda	1/1/2019	1/1/2019	• Non-preferred infliximab product • Preferred infliximab products: Avsola and Inflectra
J7311	Retisert™	fluocinolone acetonide	1/1/2026		Preferred products: Iluven and Ozurdex
J0596	Ruconest®	c1 inhibitor recombinant	1/1/2019	1/1/2019	
J2998	Ryplazim®	plasminogen, human-tvmh	9/1/2022		
J9333	Rystiggo®	rozanolixizumab-noli	4/16/2025	4/16/2025	
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		

HCPCS code	Brand name	Generic name	Effective dates (If there's no date, there's no requirement.)		
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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		
J0013	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	
Q5157	Stoboclo®	denosumab-bmwo	12/31/2025	3/9/2026	
J2779	Susvimo™	ranibizumab	1/1/2023		
J2781	Syfovre®	pegcetacoplan	8/13/2024		
Q2053	Tecartus®	brexucabtagene autoleucel	3/10/2022		
Q2057	Tecelra®	afamitresgene autoleucel	8/20/2025		
J3241	Tepezza®	teprotumumab-trbw	11/1/2021	11/1/2021	
S0189	Testopel®	testosterone pellet	3/10/2022		
J2356	Tezspire®	tezepelumab-ekko	1/1/2023	1/1/2025	
J1628	Tremfya® IV	guselkumab	6/1/2025	6/1/2025	
J1746	Trogarzo®	ibalizumab-uiyk	3/10/2022	3/10/2022	
J2323	Tysabri®	natalizumab	10/1/2019	12/27/2021	Lemtrada/Tysabri FAQ
J9381	Tzield®	teplizumab-mzwv	7/10/2023		

HCPCS code	Brand name	Generic name	Effective dates (If there's no date, there's no requirement.)		
			Prior authorization	Site-of-care requirement	Preferred product
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	
J7356	Vyalev™	foscarbidopa/foslevodopa	7/1/2026		
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		
J9332	Vyvgart®	efgartigimod alfa-fcab	11/1/2022	11/1/2022	
J9334	Vyvgart® Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	3/13/2025	3/13/2025	
Q5136	Wyost®	denosumab-bbdz	7/30/2025	7/1/2026	
J1558	Xembify®	immune globulin (human)-klhw	1/1/2023	1/1/2023	• Non-preferred immune globulin product • Preferred immune globulin product(s): Gammagard, Gamunex-C, and Hizentra
J0218	Xenpozyme™	olipudase alfa	5/11/2023	5/11/2023	
J0588	Xeomin®	incobotulinumtoxinA	3/10/2022		

HCPCS code	Brand name	Generic name	Effective dates (If there's no date, there's no requirement.)		
			Prior authorization	Site-of-care requirement	Preferred product
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	
J1289	Yartemlea®	narsoplimab-wuug	11/4/2026		
Q2041	Yescarta®	axicabtagene ciloleucel	1/1/2019		
J0256	Zemaira®	alpha 1 proteinase inhibitor	1/1/2023	1/1/2023	
J3304	Zilretta®	triamcinolone acetonide, extended release	1/1/2019		
J0565	Zinplava™	bezlotoxumab	1/1/2019		

*NOC indicates the following codes: J3490, J3590, J9999 and C9399

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