Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

This document outlines the utilization management programs that apply to select medical benefit drugs. These are drugs that require administration by a health care professional. The information on this list applies to:

- All members who have medical coverage under Blue Care Network commercial plans
- Members whose Blue Cross Blue Shield of Michigan commercial plans participate in the standard commercial Medical Drug Prior Authorization Program or are subject to other utilization management requirements related to medical benefit drugs.

For information about self-administered drugs that are covered under the pharmacy benefit for Blue Cross and BCN commercial members, see the Pharmacy Resources for Providers page at **bcbsm.com**.

Medical Drug Prior Authorization (PA) Programs These programs help ensure that patients receive medication that is medically necessary and appropriate for their situations.		
For most medical benefit drugs	Submit prior authorization requests through the Medical and Pharmacy Drug PA Portal, which you can access by clicking the *Medical and Pharmacy Benefit Drug Prior Auth)* tile in in our provider portal (availity.com). This includes requests for gene and cellular therapy drugs, including Chimeric Antigen Receptor T-Cell (CAR-T) therapy.	
For select medical oncology and supportive care drugs	Submit prior authorization requests to OncoHealth through Blue Cross and BCN's provider portal, Availity Essentials. See the Oncology Value Management prior authorization list for Blue Cross and BCN commercial members for a comprehensive list of drugs managed by OncoHealth. To determine which self-funded groups have requirements under the Oncology Value Management program, see the self-funded group participation list.	
Site of care (SOC) program	Some drugs also have site-of-care requirements. Prior authorization requests for these drugs must indicate that they will be administered in a lower-cost site of care (such as the physician's office or the member's home), rather than a higher-cost site of care (such as a hospital outpatient facility).	
Employer-specific Medical Drug Prior Authorization Programs	**UAW Retiree Medical Benefits Trust PPO (non-Medicare members):** Medical Drug Management with Blue Cross for UAW Retiree Medical Benefits Trust PPO non-Medicare members Oncology Value Management program prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members	**Blue Cross and Blue Shield Federal Employee Program® (non-Medicare members):** Utilization management medical drug list
Changes to medical necessity criteria for medical benefit drugs	When Blue Cross and BCN update medical policies due to recommendations from the Blue Cross Pharmacy and Therapeutics Committee, we'll update the Changes to medical necessity criteria for medical benefit drugs document to show the changes.	

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Blue Cross and BCN utilization management medical drug list

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How to read this list

- **"Submit PA requests through" columns:** See the key below to learn how to determine whether a drug has PA or SOC requirements. When a cell is blank, the drug doesn't have PA or SOC requirements.

Key	PA requirements apply	PA and SOC requirements apply
Blue Cross commercial members	PPO	PPO-SOC
BCN commercial members	HMO	HMO-SOC

If "PPO" or "HMO" appears in the Medical and Pharmacy Drug PA column, submit prior authorization requests through the Medical and Pharmacy Drug PA Portal tool. If "PPO" or "HMO" appears in the OncoHealth column, submit prior authorization requests to Carelon Medical Benefits Management.

Note: Refer to the Medical Policy Router Search for complete medical drug policies and criteria.

- **"Quantity limits" columns:** A checkmark (✓) indicates that a drug has quantity limits. See the document titled Blue Cross and BCN quantity limits for medical drugs for the specific quantity limit. When a cell is blank, the drug doesn't have quantity limits.
- **"Preferred product information" column:** Lists any preferred products that a member must try and fail before receiving a drug. When a cell is blank, there is no preferred product information for that drug.

Note: Medical benefit drug policies are a source for Blue Cross and BCN medical policy information. Medical policies should not be used to determine benefits or reimbursement. Refer to the appropriate certificate or contract for benefit information. Medical policies are subject to change.

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A							
Q2055	Abecma	idecabtagene vicleucel	PPO HMO		✓		
J0287	Abelcet	amphotericin b lipid complex			✓		
J0401 / J0402	Abilify	aripiprazole			✓		
C9152	Abilify Asimtufii	aripiprazole			✓		
J9264	Abraxane	paclitaxel		PPO HMO	✓		For use in metastatic breast cancer and non-small cell lung cancer, must first try and fail **generic paclitaxel**.
J0132 / J0131 / J0134 / J0136	Acetaminophen	acetaminophen			✓		
J1120	Acetazolamide	acetazolamide sodium			✓		
J7608	Acetylcysteine	acetylcysteine			✓		
J3262	Actemra	tocilizumab	PPO-SOC HMO-SOC		✓	✓	• Preferred tocilizumab product: Tyenne

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March 2026

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J0801 / J0802	Acthar Gel	corticotropin	PPO HMO		✓		
*90648	Acthib, Hiberix 10mcg	haemoph b poly conj-tet tox/pf			✓		
J0795	Acthrel	corticorelin ovine triflutal			✓		
J2997	Activase, Cathflo	alteplase recombinant			✓		
J0133	Acyclovir	acyclovir sodium			✓		
*90715	Adacel	diph,pertuss(acell),tet vac/pf			✓		
J2504	Adagen	pegademase bovine	PPO-SOC HMO-SOC		✓	✓	
J0791	Adakveo	crizanlizumab-tmca	PPO-SOC HMO-SOC		✓		
J2062	Adasuve Aerosol Powder Breath Activated	loxapine			✓		
J7192	Advate/ Kogenate FS/ Recombinate	antihemophilic factor (recombinant)	PPO HMO				

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J9042	Adcetris 50mg	brentuximab vedotin			✓		
A9582	Adreview	iobenguane sulfate i-123			✓		
Q2049	Adriamycin	doxorubicin hydrochloride			✓		
J9000	Adriamycin, Doxorubicin	doxorubicin hcl			✓		
J9190	Adrucil, Fluorouracil	fluorouracil			✓		
J9029	Adstiladrin	nadofaragene firadenovec-vncg	PPO HMO				
J0172	Aduhelm	aducanumab-avwa	PPO HMO		✓		Coverage of Aduhelm is considered investigational/experimental for all indications
J7207	Adynovate	antihemophilic factor (recombinant) pegylated	PPO HMO				
J7171	Adzynma	adamts13, recombinant-krhn	PPO HMO		✓		
*90685 *90686 *90688	Afluria Quad 2021-22 Syringe	flu vacc qs 2021			✓		

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

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J7210	Afstyla	antihemophilic factor (recombinant), single chain	PPO HMO				
Q5153	aflibercept-yszy (unbranded)	aflibercept-yszy	PPO HMO		✓	✓	
J3246	Aggrastat	tirofiban hcl monohydrate			✓		
Q5150	Ahzantive	aflibercept-mrbb	PPO HMO		✓	✓	
J1454	Akynzeo	fosnetupitant/palonosetron		PPO HMO	✓		
J7609 / J7611 / J7613	Albuterol	albuterol sulfate			✓		
J0210	Aldomet	methyldopate			✓		
J1931	Aldurazyme	laronidase	PPO-SOC HMO-SOC		✓	✓	
J9215	Alferon	interferon alfa-n3			✓		
J7173	Alhemo	concizumab-mtci	PPO HMO				

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J9305	Alimta	pemetrexed		PPO HMO	✓		
J9245 / J8600	Alkeran	melphalan hydrochloride			✓		
J7193	AlphaNine SD/ Mononine	coagulation factor IX (human)	PPO HMO				
J7186	Alphanate/Alphanate/ VWF Complex/Human	antihemophilic factor/von Willebrand factor complex.	PPO HMO				
J7201	Alprolix	Coagulation Factor IX (Recombinant), Fc Fusion Protein.	PPO HMO				
J7214	Altuviiio	antihemophilic factor (recombinant)	PPO HMO		✓		
J1552	Alyglo	immune globulin intravenous, human-stwk 10%	PPO-SOC HMO-SOC		✓	✓	• Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam
Q5126	Alymsys	bevacizumab-maly		PPO-SOC HMO-SOC	✓		• Non-preferred bevacizumab product • Preferred products: Mvasi and Zirabev
J0289	Ambisome, Amphotericin	amphotericin b liposome			✓		

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Blue Cross and BCN utilization management medical drug list

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March 2026

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			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J0278	Amikacin	amikacin sulfate			✓		
J0281	Aminocaproic Acid	aminocaproic acid			✓		
J0282	Amiodarone	amiodarone hcl			✓		
J1426	Amondys 45	casimersen	PPO HMO		✓		Coverage of Amondys 45 is considered investigational/experimental for all indications
J3470	Amphadase	hyaluronidase			✓		
J0285	Amphotericin	amphotericin b			✓		
J0290 / J0295	Ampicillin	ampicillin sodium			✓		
**NOC Codes	Amtagvi	lifileucel	PPO HMO				
J0225	Amvuttra	vutrisiran	PPO HMO		✓		
J0300	Amytal	amobarbital sodium			✓		
S0170	Anastrozole	anastrozole			✓		

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J7169	Andexxa	factor xa,inactivated-zhzo			✓		
J0330	Anectine, Quelicin, Succinylcholine	succinylcholine chloride			✓		
J2704	Anesthesia, Diprivan, Propofol, Propoven	propofol, propofol in lipid mct/lct/pf, propofol/pf			✓		
J1738	Anjeso	meloxicam			✓		
J9028	Anktiva	ogapendekin alfa inbakicept-pmln		PPO HMO			Must first try and fail **Adstiladrin** and **Keytruda/Keytruda Qlex**.
J7294	Annover	segesterone ac/ethin estradiol			✓		
Q0180 / S0174	Anzemet	dolasetron mesylate			✓		
J2277	Aphexda	motixafortide			✓		
J0364	Apokyn, Apomorphine	apomorphine hcl			✓		
J3490 / C9145	Aponvie	aprepitant			✓		

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J8501	Aprepitant, Emend	aprepitant			✓		
J0739	ApretudeExtended Release	cabotegravir			✓		
J0256	Aralast	alpha 1 proteinase inhibitor	PPO-SOC HMO-SOC		✓	✓	
J0881 / J0882	Aranesp	darbepoetin alfa in polysorbat			✓		
J7605	Arformoterol, Brovana	arformoterol tartrate			✓		
J0883 / J0884 / J0891 / J0892 / J0898 / J0899	Argatroban	argatroban			✓		
J7665	Aridol Capsule	mannitol			✓		
J1944 / J1943	Aristada	aripiprazole lauroxil			✓		
J1652	Arixtra, Fondaparinux	fondaparinux sodium			✓		
J9261	Arranon, Nelarabine	nelarabine			✓		

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Blue Cross and BCN utilization management medical drug list

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March 2026

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J9017	Arsenic, Trisenox	arsenic trioxide			✓		
J0391	Artesunate	artesunate			✓		
J9302	Arzerra 20mg/Ml	ofatumumab			✓		
J1554	Asceniv	immune globulin (human)-slra	PPO-SOC HMO-SOC		✓	✓	• Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam
J9118	Asparlas 750u/Ml	calaspargase pegol-mknl			✓		
J7508	Astagraf	tacrolimus			✓		
J7504	Atgam	lymphocyte immune globulin			✓		
J2060	Ativan, Lorazepam	lorazepam			✓		
Q2058	Aucatzyl IV	obecabtagene autoleucel	PPO HMO				
**NOC Codes	Aukelso	denosumab-kyqq	PPO HMO				• Preferred denosumab product: Osenvelt OR Xtrenbo

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Blue Cross and BCN utilization management medical drug list

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March 2026

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J9035	Avastin	bevacizumab		PPO-SOC HMO-SOC	✓		• Non-preferred bevacizumab product • Preferred products: Mvasi and Zirabev **Note:** Intravitreal Avastin does not require authorization for ocular conditions
J3145	Aveed	testosterone undecanoate	PPO HMO		✓	✓	
Q5121	Avsola	infliximab-axxq	PPO-SOC HMO-SOC		✓		
Q5156	Avtozma	tocilizumab-anoh	PPO HMO				• Preferred tocilizumab product: Tyenne
J0714	Avycaz	ceftazidime and avibactam			✓		
J9025	Azacitidine, Vidaza	azacitidine			✓		
J7500	Azasan, Azathioprine, Imuran	azathioprine			✓		
J0456	Azithromycin	azithromycin			✓		
B							

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March 2026

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J0475 / J0476	Baclofen, Gablofen, Lioresal	baclofen			✓		
J7165	Balfaxar	prothrombin complex concentrate (human)			✓		
J0470	Balin	dimercaprol			✓		
Q0239	Bamlanivimab	bamlanivimab			✓		
J0184	Barhemsys	amisulpride			✓		
J9023	Bavencio	avelumab		PPO-SOC HMO-SOC	✓		
J3490 / C9462	Baxdela	delafloxacin			✓		
*90585 *90586	Bcg Vaccine 50mg	bcg vaccine, live/pf			✓		
J9030	Bcgtice	bcg live			✓		
J9174	Beizray	docetaxel		PPO HMO			Must first try and fail **generic docetaxel**.
J9032	Beleodaq	belinostat			✓	✓	

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			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J9036 / J9033	Belrapzo, Bendamustine	bendamustine hcl			✓		
J7195	BeneFIX	coagulation factor IX (recombinant) or nonacog alfa	PPO HMO				
J9034	Bendeka	bendamustine hcl			✓		
J0490	Benlysta	belimumab	PPO-SOC HMO-SOC		✓	✓	
J0500	Bentyl, Dicyclomine	dicyclomine hcl			✓		
J0515	Benztropine	benztropine mesylate			✓		
J0179	Beovu	brolucizumab	PPO HMO		✓	✓	
J1414	Beqvez	fidanacogene elaparvovec-dzkt	PPO HMO				
J0597	Berinert	c-1 esterase	PPO-SOC HMO-SOC		✓	✓	
J9229	Besponsa	inotuzumab ozogamicin			✓		

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J0702	Beta1, Betamethasone	betamethasone acetate,sod phos			✓		
J7682	Bethkis, Kitabis, Tobi, Tobramycin	tobramycin, tobramycin tobramycin/nebulizer			✓		
*90620 *90621	Bexsero/Trumenba	meningococcal b vaccine,4-comp			✓		
90381 / 90380	Beyfortus	respiratory syncytial virus, monoclonal antibody			✓		
J0558 / J0561	Bicillin	pen g benz/pen g procaine			✓		
J9050	Bicnu	carmustine			✓		
**NOC Codes	Bildyos	denosumab-nxxp	PPO HMO				• Preferred denosumab product: Stoboclo OR Enoby
**NOC Codes	Bilprevda	denosumab-nxxp	PPO HMO				• Preferred denosumab product: Osenvelt OR Xtrenbo
*90581	Biothrax	anthrax vaccine			✓		
J1556	Bivigam	immune globulin	PPO-SOC HMO-SOC		✓	✓	• Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam

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J9382	Bizengri	zenocutuzumab-zbco		PPO HMO			
Q5152	Bkemv	eculizumab-aeeb	PPO-SOC HMO-SOC		✓	✓	• Preferred eculizumab product: Bkemv For myasthenia gravis indication: Rystiggo AND Vyvgart or Vyvgart Hytrulo
J9037	Blenrep	belantamab mafodotin-blmf			✓		
J9040	Bleomycin Sulfate	bleomycin sulfate			✓		
J2710	Bloxiverz	neostigmine methylsulfate			✓		
Q5158	Bomyntra	denosumab-bnht	PPO HMO				• Preferred denosumab product: Osenvelt OR Xtrenbo
**NOC Codes	Boncresa	denosumab-mobz	PPO HMO				• Preferred denosumab product: Stoboclo OR Enoby
J1740	Boniva	ibandronate			✓		

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J0585	Botox	onabotulinumtoxina	PPO HMO		✓	✓	
**NOC Codes	Bosaya	denosumab-kyqq	PPO HMO				• Preferred denosumab product: Stoboclo OR Enoby
Q2054	Breyanzi	lisocabtagene maraleucel	PPO HMO		✓		
J0567	Brineura	cerliponase alfa	PPO HMO		✓	✓	
J2329	Briumvi	ublituximab-xiiy	PPO – SOC HMO – SOC				
J7626	Budesonide	budesonide			✓		
J1939	Bumetanide 0.25mg/Ml	bumetanide			✓		
J0572 / J0573 / J0574	Bunavail Tablet Sublingual	buprenorphine hcl/naloxone hcl			✓		
J0592	Buprenex, Buprenorphine	buprenorphine hcl			✓		
J0571 / J0575	Buprenorphine Tablet	buprenorphine hcl			✓		
J0594	Busulfan, Busulfex	busulfan			✓		

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J0595 / S0012	Butorphanol	butorphanol tartrate			✓		
Q5124	Byooviz	ranibizumab-nuna	PPO HMO		✓	✓	
C							
J0741	Cabenuva	cabotegravir/rilpivirine	PPO-SOC HMO-SOC		✓		
J0706	Cafcit, Caffeine	caffeine citrate			✓		
J0630	Calcitonin (Salmon)	calcitonin,salmon,synthetic			✓		
J0600	Calcium Disodium Versenate	edetate calcium disodium injection			✓		
J0612 / J0613	Calcium gluconate	calcium gluconate			✓		
J1741	Caldolor	ibuprofen			✓		
J1952	Camcevi 42mg Emulsion	leuprolide mesylate			✓		

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Blue Cross and BCN utilization management medical drug list

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March 2026

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			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J9206	Camptosar, Irinotecan	irinotecan hcl			✓		
J0637	Cancidas, Caspofungin	caspofungin acetate			✓		
J8522	Capecitabine, Xeloda	capecitabine			✓		
J9045	Carboplatin, Paraplatin	carboplatin			✓		
J9050 / J9052	Carmustine	carmustine			✓		
J1955	Carnitor	levocarnitine			✓		
Q2056	Carvykti	ciltacabtagene autoleucel	PPO HMO		✓		
J3392	Casgevy	exagamglogene autotemcel	PPO HMO				
J0689 / J0690 / J0688	Cefazolin	cefazolin sodium/dextrose,iso			✓		
J0692 / J0701 / J0703	Cefepime	cefepime hcl,			✓		
J0698	Cefotaxime Sodium	cefotaxime sodium			✓		

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J0694	Cefoxitin	cefoxitin sodium			✓		
J0713	Ceftazidime	ceftazidime			✓		
J0696	Ceftriaxone	ceftriaxone sodium					
J0697	Cefuroxime	ceftriaxone sodium					
J7517 / J7519	Cellcept	mycophenolate mofetil			✓		
J2724	Ceprotin	protein c concentrate			✓		
Q2009 / S0078	Cerebyx, Fosphenytoin	fosphenytoin sodium			✓		
J1786	Cerezyme	imiglucerase	PPO-SOC HMO-SOC		✓	✓	
A9591	Cerianna	fluoroestradiol f-18			✓		
J8650	Cesamet	nabilone			✓		
J2850	Chirhostim	secretin acetate (human)			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J0720	Chloramphenicol	chloramphenicol sod succinate			✓		
J2401	Chloroprocaine, Nesacaine	chloroprocaine hcl, chloroprocaine hcl/pf			✓		
J1205	Chlorothiazide, Sodium	chlorothiazide sodium			✓		
J3230 / Q0161	Chlorpromazine	chlorpromazine hcl			✓		
J0725	Chorionic, Novarel, Pregnyl	chorionic gonadotropin, human			✓		
J0740	Cidofovir	cidofovir			✓		
Q5128	Cimerli	ranibizumab-eqrn	PPO HMO		✓	✓	
J0717	Cimzia	certolizumab pegol	PPO-SOC HMO-SOC		✓	✓	
J2786	Cinqair	reslizumab	PPO-SOC HMO-SOC		✓		Tezspire
J0598	Cinryze	c-1 esterase	PPO – SOC HMO – SOC		✓	✓	Haegarda AND Orladeyo AND Takhzyro AND Andembry

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J0185	Cinvanti	aprepitant		PPO HMO	✓		
J0744	Cipro I.V.	ciprofloxacin lactate			✓		
J9060	Cisplatin	cisplatin			✓		
J9065	Cladribine	cladribine			✓		
J0698	Claforan	cefotaxime sodium			✓		
A9575	Clariscan, Dotarem, Gadoterate	gadoterate meglumine			✓		
J9027	Clofarabine	clofarabine			✓		
J0735	Clonidine Hcl	clonidine hcl/pf			✓		
J7175	Coagadex	coagulation factor x	PPO HMO		✓		
C9046 / C9143	Cocaine, Goprelto	cocaine hcl			✓		
J0770	Colistimethate, Colymycin	colistin (colistimethate na)			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J9286	Columvi	glofitamab-gxbm		PPO HMO	✓		
J0780	Compazine	prochlorperazine edisylate			✓		
Q5158	Conexxence	denosumab-bnht	PPO HMO				• Preferred denosumab product: Stoboclo OR Enoby
J7180	Corifact 1000-1600unit Kit	factor xiii	PPO HMO		✓		
**NOC Codes	Cortrophin	corticotropin	PPO HMO				
J0834	Cortrosyn, Cosyntropin	cosyntropin			✓		
J1742	Corvert, Ibutilide	ibutilide fumarate			✓		
J1448	Cosela	trilaciclib dihydrochloride		PPO HMO	✓		
J3247	Cosentyx	secukinumab	PPO – SOC HMO – SOC		✓		For ankylosing spondylitis: Preferred products: Enbrel (pharmacy benefit), preferred adalimumab biosimilar (pharmacy benefit), Xeljanz/XR (pharmacy benefit), Rinvoq (pharmacy benefit), Simponi 50 SC (pharmacy benefit),

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Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
							For non-radiographic axial spondyloarthritis: Preferred products: Rinvoq (pharmacy benefit) For psoriatic arthritis: Preferred products: Enbrel (pharmacy benefit), preferred adalimumab biosimilar (pharmacy benefit), Otezla (pharmacy benefit), Rinvoq (pharmacy benefit), preferred ustekinumab SC (pharmacy benefit), Tremfya (pharmacy benefit), Xeljanz/XR (pharmacy benefit), Simponi 50 SC (pharmacy benefit), Skyrizi (pharmacy benefit) Please note: Formulary status is dependent on pharmacy benefits.
J9120	Cosmegen	dactinomycin			✓		
J1833	Cresemba	isavuconazonium			✓		
J0840	Crofab	antivenin,crotalidae fab(ovin)			✓		

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J7631	Cromolyn	cromolyn sodium			✓		
J0584	Crysvita	burosumab-twza	PPO-SOC HMO-SOC		✓	✓	
J0878	Cubicin, Daptomycin	daptomycin			✓		
J1551	Cutaquig	immune globulin	PPO-SOC HMO-SOC		✓	✓	• Preferred immune globulin product(s): Gammagard, Gamunex-C, and Hizentra
J1555	Cuvitru	immune globulin	PPO-SOC HMO-SOC		✓	✓	• Preferred immune globulin product(s): Gammagard, Gamunex-C, and Hizentra
J3420	Cyanocobalamin	vitamin b12			✓		
J3424	Cyanokit	hydroxocobalamin			✓		
J7515 / J7502	Cyclosporine	cyclosporine			✓		
J9074, J9076	Cyclophosphamide, generic	cyclophosphamide			✓		
J9308	Cyramza	ramucirumab			✓		

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J9100	Cytarabine	cytarabine hydrochloride			✓		
J0850	Cytogam	cytomegalovirus immune globuln			✓		
*90291	Cytogam 50mg/Ml	cytomegalovirus immune globuln			✓		
S0191	Cytotec 100mcg Tablet, Cytotec	misoprostol			✓		
D							
J9130	Dacarbazine	dacarbazine			✓		
J0894 / J0893	Dacogen 50mg, Decitabine 50mg	decitabine			✓		
J9120	dactinomycin	dactinomycin			✓		
J0875	Dalvance	dalbavancin			✓		
J9348	Danyelza	naxitamab-gqgk		PPO HMO	✓		

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J0877 / J0874 / J0873	Daptomycin	daptomycin			✓		
J9145	Darzalex	daratumumab		PPO HMO	✓		
J9144	Darzalex Faspro	daratumumab-hyaluronidase-fihj		PPO-SOC HMO-SOC	✓		
J9011	Datroway	datopotamab deruxtecan-dlnk		PPO HMO			
J9150	Daunorubicin	daunorubicin hcl			✓		
J0589	Daxxify	daxibotulinum toxina-lanm	PPO HMO		✓		
J2597	Ddavp, Desmopressin	desmopressin acetate			✓		
J0893 / J0894	Decitabine	decitabine			✓		
J0895	Deferoxamine, Desferal	deferoxamine mesylate			✓		
J3121	Delatestryl	testosterone enanthate			✓		
J1380	Delestrogen, Estradiol	estradiol valerate			✓		

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J2175	Demerol, Meperidine	meperidine hcl, meperidine hcl/pf			✓		
*90587	Dengvaxia	dengue vaccine, live, vero(pf)			✓		
**NOC Codes	Denosumab-dssb	denosumab-dssb	PPO HMO				• Preferred denosumab product: Stoboclo OR Enoby
**NOC Codes	Denosumab-bmwo (unbranded)	denosumab-bmwo	PPO-SOC HMO-SOC				• Preferred denosumab product(s): Osenvelt or Xtrenbo for the following indications: • Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors. • Treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity. • Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy. Stoboclo or Enoby for the following indications: • Treatment of postmenopausal women with osteoporosis at high risk for

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Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
							fracture • Treatment to increase bone mass in men with osteoporosis at high risk for fracture • Treatment of glucocorticoid-induced osteoporosis in men and women at high risk for fracture • Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer Treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer
Q5136	denosumab-bbdz (unbranded)	denosumab-bbdz	PPO HMO				• Preferred denosumab product: Osenvelt OR Xtrenbo
**NOC Codes	Denosumab-bnht	denosumab-bnht	PPO HMO				• Preferred denosumab product(s): Osenvelt or Xtrenbo for the following indications: • Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors. • Treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or

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							where surgical resection is likely to result in severe morbidity. • Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy. Stoboclo or Enoby for the following indications: • Treatment of postmenopausal women with osteoporosis at high risk for fracture • Treatment to increase bone mass in men with osteoporosis at high risk for fracture • Treatment of glucocorticoid-induced osteoporosis in men and women at high risk for fracture • Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer • Treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer
J1071	Depo- testosterone	testosterone cypionate			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J1000	Depoestradiol	estradiol cypionate			✓		
A9592	Detectnet 1mci/Ml	copper cu-64 dotatate			✓		
J8540	Dexabliss,Dexamethasone,	dexamethasone			✓		
J1190	Dexrazoxane, Totect	dexrazoxane hcl			✓		
J1096	Dextenza	dexamethasone ophthalmic			✓		
J3480	Dextrose, Potassium	potassium chloride			✓		
J1095	Dexycu 9 % SUSP	dexamethasone/pf			✓		
J3360	Diazepam	diazepam			✓		
J1162	Digifab	digoxin immune fab			✓		
J1160	Digoxin, Lanoxin	digoxin			✓		
J1110	Dihydroergotamine	dihydroergotamine mesylate			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J1170	Dilaudid	hydromorphone			✓		
J1240	Dimenhydrinate	dimenhydrinate			✓		
J1200	Diphenhydramin e	diphenhydramine hydrochloride			✓		
J1245	Dipyridamole	dipyridamole			✓		
J9171	Docetaxel	docetaxel			✓		
J9172	Docivyx	docetaxel		PPO HMO			Must first try and fail **generic docetaxel**.
S0109	Dolophine Hcl 5mg Tablet, Methadone Hcl	methadone hcl			✓		
J1265	Dopamine	dopamine hcl, dopamine hcl in dextrose 5 %			✓		
J1267	Doribax	doripenem			✓		
J1270	Doxercalciferol, Hectorol	doxercalciferol			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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Q2050	Doxil, Doxorubicin	doxorubicin hcl peg-liposomal			✓		
Q0167	Dronabinol	dronabinol			✓		
J1790	Droperidol	droperidol			✓		
J7340	Duopa 4.63-20mg/Ml	carbidopa/levodopa	PPO HMO		✓		
J2270	Duramorph, Morphine	morphine sulfate, morphine sulfate/pf			✓		
J2274	Duramorph,Infumorph, Mitigo, Morphine	morphine sulfate/pf			✓		
J7318	Durolane	sodium hyaluronate			✓		Covered/preferred hyaluronic acid products: Durolane, Euflexxa, GelSyn-3 and Supartz
J7351	Durysta	bimatoprost			✓		
J0586	Dysport	abobotulinumtoxina	PPO HMO		✓	✓	
E							

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J9063	Elahere	mirvetuximab soravtansine-gynx		PPO HMO	✓		
J1743	Elaprase	idursulfase	PPO-SOC HMO-SOC		✓	✓	
J3060	Elelyso	taliglucerace alfa	PPO-SOC HMO-SOC		✓	✓	
J1413	Elevidys	delandistrogene moxeparvovec-rokl	PPO HMO		✓		Coverage of Elevidys is considered investigational/experimental for all indications
J2508	Elfabrio	pegunigalsidase alfa-iwxj	PPO – SOC HMO - SOC		✓	✓	
J9217	Eligard	leuprolide acetate			✓	✓	
J2783	Elitek	rasburicase			✓		
J9178	Ellence, Epirubicin	epirubicin hcl			✓		
J7205	Eloctate	efmoroctocog alfa	PPO HMO				
J1323	Elrexfio	elranatamab-bcmm		PPO HMO	✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J7295	Eluryng Etonogestrel-Ethinyl Estradiol	etonogestrel/ethinyl estradiol			✓		
J9269	Elzonris	tagraxofusp-erzs		PPO HMO	✓		
J1453	Emend	fosaprepitant dimeglumine			✓		
J9176	Empliciti	elotuzumab		PPO HMO	✓		
J9326	Emrelis	telisotuzumab vedotin-tllv		PPO HMO			
J0750 / J0751	emtricitabine and tenofovir disoproxil/tenofovir alafenamide	emtricitabine and tenofovir disoproxil/tenofovir alafenamide			✓		
J3403	Encelto	revakinagene taroretcel-lwey	PPO HMO		✓	✓	
*90746	Engerix, Recombivax	hepatitis b virus vaccine/pf			✓		
J9358	Enhertu	fam-trastuzumab deruxtecan-nxki		PPO HMO	✓		
J1302	Enjaymo	sutimlimab-jome	PPO HMO		✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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**NOC Codes	Enoby	denosumab-qbde	PPO HMO				
J1650	Enoxaparin, Lovenox	enoxaparin sodium			✓		
J3380	Entyvio	vedolizumab	PPO-SOC HMO-SOC		✓	✓	Preferred adalimumab (pharmacy) AND preferred Ustekinumab (pharmacy) products
**NOC Codes	Entyvio	vedolizumab	PPO-SOC HMO-SOC		✓	✓	Preferred adalimumab (pharmacy) AND preferred ustekinumab (pharmacy) products
J7503	Envarsus	tacrolimus			✓		
Q5149	Enzeevu	aflibercept-abzv	PPO HMO		✓	✓	
J9321	Epkinly	epcoritamab-bysp		PPO HMO	✓		
J0885 / Q4081	Epogen, Procrit	epoetin alfa			✓		
J1327	Eptifibatide	eptifibatide			✓		
Q5151	Epysqli	eculizumab-aagh	PPO HMO		✓	✓	Preferred eculizumab product: Bkemv For myasthenia gravis indication: Rystiggo AND Vyvgart or Vyvgart Hytrulo

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through		Quantity limits See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details		Preferred product information
			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J0348	Eraxis	anidulafungin			✓		
J9055	Erbitux	cetuximab		PPO HMO	✓		
J1335	Ertapenem	ertapenem sodium			✓		
J1364	Erythrocin, Erythromycin	erythromycin lactobionate			✓		
J7204	Esperoct	fviii rec,b-dom trunc peg-exei	PPO HMO		✓		
J1430	Ethamolin	ethanolamine oleate			✓		
J0207	Ethyol	amifostine crystalline			✓		
J9181	Etopophos, Etoposide, Toposar	etoposide, etoposide phosphate			✓		
J8560	Etoposide	etoposide			✓		

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J7323	Euflexxa	hyaluronate sodium			✓		Covered/preferred hyaluronic acid products: Durolane, Euflexxa, GelSyn-3 and Supartz
S0175	Eulexin Capsule	flutamide			✓		
J3111	Evenity	romosozumab-aqqg	PPO-SOC HMO-SOC		✓	✓	
J7527	Everolimus, Zortress	everolimus			✓		
J1305	Evkeeza	evinacumab-dgnb	PPO – SOC HMO - SOC		✓		Repatha (Pharmacy Benefit)
J9246	Evomela	melphalan hcl/betadex sbes			✓		
S0156	Exemestane	exemestane			✓		
**NOC codes	Exdensur	depemokimab-ulaa	PPO HMO				Nucala or Fasenra AND Dupixent AND Tezspire (all pharmacy benefit)
J1428	Exondys 51	eteplirsen	PPO HMO		✓		Coverage of Exondys 51 is considered investigational/experimental for all indications
**NOC Codes	Eydenzelt	**aflibercept-boav**	PPO HMO		✓	✓	

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J0178	Eylea	aflibercept	PPO HMO		✓	✓	
J0177	Eylea HD	aflibercept	PPO HMO		✓	✓	
F							
J0180	Fabrazyme	agalsidase beta	PPO-SOC HMO-SOC		✓	✓	
J1308	Famotidine	famotidine, famotidine in nacl,iso-osm/pf, famotidine/pf			✓		
J0517	Fasenra	benralizumab	PPO-SOC HMO-SOC		✓	✓	
J9395	Faslodex, Fulvestrant	fulvestrant			✓		
J1951	Fensolvi	leuprolide acetate	PPO-SOC HMO-SOC		✓		Preferred products: Lupron Depot-PED and Supprelin LA
J3010	Fentanyl Citrate	fentanyl citrate/pf			✓		
Q0138 / Q0139	Feraheme, Ferumoxytol	ferumoxytol			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through		Quantity limits See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details		Preferred product information
			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J2916	Ferrlecit, Sodferric	sodium ferric gluconat/sucrose			✓		
J0699	Fetroja	cefiderocol sulfate tosylate			✓		
J1744	Firazyr	icatibant	PPO-SOC HMO-SOC		✓	✓	
J9155	Firmagon	degarelix acetate			✓		
J1572	Flebogamma	immune globulin	PPO-SOC HMO-SOC		✓	✓	• Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam
J9200	Floxuridine 0.5gm	floxuridine			✓		
*90694	Fluad Quad 2021-2022	flu vacc			✓		
*90682	Flublok Quad 2019-2020	flu vac qv			✓		
*90756	Flucelvax Quad 2021-2022	flu vac qs			✓		
J1450	Fluconazole	fluconazole in nacl,iso-osm			✓		

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J9185	Fludarabine	fludarabine phosphate			✓		
*90672 *90673 *90674	Flumist Quad 2019-2020, Flumist Quad 2022-2023 Spray, Flumist	flu vacc qv live			✓		
J2680	Fluphenazine Decanoate 25mg/Ml	fluphenazine decanoate			✓		
J2679	fluphenazine hcl	fluphenazine hcl			✓		
S0128	Follistim	follitropin beta,recomb			✓		
J9307	Folotyn	pralatrexate			✓		
J1451	Fomepizole	fomepizole			✓		
J7606	Formoterol, Perforomist	formoterol fumarate			✓		
J0713	Fortaz	inj ceftazidime			✓		
J1456	Fosaprepitant	fosaprepitant dimeglumine			✓		

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J1434	Focinvez	Fosaprepitant		PPO HMO			
J1455	Foscarnet, Foscavir	foscarnet sodium			✓		
J1645	Fragmin	dalteparin sodium,porcine			✓		
Q5108	Fulphila	pegfilgrastim-jmdb		PPO HMO	✓		• Preferred products: Fulphila, Neulasta, and Udenyca
J9393 / J9394	Fulvestrant	fulvestrant			✓		
J1938	Furosemide	furosemide			✓		
J0641	Fusilev, Levoleucovorin	levoleucovorin calcium			✓		
J9331	Fyarro	sirolimus protein-bound particles		PPO HMO	✓		
Q5130	Fylnetra	pegfilgrastim-pbbk		PPO HMO	✓		• Non-preferred pegfilgrastim product • Preferred products: Fulphila, Neulasta, and Udenyca
S0132	Fyremadel	ganirelix acetate			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
*90653 *90656 *90657 *90658 *90661 *90662	Influenza vaccine, - Fluad 2019-2020 Formula	flu vacc			✓		
G							
C9067	Gallium	gallium ga-68 dotatoc			✓		
J9210	Gamifant	emapalumab-lzsg	PPO HMO		✓		
*90281 / J1460 / J1560	Gamastan	immune globul g (igg)/glycine			✓		
J1569	Gammagard/Gammagard Liquid ERC	immune globulin	PPO-SOC HMO-SOC		✓	✓	
J1566	Gammagard S/D	immune globulin	PPO-SOC HMO-SOC		✓	✓	
J1557	Gammaplex	immune globulin	PPO-SOC HMO-SOC		✓	✓	Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J1561	Gamunex-C/ Gammaked	immune globulin	PPO-SOC HMO-SOC		✓	✓	Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, Hizentra, and Octagam
J1570 / J1574	Ganciclovir	ganciclovir sodium			✓		
*90651	Gardasil 9	hpv vaccine 9-valent/pf			✓		
J9301	Gazyva	obinutuzumab		PPO HMO	✓		
J8565	Gefitinib	gefitinib			✓		
J7326	Gel-One	hyaluronate sodium			✓		• Not covered hyaluronic acid product Covered/preferred hyaluronic acid products: Durolane, Euflexxa, GelSyn-3 and Supartz
J7328	GelSyn-3	hyaluronate sodium			✓		Covered/preferred hyaluronic acid products: Durolane, Euflexxa, GelSyn-3 and Supartz
J9201	Gemcitabine HCL	gemcitabine hydrochloride			✓		
J9196	gemcitabine, generic	gemcitabine hydrochloride			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through		Quantity limits See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details		Preferred product information
			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J9201	Gemzar	gemcitabine			✓	✓	
J7502 / J7515	Gengraf	cyclosporine			✓		
J1580	Gentamicin	gentamicin in nac			✓		
J7320	GenVisc	hyaluronate sodium			✓		• Not covered hyaluronic acid product Covered/preferred hyaluronic acid products: Durolane, Euflexxa, GelSyn-3 and Supartz
J3486	Geodon, Ziprasidone	ziprasidone mesylate			✓		
J0223	Givlaari	givosiran	PPO-SOC HMO-SOC		✓		
J0257	Glassia	alpha 1 proteinase inhibitor	PPO-SOC HMO-SOC		✓	✓	
S0088	Gleevec	imatinib			✓		
S0178	Gleostine 100mg Capsule	lomustine			✓		
J1610 / J1611	Glucagen	glucago,human recombinant			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J1596	Glycopyrrolate	glycopyrrolate			✓		
S0126	Gonal	follitropin alfa, recombinant			✓		
S0091	Granisetron	granisetron hcl			✓		
J1626 / Q0166	Granisetron hcl	granisetron hydrochloride /pf			✓		
J1447	Granix	tbo-filgrastim		PPO HMO	✓		• Non-preferred filgrastim product • Preferred products: Nivestym and Zarxio
H							
J9179	Halaven	eribulin mesylate			✓		
J1631	Haldol, Haloperidol	haloperidol decanoate			✓		
J1630	Haloperidol	haloperidol lactate			✓		
*90632 *90633	Havrix 1440elu/Ml, Vaqta 50unit/Ml	hepatitis a virus vaccine/pf			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J1411	Hemgenix	etranacogene dezaparvovec-drlb	PPO HMO		✓	✓	Beqvez
J7170	Hemlibra	emicizumab-kxwh	PPO-SOC HMO-SOC		✓	✓	
J7190	Hemofil M / Koate	antihemophilic factor (human)	PPO HMO				
J1573	Hepagam	hepatitis b immun glob/maltose			✓		
J1571	Hepagam B	hepatitis b immun glob/maltose			✓		
J1643	Heparin Sodium	heparin sodium,porcine			✓		
*90739 *90740 *90743 *90744 *90747 *90759	Hepatitis B vaccine	hepatitis b vaccine/pf			✓		
J9248	Hepzato	melphalan			✓		
J9355	Herceptin	trastuzumab		PPO-SOC HMO-SOC	✓		• Non-preferred trastuzumab product • Preferred products: Ogivri, Ontruzant, and Trazimera

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J9356	Herceptin Hylecta	trastuzumab and hyaluronidase-oysk		PPO-SOC HMO-SOC			• Non-preferred trastuzumab product • Preferred products: Ogivri, Ontruzant, and Trazimera
Q5146	Hercessi	trastuzumab-strf		PPO-SOC HMO-SOC			• Non-preferred trastuzumab product • Preferred products: Ogivri, Ontruzant, and Trazimera
Q5113	Herzuma	trastuzumab-pkrb		PPO-SOC HMO-SOC	✓		• Non-preferred trastuzumab product • Preferred products: Ogivri, Ontruzant, and Trazimera
J3303	Hexatrione	triamcinolone hexacetonide			✓		
J1559	Hizentra	immune globulin	PPO-SOC HMO-SOC		✓	✓	
J7187	Humate-P	antihemophilic factor/von Willebrand factor complex (human)	PPO HMO				
J7321	Hyalgan	hyaluronate sodium					• Not covered hyaluronic acid product Covered/preferred hyaluronic acid products: Durolane, Euflexxa, GelSyn-3 and Supartz
J8705	Hycamtin	topotecan hcl			✓		

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J9351	Hycamtin, Topotecan	topotecan hcl			✓		
J0360	Hydralazine Hcl 20mg/Ml	hydralazine hcl			✓		
S0176	Hydrea Capsule	hydroxyurea			✓		
J1170	Hydromorphone HCL	hydromorphone hydrochloride			✓		
S0092	Hydromorphone Hcl	hydromorphone hcl/pf			✓		
J1170	Hydromorphone HCL0.9% NACL	hydromorphone hydrochloride in 0.9% nacl			✓		
J3425	Hydroxocobalamin	hydroxocobalamin			✓		
J3410	Hydroxyzine	hydroxyzine hcl			✓		
J3473	Hylenex	hyaluronidase, human recomb.			✓		
J7322	Hymovis	hyaluronate sodium			✓		• Not covered hyaluronic acid product • Covered/preferred hyaluronic acid product(s): Durolane, Euflexxa, GelSyn-3 and Supartz

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J7172	Hympavzi	guselkumab	PPO HMO				
*90371	Hyperhep, Nabihb	hepatitis b immune globulin			✓		
*90375	Hyperrab	rabies immune globulin/pf			✓		
J2790	Hyperrho S/D Rhogam Ultra	rho(d) immune globulin			✓		
*90385	Hyperrho S/D 250unit, Micrhogam Ultra-Filtered Plus 250unit	rho(d) immune globulin			✓		
J2788	Hyperrho S-D Syringe	rho(d) immune globulin			✓		
*90384	Hyperrho, Rhogam, Rhophylac, Winrho	rho(d) immune globulin, rho(d) immune globulin/maltose			✓		
J1670	Hypertet	tetanus immune globulin/pf			✓		
J1575	Hyqvia	immune globulin	PPO-SOC HMO-SOC		✓	✓	• Preferred immune globulin product(s): Gammagard, Gamunex-C, and Hizentra

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
I							
J1744	Icatibant	icatibant hydrochloride	PPO-SOC HMO-SOC		✓	✓	
J9211	Idamycin PFS	idarubicin hydrochloride			✓		
J7202	Idelvion	human coagulation factor ix recombinant, albumin fusion protein	PPO HMO				
J9208	Ifex, Ifosfamide	ifosfamide			✓		
J1105	Igalmi	dexmedetomidine			✓		
J0638	Ilaris	canakinumab	PPO-SOC HMO-SOC		✓	✓	
A9596	Illuccix 25mcg	kit prep of ga-68/gozetotide			✓		
J3245	Ilumya	tildrakizumab – asmn	PPO-SOC HMO-SOC		✓		
J7313	Iluvien	injection, fluocinlone acetonide	PPO HMO		✓		Preferred product: Ozurdex

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J9256	Imaavy	nipocalimab-aahu	PPO HMO				For AChR positive myasthenia gravis: Vyvgart or Vyvgart Hytrulo
S0088	Imatinib mesylate	imatinib mesylate			✓		
J9026	Imdelltra	ogapendekin alfa inbakicept-pmln		PPO HMO			
Q0243	Imdevimab	imdevimab			✓		
J9173	Imfinzi	durvalumab		PPO-SOC HMO-SOC	✓		
J0743	Imipenem, Primaxin	imipenem/cilastatin sodium			✓		
J3030	Imitrex, Sumatriptan	sumatriptan succinate			✓		
J9347	Imjudo	tremelimumab-actl		PPO-SOC HMO-SOC	✓		
J9325	Imlygic	talimogene laherparepvec			✓		
*90283	Immune Globulin (IgIV)	immune globulin	PPO-SOC HMO-SOC				
*90284	Immune Globulin (SCIg)	immune globulin	PPO-SOC HMO-SOC				

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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*90376	Imogam	rabies immune globulin/pf			✓		
*90675	Imovax Rabies	rabies vacc, human diploid/pf, rabies vaccine (pcec)/pf			✓		
Q5098	Imuldosa	ustekinumab-srlf	PPO HMO		✓	✓	• Preferred ustekinumab products: Yesintek IV
Q5103	Inflectra	infliximab-dyyb	PPO-SOC HMO-SOC		✓	✓	
Q5104	infliximab-abda (unbranded)	infliximab-abda	PPO-SOC HMO-SOC		✓	✓	Preferred infliximab product: Avsola and Inflectra
J1439	Injectafer	ferric carboxymaltose			✓		
J9214	Intron-A	interferon alfa-2b			✓	✓	
J1335	Invanz	ertapenem			✓		
J2426	Invega	paliperidone palmitate			✓		
Q9967 / Q9966	Iodixanol, Isovue, Omnipaque, Optiray, Ultravist, Visipaque	iodixanol, iohexol, iopamidol, iopromide, ioversol			✓		

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through		Quantity limits See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details		Preferred product information
			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
*90713	Ipol Injectable	poliomyelitis vaccine, killed			✓		
J7620	Ipratropium	ipratropium/albuterol sulfate			✓		
J7644	Ipratropium	ipratropium bromide			✓		
J9319	Istodax, Romidepsin	romidepsin			✓		
**NOC Codes	Itvisma	onasemnogene abeparvovec-brve	PPO HMO				
J9207	Ixempra	ixabepilone			✓		
*90738	Ixiaro 6mcg/0.5ml	japanese encephalitis vacc/pf			✓		
J7213	Ixinity	coagulation factor IX (recombinant)	PPO HMO				
J2782	Izervay	avacincaptad pegol intravitreal solution	PPO HMO		✓	✓	
J							

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March 2026

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J9281	Jelmyto	mitomycin		PPO HMO	✓		
J9272	Jemperli	dostarlimab-gxly		PPO-SOC HMO-SOC	✓		
J7316	Jetrea	ocriplasmin			✓		
J9043	Jevtana	cabazitaxel			✓		
J7208	Jivi	antihemophilic factor (recombinant), PEGylated-aucl	PPO HMO				
Q5160	Jobevne	bevacizumab-nwgd		PPO-SOC HMO-SOC			• Non-preferred bevacizumab product • Preferred products: Mvasi and Zirabev
Q5136	Jubbonti	denosumab-bbdz	PPO HMO				• Preferred denosumab product: Stoboclo OR Enoby
**NOC Codes	Jubereq	denosumab-desu	PPO HMO				• Preferred denosumab product: Osenvelt OR Xtrenbo
*90611	Jynneos 0.5ml	smallpox and mpox live vacc/pf			✓		
K							

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J9354	Kadcyla	ado-trastuzumab emtansine		PPO HMO	✓		
J1290	Kalbitor	ecallantide	PPO-SOC HMO-SOC		✓	✓	
Q5117	Kanjinti	trastuzumab-anns		PPO-SOC HMO-SOC	✓		• Non-preferred trastuzumab product • Preferred products: Ogivri, Ontruzant, and Trazimera
J2840	Kanuma	sebelipase alfa	PPO-SOC HMO-SOC		✓	✓	
**NOC Codes	Kebilidi	eladocagene exuparvovec-tneq	PPO HMO		✓		Coverage of Kebilidi is considered investigational/experimental for all indications
*90377	Kedrab	rabies immune globulin/pf			✓		
J2425	Kepivance	palifermin			✓		
J1953	Keppra, Levetiracetam	levetiracetam, levetiracetam in nacl (iso-os)			✓		
J1885	Ketorolac tromethamine	ketorolac tromethamine			✓		
J9271	Keytruda	pembrolizumab		PPO-SOC HMO-SOC	✓		For use in nasopharyngeal cancer, must first try and fail **Loqtorzi**.

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J0642	Khapzory	levoleucovorin		PPO HMO	✓		
J9274	Kimmtrak	tebentafusp-tebn		PPO HMO	✓		
J2406	Kimyrsa	oritavancin diphosphate			✓		
J2805	Kinevac	sincalide			✓		
*90696 *90698 *90700 *90702	Kinrix, Quadracel, Quadracel	diph,pertus(acel),tet,polio/pf			✓		
J0175	Kisunla	donanemab-azbt	PPO HMO				Coverage of Kisunla is considered investigational/experimental for all indications.
J0879	Korsuva	difelikefalin acetate			✓		
J7211	Kovaltry	antihemophilic factor (recombinant)	PPO HMO				
J2507	Krystexxa	pegloticase	PPO-SOC HMO-SOC		✓	✓	
J7296	Kyleena 19.5mg Intrauterine Device	levonorgestrel			✓		

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
Q2042	Kymriah	tisagenlecleucel	PPO HMO		✓		
J9047	Kyprolis	carfilzomib			✓		
J1626	Kytril	granisetron hcl			✓		
L							
J0217	Lamzede	velmanase alfa-tycv	PPO HMO		✓	✓	
J1932	Lanreotide	lanreotide acetate			✓		
**NOC Codes	Lantidra	donislecel-jujn	PPO HMO				Coverage of Lantidra is considered investigational/experimental for all indications
J0202	Lemtrada	alemtuzumab	PPO-SOC HMO-SOC		✓	✓	Lemtrada/Tysabri Site of Care program – FAQ document
J3391	Lenmeldy	atidarsagene autotemcel	PPO HMO				
J0174	Leqembi	lecanemab	PPO HMO				Coverage of Leqembi is considered investigational/experimental for all indications

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J1306	Leqvio	inclisiran	PPO-SOC HMO-SOC		✓		Repatha (Pharmacy Benefit)
J0640	Leucovorin	leucovorin calcium			✓		
S0172	Leukeran 2mg Tablet	chlorambucil			✓		
J2820	Leukine	sargramostin		PPO HMO	✓		
J1954	Leuprolide	leuprolide acetate			✓		
J7612 / J7614	Levalbuterol, Xopenex	levalbuterol hcl			✓		
J1956	Levaquin	levofloxacin			✓		
J0650 / J0651 / J0652	Levothyroxine sodium	levothyroxine sodium			✓		
J2785	Lexiscan, Regadenoson	regadenoson			✓		
J9119	Libtayo	cemiplimab-rwic		PPO-SOC HMO-SOC	✓		
J2001	Lidocaine	lidocaine hcl/dextrose 5 %/pf			✓		

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J2310	Lifems, Naloxone	naloxone hcl			✓		
J7297	Liletta 20.1mcg/Day Intrauterine Device	levonorgestrel			✓		
J2010	Lincocin	lincomycin			✓		
J2021 / J2020	Linezolid	linezolid in 0.9% sodium chlor			✓		
J7100	Lmd10	dextran 40 in 0.9 % nacl, dextran 40 in dextrose 5 %			✓		
A9800	Locametz	kit prep of ga-68/gozetotide			✓		
J3263	Loqtorzi	toripalimab-tpzi		PPO-SOC HMO-SOC			
J2778	Lucentis	ranibizumab	PPO HMO		✓	✓	
Q9950	Lumason 25mg	sulfur hexafluoride microsphr			✓		
J0221	Lumizyme	alglucosidase alfa	PPO-SOC HMO-SOC		✓	✓	

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J9350	Lunsumio	mosunetuzumab-axgb		PPO HMO			
J9217	Lupron Depot	leuprolide acetate			✓	✓	
J1950	Lupron Depot- PED	leuprolide acetate			✓	✓	
A9513	Lutathera 10mci/Ml	lutetium lu 177 dotatate			✓		
J3398	Luxturna	voretigene neparvovec	PPO HMO		✓	✓	
J3394	Lyfgenia	lovo-cel	PPO HMO		✓	✓	Casgevy
J9161	Lymphir	denileukin diftitox-cxdl		PPO HMO			
M							
J7330	Maci Sheet	autol chrondrocy/collagen,porc			✓		
J2503	Macugen	pegaptanib	PPO HMO		✓	✓	

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J3475	Magnesium	magnesium sulfate,			✓		
J9353	Margenza	margetuximab-cmkb		PPO HMO	✓		
Q0167	Marinol	dronabinol			✓		
J9371	Marqibo	injection, vincristine sulfate liposome			✓		
S0182	Matulane 50mg Capsule	procarbazine hcl			✓		
J7509	Medrol, Methylpred, Methylprednisolone	methylprednisolone			✓		
J0694	Mefoxin	cefoxitin sodium			✓		
J9245	Melphalan HCL	melphalan hydrochloride			✓		
*90734	Menactra Injectable	mening vac			✓		
S0122	Menopur	menotropins			✓		
*90619	Menquadfi	mening vac			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J3397	Mepsevii	vestronidase alfa-vjbk	PPO-SOC HMO-SOC		✓	✓	
S0108	Mercaptopurine Tablet	mercaptopurine			✓		
J2184 / J2185	Meropenem	meropenem-0.9% sodium chloride			✓		
J9209	Mesna, Mesnex	mesna			✓		
J1230	Methadone	methadone hcl			✓		
J2800	Methocarbamol, Robaxin	methocarbamol			✓		
J8610	Methotrexate, Trexall	methotrexate sodium			✓		
J2210	Methylergonovine	methylergonovine maleate			✓		
J2765	Metoclopramide	metoclopramide hcl			✓		
J2247 / J2248	Micafungin	micafungin sodium			✓		
J2250	Midazolam	midazolam hcl, midazolam hcl/pf			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through		Quantity limits See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details		Preferred product information
			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
S0190	Mifeprex 200mg Tablet	mifepristone			✓		
J7510	Millipred, Orapred, Pediapred, Prednisolone	prednisolone, prednisolone sodium phosphate			✓		
J2260	Milrinone	milrinone lactate, milrinone lactate/d5w			✓		
J2265	Minocin	minocycline hydrochloride			✓		
J0887 / J0888	Mircera	methoxy peg-epoetin beta			✓		
J7298	Mirena Intrauterine Device	levonorgestrel			✓		
J9280	Mitomycin	mitomycin			✓		
J7315	Mitosol 0.2mg Kit, Mitosol 0.2mg	mitomycin			✓		
J9293	Mitoxantrone HCL	mitoxantrone hydrochloride			✓		
*90707 *90710	M-M-R Ii Injectable, Priorix	measles,mumps,rubella vacc/pf			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J9349	Monjuvi	tafasitamab-cxix		PPO HMO	✓		
J1437	Monoferric	ferric derisomaltose			✓		
J7327	Monovisc	hyaluronic acid			✓		• Not covered hyaluronic acid product Covered/preferred hyaluronic acid products: Durolane, Euflexxa, GelSyn-3 and Supartz
J2272	Morphine	morphine sulfate			✓		
S0093	Morphine Sulfate 50mg/MI	morphine sulfate			✓		
J2280 / J2281	Moxifloxacin	moxifloxacin-sod.chloride(iso)			✓		
J2562	Mozobil	plerixafor			✓		
A9577	Multihance	gadobenate dimeglumine			✓		
J0275	Muse	alprostadil			✓		
Q5107	Mvasi	bevacizumab-awwb		PPO-SOC HMO-SOC	✓		• Preferred products: Mvasi and Zirabev

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J7517 / J7518	Mycophenolate mofetil	mycophenolate mofetil			✓		
J8510	Myleran	busulfan			✓		
J9203	Mylotarg	gemtuzumab ozogamicin			✓		
J0587	Myobloc	rimabotulinumtoxinb	PPO HMO		✓	✓	
J0220	Myozyme	aglucosidase alfa injection	PPO HMO		✓	✓	
N							
S0032	Nafcillin	nafcillin in dextrose,iso-osm, nafcillin sodium			✓		
J1458	Naglazyme	galsulfase	PPO-SOC HMO-SOC		✓	✓	
J2300	Nalbuphine	nalbuphine hcl			✓		
J2325	Natrecor	nesiritide			✓		

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J9390	Navelbine, Vinorelbine	vinorelbine tartrate			✓		
J2545	Nebupent, Pentamidine	pentamidine isethionate			✓		
J2515	Nembutal, Pentobarbital	pentobarbital sodium			✓		
J7502 / J7515	Neoral	cyclosporine			✓		
J2710	Neostigmine methylsulfate	neostigmine methylsulfate			✓		
J2506	Neulasta, Neulasta Onpro	pegfilgrastim		PPO HMO	✓		• Preferred products: Fulphila, Neulasta, and Udenyca
J1442	Neupogen	filgrastim		PPO HMO	✓		• Non-preferred filgrastim product • Preferred products: Nivestym and Zarxio
J7307	Nexplanon Implant	etonogestrel			✓		
J0283	Nexterone	amiodarone in dextrose,iso-osm			✓		
J0219	Nexviazyme	avalglucosidase alfa-ngpt	PPO-SOC HMO-SOC		✓	✓	

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J2404	Nicardipine	nicardipine			✓		
J9038	Niktimvo IV	axatilimab-csfr		PPO HMO			
J9268	Nipent	pentostatin			✓		
Q5110	Nivestym	filgrastim-aafi		PPO HMO	✓		• Preferred products: Nivestym and Zarxio
J7182	Novoeight	turoctocog alfa	PPO HMO				
J2802	Nplate	romiplostim	PPO HMO		✓	✓	
J2182	Nucala	mepolizumab	PPO-SOC HMO-SOC		✓		
**NOC Codes	Nufymco	ranibizumab-leyk	PPO HMO		✓	✓	
J1809	Nulibry	fosdenopterin	PPO HMO				
J0485	Nulojix	belatacept			✓		
J7209	Nuwiq	antihemoph.fviii,hek b-delete	PPO HMO		✓		

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J0121	Nuzyra	omadacycline tosylate			✓		
Q5148	Nypozi	filgrastim-txid		PPO HMO			• Non-preferred filgrastim product • Preferred products: Nivestym and Zarxio
Q5122	Nyvepria	pegfilgrastim – apgf		PPO HMO	✓		• Non-preferred pegfilgrastim product • Preferred products: Fulphila, Neulasta, and Udenyca
O							
J2350	Ocrevus	ocrelizumab	PPO-SOC HMO-SOC		✓	✓	
J2351	Ocrevus Zunovo	ocrelizumab and hyaluronidase-ocsq	PPO-SOC HMO-SOC				
J1568	Octagam	immune globulin	PPO-SOC HMO-SOC		✓	✓	
J2354	Octreotide acetate	octreotide, nondepot			✓		
Q5114	Ogivri	trastuzumab-dkst		PPO-SOC HMO-SOC	✓		• Preferred products: Ogivri, Ontruzant, and Trazimera
C9101	Olinvyk	oliceridine fumarate			✓		

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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**NOC Codes	Omalizumab-igec	omalizumab-igec	PPO HMO				• Preferred omalizumab product: Xolair
J1097	Omidria	phenylephrine/ketorolac			✓		
**NOC Codes	Omisirge	omidubicel-onlv	PPO HMO				
**NOC Codes	Omlyclo	omalizumab-igec	PPO HMO				• Preferred omalizumab product: Xolair
Q9965	Omnipaque	iohexol			✓		
J2267	Omvoh	mirikizumab-mrkz	PPO-SOC HMO-SOC		✓		For ulcerative colitis: Preferred products: preferred adalimumab biosimilar(Pharmacy benefit) AND Simponi® (Pharmacy benefit) AND preferred ustekinumab SC (Pharmacy benefit) AND Skyrizi (pharmacy benefit), AND Tremfya (pharmacy benefit) AND either Xeljanz/XR® (Pharmacy benefit) or Rinvoq® (Pharmacy benefit) Nonpreferred products: Zeposia (pharmacy benefit) AND Entyvio SC (pharmacy benefit) For Crohn's disease: Preferred products: preferred adalimumab biosimilar (pharmacy benefit), Rinvoq (pharmacy benefit), Skyrizi (pharmacy

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							benefit), Tremfya (pharmacy benefit) AND preferred ustekinumab SC (pharmacy benefit) Nonpreferred products: Cimzia (pharmacy or medical benefit) AND Entyvio SC (pharmacy benefit) Please note: Formulary status is dependent on pharmacy benefits.
**NOC Codes	Onapgo	apomorphine hydrochloride	PPO HMO				
J9266	Oncaspar	pegaspargase			✓	✓	
S0119	Ondansetron hcl/ODT	ondansetron			✓		
Q0162	Ondansetron, Zuplenz	ondansetron, ondansetron hcl			✓		
J9205	Onivyde	irinotecan liposomal		PPO HMO	✓		For use in pancreatic cancer, must first try and fail **conventional irinotecan**.
J0222	Onpattro	patisiran	PPO-SOC HMO-SOC		✓	✓	
Q5112	Ontruzant	trastuzumab-dttb		PPO-SOC HMO-SOC	✓		• Preferred products: Ogivri, Ontruzant, and Trazimera

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J9299	Opdivo	nivolumab		PPO-SOC HMO-SOC	✓		For use in nasopharyngeal cancer, must first try and fail **Loqtorzi**.
J9289	Opdivo Qvantig	nivolumab and hyaluronidase-nvhy		PPO-SOC HMO-SOC			For use in nasopharyngeal cancer, must first try and fail **Loqtorzi**.
J9298	Opdualag	nivolumab and relatlimab-rmbw		PPO-SOC HMO – SOC	✓		
J1202	Opfolda	miglustat			✓		
Q5153	Opuviz	aflibercept-yszy	PPO HMO		✓	✓	
J2407	Orbactiv	oritavancin			✓		
J0129	Orencia, Orencia Clickject	abatacept, abatacept/maltose	PPO-SOC HMO-SOC		✓	✓	
J2360	Orphenadrine	orphenadrine citrate			✓		
J7324	Orthovisc	hyaluronate sodium			✓		• Not covered hyaluronic acid product Covered/preferred hyaluronic acid products: Durolane, Euflexxa, Gelsyn-3 and Supartz
Q5157	Osenvelt	denosumab-bmwo	PPO-SOC HMO-SOC				

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
Q5159	Ospomyv	Denosumab-dssb	PPO HMO				• Preferred denosumab product: Stoboclo OR Enoby
**NOC Codes	Osvyrti	denosumab-desu	PPO HMO				• Preferred denosumab product: Stoboclo OR Enoby
J7342	Otiprio	ciprofloxacin			✓		
/Q9999	Otulfi I	ustekinumab-aauz	PPO HMO		✓	✓	• Preferred ustekinumab product: Yesintek IV
J2700	Oxacillin	oxacillin in dextrose(iso-osm), oxacillin sodium			✓		
J9263	Oxaliplatin	oxaliplatin			✓		
J0224	Oxlumo	lumarisan	PPO- SOC HMO – SOC		✓		
**NOC Codes	Oziltus	denosumab-mobz	PPO HMO				• Preferred denosumab product: Osenvelt OR Xtrenbo
J7312	Ozurdex	dexamethasone			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J9267	Paclitaxel	paclitaxel			✓		
J9177	Padcev	enfortumab vedotin-ejfv		PPO HMO	✓		
**NOC Codes	Palforzia	peanut (arachis hypogaea) allergen powder-dnfp	PPO HMO				
J2469	Palonosetron	palonosetron hcl			✓		
J2430	Pamidronate Disodium	pamidronate disodium			✓		
J1640	Panhematin	hemin			✓		
J1576	Panzyga	immune globulin	PPO-SOC HMO-SOC		✓	✓	• Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam
J2440	Papaverine	papaverine hcl			✓		
**NOC Codes	Papzimeos	zopapogene imadenovec-drba	PPO HMO				
J7300	Paragard Intrauterine Copper	copper			✓		

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	Intrauterine Device						
J2501	Paricalcitol, Zemplar	paricalcitol			✓		
J0606	Parsabiv	etelcalcetide hydrochloride			✓		
Q5147	Pavblu	aflibercept-ayyh	PPO HMO		✓	✓	
*90723	Pediarix	hep b vaccine/dp(a)t-polio/pf			✓		
J0208	Pedmark	sodium thiosulfate			✓		
*90647	Pedvaxhib 7.5mcg/0.5ml	haemph b polysac conj-menin/pf			✓		
J9314, J9292, J9294, J9296, J9297, J9322, J9323,	pemetrexed, generic	pemetrexed, not therapeutically equivalent to j9305		PPO HMO	✓		
J9304	Pemfexy	pemetrexed		PPO HMO	✓		• Non-preferred pemetrexed product • Preferred products: Alimta or pemetrexed generics
J9324	Pemrydi RTU	pemetrexed injection		PPO HMO	✓		• Non-preferred pemetrexed product • Preferred products: Alimta or

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
							pemetrexed generics
J2510 / J2540	Penicillin	penicillin g procaine			✓		
S0080	Pentam, Pentamidine	pentamidine isethionate			✓		
J9306	Perjeta	pertuzumab		PPO-SOC HMO-SOC	✓		
Q0175	Perphenazine Tablet	perphenazine			✓		
J2798	Perseris	risperidone			✓		
J2550 / Q0169	Phenergan	promethazine hydrochloride			✓		
J2560	Phenobarbital	phenobarbital sodium			✓		
J2760	Phentolamine	phentolamine mesylate			✓		
J9316	Phesgo	pertuzumab, trastuzumab, hyaluronidase -zzxf		PPO-SOC HMO-SOC	✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through		Quantity limits See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details		Preferred product information
			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J9600	Photofrin	porfimer sodium			✓		
J3430	Phytonadione, Vitamin	phytonadione (vit k1)			✓		
J1307	Piasky	crovalimab-akkz	PPO-SOC HMO-SOC		✓	✓	
J2543	Piperacillin, Zosyn	piperacillin sodium/tazobactam,			✓		
A9607	Pluvicto				✓		
*90732	Pneumovax 23 Injectable	pneumococcal 23-val p-sac vac			✓		
J9309	Polivy	polatuzumab vedotin-piiq		PPO HMO	✓		
J0670	Polocaine	mepivacaine hcl, mepivacaine hcl/pf			✓		
J1203	Pombiliti	cipaglucosidase alfa-atga	PPO HMO		✓	✓	
J9295	Portrazza	necitumumab			✓		
C9144	Posimir	bupivacaine			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through		Quantity limits See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details		Preferred product information
			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
A9608	Posluma	flotufolastat			✓		
J9204	Poteligeo	mogamuliziumab-kpkc		PPO HMO			
J7512	Prednisone, Rayos	prednisone			✓		
J1410	Premarin	estrogens, conjugated			✓		
*90670 *90671	Prevnar 13	pneumoc 13-val conj-dip crm/pf			✓		
*90677	Prevnar 20 Syringe	pneumoc 20-val conj-dip crm/pf			✓		
J2278	Prialt	ziconotide acetate			✓		
J1459	Privigen	immune globulin	PPO-SOC HMO-SOC		✓	✓	
J2690	Procainamide	procainamide hcl			✓		
J0780	Prochlorperazin	prochlorperazine			✓		
Q0164	Prochlorperazine Maleate Tablet	prochlorperazine maleate			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through		Quantity limits See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details		Preferred product information
			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
S0183	Prochlorperazine Maleate Tablet	prochlorperazine maleate			✓		
J0570	Prodbuphine	buprenorphine			✓		
J7194	Profilnine	Factor IX Complex	PPO HMO				
J2675	Progesterone	progesterone			✓		
J7525	Prograf 5mg/MI	tacrolimus			✓		
J7521	Prograf, Tacrolimus	tacrolimus			✓		
A9576	Prohance	gadoteridol			✓		
J0256	Prolastin C	alpha 1 proteinase inhibitor	PPO-SOC HMO-SOC		✓	✓	
J9015	Proleukin	aldesleukin			✓		
J0897	Prolia	denosumab	PPO-SOC HMO-SOC		✓	✓	• Preferred denosumab product: Stoboclo OR Enoby
J2550 / Q0169	Promethazine HCL	promethazine hydrochloride			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J1800	Propranolol	propranolol hcl			✓		
J2720 / J2730	Protamine	protamine sulfate			✓		
Q2043	Provenge	sipuleucel-t/lactated ringers			✓		
J1050	provera	medroxyprogesterone acetate			✓		
J7674	Provocholine	methacholine chloride			✓		
J7639	Pulmozyme	dornase alfa			✓		
J0802	Purified Cortropin Gel	corticotropin			✓		
J3415	Pyridoxine	pyridoxine hcl (vitamin b6)			✓		
Q9997	Pyzchiva	ustekinumab-ttwe	PPO HMO		✓	✓	• Preferred ustekinumab product: Yesintek
Q							

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J7174	Qfitlia	Fitusiran	PPO HMO				
J1304	Qalsody	tofersen	PPO HMO		✓		
J1599	Qivigy	immune globulin infusion (human)	PPO-SOC HMO-SOC		✓	✓	• Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam
A9604	Quadramet	samarium sm 153 lexidronam			✓		
J1201	Quzyttir	cetirizine			✓		
R							
J1301	Radicava	edaravone	PPO-SOC HMO-SOC		✓	✓	
J2780	Ranitidine HCL	ranitidine hydrochloride			✓		
Q5124	ranibizumab-nuna (unbranded)	ranibizumab-nuna	PPO HMO		✓	✓	

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J7520	Rapamune Tablet	sirolimus			✓		
J2547	Rapivab	peramivir			✓		
J7203	Rebinyn	Coagulation Factor IX (Recombinant), GlycoPEGylated	PPO HMO				
J0896	Reblozyl	luspatercept-aamt		PPO-SOC HMO-SOC	✓		
J1440	Rebyota	fecal microbiota, live-jslm	PPO HMO				
J0742	Recarbrio	imipenem/cilastatin/relebactam			✓		
J3489	Reclast	zoledronic acid			✓		
Q5125	Releuko	filgrastim-ayow		PPO HMO	✓		• Non-preferred filgrastim product • Preferred products: Nivestym and Zarxio
J2212	Relistor	methylnaltrexone bromide			✓		
J0248	Remdesivir	remdesivir			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J1745	Remicade	infliximab	PPO-SOC HMO-SOC		✓	✓	• Preferred infliximab product: Avsola and Inflectra
Q2004	Renacidin	citric ac/gluconolact/mag carb			✓		
Q5104	Renflexis	infliximab-abda	PPO-SOC HMO-SOC		✓	✓	• Preferred infliximab product: Avsola and Inflectra
J0130	ReoPro	reopro			✓		
Q5105 / Q5106	Retacrit	epoetin alfa-epbx			✓		
J2993	Retavase	reteplase			✓		
**NOC Codes	Rethymic	allogeneic processed thymus tissue–agdc	PPO HMO				
J7311	Retisert	fluocinolone acetonide	PPO HMO		✓		Preferred products: Iluvien and Ozurdex
S0104	Retrovir Capsule	zidovudine			✓		
J3485	Retrovir 10mg/Ml	zidovudine			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through		Quantity limits See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details		Preferred product information
			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J0349	Rezzayo	rezafungin			✓		
J2791	Rhophylac	rho(d) immune globulin			✓		
*90386	Rhophylac, Winrho	rho(d) immune globulin, rho(d) immune globulin/maltose			✓		
Q5123	Riabni	rituximab-arrx			✓		• Preferred products: Riabni, Ruxience, and Truxima
J1212	Rimso-50 50%	dimethyl sulfoxide			✓		
J2794	Risperdal	risperidone microspheres			✓		
J9312	Rituxan	rituximab	PPO HMO		✓	✓	• Non-preferred rituximab product • Preferred products: Riabni, Ruxience, and Truxima
J9311	Rituxan Hycela	rituximab and hyaluronidase		PPO-SOC HMO-SOC	✓		• Non-preferred rituximab product • Preferred products: Riabni, Ruxience, and Truxima
**NOC Codes	Rivfloza	nedosiran	PPO HMO				

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J7200	Rixubis	coagulation factor IX (recombinant)	PPO HMO				
J0696	Rocephin	ceftriaxone sodium			✓		
J1412	Roctavian	valoctocogene roxaparvovec-rvox	PPO HMO		✓		
J1449	Rolvedon	eflapegrastim-xnst		PPO HMO	✓		• Non-preferred pegfilgrastim product • Preferred products: Fulphila, Neulasta, and Udenyca
J9318	Romidepsin	romidepsin			✓		
*90680 *90681	Rotateq, Rotateq 2ml Solution, Oral	rotavirus vaccine,live oral pv			✓		
J0596	Ruconest	c1 inhibitor recombinant	PPO-SOC HMO-SOC		✓	✓	
Q5119	Ruxience	rituximab-pvvr			✓		• Preferred products: Riabni, Ruxience, and Truxima
J9061	Rybrevant	amivantamab-vmjw		PPO HMO	✓		
J2801	Rykindo	risperidone			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J9021	Rylaze	asparaginase erwinia-rywn			✓		
J3402	Ryoncil	remestemcel-L-rknd	PPO HMO		✓		
J2998	Ryplazim	plasminogen, human-tvmh	PPO HMO		✓		
J9333	Rystiggo	rozanolixizumab-noli	PPO-SOC HMO-SOC		✓		
J0870	Rytelo	imetelstat		PPO HMO			
J9361	Ryzneuta	efbemalenograstim alfa-vuxw		PPO HMO			• Non-preferred pegfilgrastim product • Preferred products: Fulphila, Neulasta, and Udenyca
S							
J1744	Sajazir	icatibant acetate	PPO-SOC HMO-SOC		✓		
J7502	Sandimmune	cyclosporine			✓		
J7515 / J7516	Sandimmune	cyclosporine			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J2354 / J2353	Sandostatin	octreotide, nondepot			✓		
J0491	Saphnelo	anifrolumab-fnia	PPO-SOC HMO-SOC		✓		
J9227	Sarclisa	isatuximab-irfc		PPO HMO	✓		
J7352	Scenesse	afamelanotide	PPO HMO		✓		
Q9998	Selarsdi	ustekinumab-aekn	PPO HMO		✓	✓	• Preferred ustekinumab product: Yesintek
*90750	Shingrix 50mcg, Shingrix 50mcg/0.5ml	varicella-zoster ge/as01b/pf			✓		
J2502	Signifor LAR	pasireotide	PPO HMO		✓	✓	
S0090	Sildenafil, Viagra	sildenafil citrate			✓		
J1602	Simponi Aria	golimumab	PPO-SOC HMO-SOC		✓	✓	
J0480	Simulect	basiliximab			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J3090	Sivexto	tedizolid phosphate			✓		
J7301	Skyla Intrauterine Device	levonorgestrel			✓		
J2327	Skyrizi	risankizumab-rzaa	PPO-SOC HMO-SOC		✓		• Preferred adalimumab (pharmacy) AND preferred ustekinumab (pharmacy) products Please note: Formulary status is dependent on pharmacy benefits.
J3387	Skysona	elivaldogene autotemcel	PPO HMO		✓	✓	Coverage of Skysona is considered investigational/experimental for all indications
J0209	Sodium thiosulfate	sodium thiosulfate			✓		
J1299	Soliris	eculizumab	PPO-SOC HMO-SOC		✓	✓	• Preferred eculizumab product: Bkemv For myasthenia gravis indication: Rystiggo AND Vyvgart or Vyvgart Hytrulo
S0187	Soltamox Tamoxifen Citrate Tablet	tamoxifen citrate			✓		

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Procedure code	Brand name	Generic name	Submit PA requests through		Quantity limits See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details		Preferred product information
			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J1720	Solucortef	hydrocortisone sod succinate, hydrocortisone sodium succ/pf			✓		
J2919	Solu-Medrol	methylprednisolone sodium succinate			✓		
J1930	Somatuline	lanreotide acetate			✓		
C9482	Sotalol	sotalol hcl			✓		
J1747	Spevigo	spesolimab-sbzo	PPO-SOC HMO-SOC		✓		
J2326	Spinraza	nusinersen	PPO HMO		✓		
J0013	Spravato	esketamine	PPO HMO		✓		
*90717	Stamaril	yellow fever vaccine live/pf			✓		
**NOC Codes	Starjemza	ustekinumab-hmny	PPO HMO		✓	✓	• Preferred ustekinumab product: Yesintek
J3358	Stelara	ustekinumab	PPO-SOC HMO-SOC		✓	✓	• Preferred ustekinumab product: Yesintek

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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Q5099	Steqeyma	ustekinumab-stba	PPO HMO		✓	✓	• Preferred ustekinumab product: Yesintek
Q5127	Stimufend	pegfilgrastim-fpgk		PPO HMO	✓		• Non-preferred pegfilgrastim product • Preferred products: Fulphila, Neulasta, and Udenyca
J3000	Streptomycin sulfate	streptomycin sulfate			✓		
Q5157	Stoboclo	denosumab-bmwo	PPO-SOC HMO-SOC				
J3010	Sublimaze	fentanyl citrate			✓		
Q9991	Sublocade	buprenorphine			✓		
Q9992	Sublocade	buprenorphine extended-release			✓		
S0039	Sulfamethoxazole-Trimethoprim	sulfamethoxazole/trimethoprim			✓		
J7321	Supartz	hyaluronate sodium					Covered/preferred hyaluronic acid products: Durolane, Euflexxa, GelSyn-3 and Supartz
J9226	Supprelin LA Implant	histrelin acetate			✓	✓	

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J1627	Sustol	injection, granisetron, extended release		PPO HMO	✓		
J2779	Susvimo	ranibizumab	PPO HMO		✓	✓	
J2781	Syfovre	pegcetacoplan	PPO HMO		✓	✓	
J2860	Sylvant	siltuximab			✓		
90378	Synagis	palivizumab	PPO HMO		✓	✓	
J2770	Synercid	quinupristin/dalfopristin			✓		
J7331	Synojoynt	1% sodium hyaluronate			✓		Not covered hyaluronic acid product Covered/preferred hyaluronic acid products: Durolane, Euflexxa, GelSyn-3 and Supartz
J9262	Synribo	omacetaxine mepesuccinate			✓		
J7325	Synvisc/Synvisc-One	hylan gf-20			✓		• Not covered hyaluronic acid product Covered/preferred hyaluronic acid products: Durolane, Euflexxa, GelSyn-3 and Supartz

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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T							
J0593	Takhzyro	lanadelumab-flyo			✓		
J3055	Talvey	talquetamab-tgvs		PPO HMO	✓		
J9171	Taxotere	docetaxel			✓	✓	
J0713	Tazicef	ceftazidime			✓		
*90714	Tdvax 2	tetanus, diphtheria tox,adult, tetanus-diphtheria toxoids/pf			✓		
Q2053	Tecartus	brexucabtagene autoleucel	PPO HMO		✓		
Q2057	Tecelra	afamitresgene autoleucel	PPO HMO				
J9022	Tecentriq	atezolizumab		PPO-SOC HMO-SOC			
J9024	Tecentriq Hybreza	atezolizumab hyaluronidase-tqjs		PPO-SOC HMO-SOC			

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J9380	Tecvayli	teclistamab-cqyv		PPO HMO	✓		
J0712	Teflaro	ceftaroline fosamil			✓		
J9328	Temodar	temozolomide			✓		
J8700	Temodar Capsule	temozolomide			✓		
J9330	Temsirolimus	temsirolimus			✓	✓	
Q2017	Teniposide	teniposide			✓		
J9340	Tepadina	thiotepa			✓		
J3241	Tepezza	teprotumumab-trbw	PPO-SOC HMO-SOC		✓		
J3105	Terbutaline Sulfate 1mg/Ml	terbutaline sulfate			✓		
J1073	Testopel	testosterone pellets	PPO HMO		✓	✓	
J1071	Testosterone cypionate	testosterone cypionate			✓		

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Blue Cross Blue Shield Blue Care Network of Michigan

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through		Quantity limits See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details		Preferred product information
			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J3121	Testosterone enanthate	testosterone enanthate			✓		
J9329	Tevimbra	tislelizumab-jsgr		PPO-SOC HMO-SOC			
J2356	Tezspire	tezepelumab-ekko	PPO – SOC HMO - SOC		✓		
J3411	Thiamine Hcl	thiamine hcl			✓		
J9340	Thiotepa	thiotepa			✓		
J7197	Thrombate Iii 500unit	antithrombin iii (plasma der)			✓		
J7511	Thymoglobulin	anti-thymocyte globulin,rabbit			✓		
J3240	Thyrogen 1.1mg	thyrotropin alfa			✓		
*90626 *90627	Ticovac 1.2mcg/0.25ml	tick-borne encephalitis vaccin			✓		
J3250	Tigan	trimethobenzamide hcl			✓		
J3244 / J3243	Tigecycline	tigecycline			✓		

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J9273	Tivdak	tisotumab vedotin-tftv		PPO HMO	✓		
J3101	Tnkase	tenecteplase			✓		
J3260	Tobramycin sulfate	tobramycin sulfate			✓		
Q5135	Tocilizumab-aazg (unbranded)	tocilizumab-aazg	PPO-SOC HMO-SOC				• Preferred tocilizumab product: Tyenne
Q5156	Tocilizumab-anoh (unbranded)	tocilizumab-anoh	PPO HMO				• Preferred tocilizumab product: Tyenne
Q5133	Tofidence	tocilizumab-bavi	PPO-SOC HMO-SOC		✓		• Preferred tocilizumab product: Tyenne
J1885	Toradol	ketorolac tromethamine			✓		
J9330	Torisel	temsirolimus			✓	✓	
Q5116	Trazimera	trastuzumab-gyyp		PPO-SOC HMO-SOC	✓		• Preferred products: Ogivri, Ontruzant, and Trazimera
J3315	Trelstar	triptorelin pamoate			✓		
J1628	Tremfya	guselkumab	PPO-SOC HMO-SOC				• Preferred adalimumab (pharmacy) AND preferred ustekinumab (pharmacy)

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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							products
J7181	Tretten	factor xiii a-subunit,recomb	PPO HMO		✓		
J3301	Triamcinolone acetonide	triamcinolone acetonide			✓		
J3300	Triesence	triamcinolone acetonide/pf			✓		
J1445	Triferic	ferric pyrophosphate citrate			✓		
J7332	Triluron	hyaluronan or derivative			✓		• Not covered hyaluronic acid product Covered/preferred hyaluronic acid products: Durolane, Euflexxa, GelSyn-3 and Supartz
J3316	Triptodur 22.5mg Er	triptorelin pamoate	PPO-SOC HMO-SOC		✓		Preferred product: Lupron Depot-PED and Supprelin LA
J7329	Trivisc 10mg/Ml	hyaluronate sodium			✓		• Not covered hyaluronic acid product Covered/preferred hyaluronic acid products: Durolane, Euflexxa, GelSyn-3 and Supartz
J9317	Trodelvy	sacituzumab givotecanhziy		PPO HMO	✓		

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Blue Cross and BCN utilization management medical drug list

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March 2026

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J1746	Trogarzo	ibalizumab-uiyk	PPO-SOC HMO-SOC		✓		
Q5115	Truxima	rituximab-abbs			✓		• Preferred products: Riabni, Ruxience, and Truxima
Q5135	Tyenne	tocilizumab-aazg	PPO-SOC HMO-SOC				• Preferred tocilizumab product
Q5134	Tyruko	natalizumab-sztn	PPO HMO				
J2323	Tysabri	natalizumab	PPO-SOC HMO-SOC		✓	✓	Lemtrada/Tysabri Site of Care program – FAQ document
J7686	Tyvaso	treprostinil, treprostinil/neb			✓		
J9381	Tzield	teplizumab-mzwv	PPO HMO		✓		
U							
Q5111	Udenyca/Udenyca Onbody	pegfilgrastim-cbqv		PPO HMO	✓		• Preferred products: Fulphila, Neulasta, and Udenyca
J1303	Ultomiris	ravulizumab	PPO-SOC HMO-SOC		✓	✓	For myasthenia gravis indication: Rystiggo AND Vyvgart or Vyvgart Hytrulo

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Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
							For paroxysmal nocturnal hemoglobinuria (PNH) indication: Bkemv
J9275	Unloxcyt	cosibelimab-ipdl		PPO-SOC HMO-SOC			
J1823	Uplizna	inebilizumab-cdon	PPO-SOC HMO-SOC		✓		For AChR positive myasthenia gravis: Vyvgart or Vyvgart Hytrulo
Q5138	ustekinumab-auub (unbranded)	ustekinumab-auub	PPO HMO		✓	✓	• Preferred ustekinumab product: Yesintek
Q5098	ustekinumab-srlf (unbranded)	ustekinumab-srlf	PPO HMO		✓	✓	• Preferred ustekinumab products: Yesintek
Q5099	Ustekinumab-stba (unbranded)	ustekinumab-stba	PPO HMO		✓	✓	• Preferred ustekinumab product: Yesintek
Q9997	Ustekinumab-ttwe (unbranded)	ustekinumab-ttwe	PPO HMO		✓	✓	• Preferred ustekinumab product: Yesintek
Q9998	Ustekinumab-askn (unbranded)	ustekinumab-askn	PPO HMO		✓	✓	• Preferred ustekinumab product: Yesintek
J2799	Uzedy	risperidone			✓		

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Blue Cross and BCN utilization management medical drug list

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March 2026

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			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
V							
J2186	Vabomere 2	meropenem/vaborbactam			✓		
J2777	Vabysmo	faricimab-svoa	PPO HMO		✓	✓	
J9230	Valchlor	mechlorethamine hydrochloride			✓		
J9357	Valstar	valrubicin			✓		
J3370 / J3371 / J3372	Vancomycin	vancomycin hcl			✓		
*90716	Varivax 1350pfu/0.5ml Injectable	varicella vaccine live/pf			✓		
*90396	Varizig 125unit/1.2ml	varicella-zoster ig/maltose			✓		
J8680	Varubi	rolapitant			✓		
J2797	Varubi IV	rolapitant			✓		

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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*90625	Vaxchora	cholera vaccine, live			✓		
*90697	Vaxelis	dip,pert(a)tet/hepb/pol/hib/pf			✓		
J9303	Vectibix	panitumumab		PPO HMO	✓		
Q5129	Vegzelma	bevacizumab-adcd		PPO-SOC HMO-SOC	✓		• Non-preferred bevacizumab product • Preferred products: Mvasi and Zirabev
J0248	Veklury	remdesivir			✓		
J9041 / J9051	Velcade	bortezomib			✓	✓	
J1756	Venofer	iron sucrose			✓		
Q4074	Ventavis	iloprost tromethamine			✓		
J9376	Veopoz	pozelimab-bbfg	PPO HMO		✓		
J3465	Vfend, Voriconazole	voriconazole			✓		
J3095	Vibativ	telavancin hcl			✓		

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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J1427	Viltepso	viltolsaren	PPO HMO		✓		Coverage of Viltepso is considered investigational/experimental for all indications.
J1322	Vimizim	elosulfase aslfa	PPO-SOC HMO-SOC		✓	✓	
J9360	Vinblastine sulfate	vinblastine sulfate			✓		
J9370	Vincasar, Vincristine	vincristine sulfate			✓		
J7321	Visco-3	sodium hylauronate					• Not covered hyaluronic acid product Covered/preferred hyaluronic acid products: Durolane, Euflexxa, GelSyn-3 and Supartz
J3396	Visudyne	verteporfin			✓		
J3471	Vitrase	hyaluronidase,ovine			✓		
J2315	Vivitrol	naltrexone microspheres			✓		
*90690 *90691	Vivotif Capsule Delayed Release	typhoid vacc,live,attenuated			✓		
J7179	Vonvendi	von Willebrand factor (recombinant)	PPO HMO				

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

Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

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J3385	Vpriv	velaglucerase alfa	PPO-SOC HMO-SOC		✓	✓	
J7356	Vyalev	foscarbidopa/foslevodopa	PPO HMO				
J3032	Vyepti	eptinezumab-jjmr	PPO-SOC HMO-SOC		✓		Aimovig AND Emgality
J3401	Vyjuvek	beremagene geperpavec-svdt	PPO-SOC HMO-SOC		✓		
J1326	Vyloy	zolbetuximab-clzb		PPO HMO			
J1429	Vyondys 53	golodirsen	PPO HMO		✓		Coverage of Vyondys 53 is considered investigational/experimental for all indications.
J9332	Vyvgart	efgartigimod alfa-fcab	PPO-SOC HMO-SOC		✓		
J9334	Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	PPO-SOC HMO-SOC		✓		
J9153	Vyxeos	daunorubicin/cytarabine			✓		
W							

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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**NOC Codes	Waskyra	etuvetidigene autotemcel	PPO HMO				
Q5138	Wezlana	ustekinumab-auub	PPO HMO		✓	✓	• Preferred ustekinumab product: Yesintek
J7183	Wilate	von Willebrand Factor/Coagulation Factor VIII Complex (Human).	PPO HMO				
J2792	Winrho	rho(d) immune globulin/maltose			✓		
Q5136	Wyost	denosumab-bbdz	PPO HMO				• Preferred denosumab product: Osenvelt OR Xtrenbo
X							
C9089	Xaracoll	bupivacaine hcl			✓		
Q5159	Xbryk	denosumab-dssb	PPO HMO				• Preferred denosumab product: Osenvelt OR Xtrenbo
J1558	Xembify	immune globulin (human)-klhw	PPO-SOC HMO-SOC		✓	✓	• Preferred immune globulin product(s): Gammagard, Gamunex-C, and Hizentra

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

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			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J0691	Xenleta	lefamulin			✓		
J0218	Xenpozyme	olipudase alfa	PPO-SOC HMO-SOC		✓	✓	
J0588	Xeomin	incobotulinumtoxin a	PPO HMO		✓	✓	
J0122	Xerava	eravacycline di-hydrochloride			✓		
J0897	Xgeva	denosumab	PPO-SOC HMO-SOC		✓	✓	• Preferred denosumab product: Osenvelt OR Xtrenbo
J0775	Xiaflex	collagenase clostridium histolyticum	PPO HMO		✓	✓	
J3299	Xipere	triamcinolone acetonide/pf			✓		
A9606	Xofigo	radium-223 dichloride			✓		
J2357	Xolair	omalizumab	PPO-SOC HMO-SOC		✓	✓	
**NOC Codes	Xtrenbo	denosumab-qbde	PPO HMO				

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Blue Cross and BCN utilization management medical drug list

For Blue Cross commercial and BCN commercial

March 2026

Procedure code	Brand name	Generic name	Submit PA requests through: Medical and Pharmacy Drug PA	Submit PA requests through: OncoHealth	Quantity limits (See Blue Cross and BCN Quantity Limits for Medical Drugs (bcbsm.com) document for additional details): PPO	Quantity limits: HMO	Preferred product information
J7304	Xulane	contraceptive patch hormone			✓		
J7185	Xyntha	antihemophilic factor (recombinant).	PPO HMO				
Y							
**NOC Codes	Yartemlea	narsoplimab	PPO HMO				
J9228	Yervoy	ipilimumab		PPO-SOC HMO-SOC	✓		
Q5155	Yesafili	aflibercept-jbvf	PPO HMO		✓	✓	
Q2041	Yescarta	axicabtagene ciloleucel	PPO HMO		✓		
Q5100	Yesintek	ustekinumab-kfce	PPO-SOC HMO-SOC		✓	✓	
**NOC Codes	Yimmugo	immune globulin intravenous, human-dira	PPO-SOC HMO-SOC		✓	✓	• Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam

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J9352	Yondelis	trabectedin		PPO HMO	✓		
J7677	Yupelri	revefenacin			✓		
J7314	Yutiq	fluocinolone acetonide			✓		
Z							
J9400	Zaltrap	ziv-aflibercept			✓		
J9320	Zanosar	streptozocin			✓		
Q5101	Zarxio	filgrastim-sndz		PPO HMO	✓		• Preferred products: Nivestym and Zarxio
J0256	Zemaira	alpha-1 proteinase inhibitor	PPO-SOC HMO-SOC		✓	✓	
J0291	Zemdri	plazomicin sulfate			✓		
J9223	Zepzelca	lurbinectedin			✓		

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J0695	Zerbaxa	ceftolozane 50 mg and tazobactam 25 mg			✓		
J3389	Zevaskyn	prademagene zamikeracel	PPO HMO		✓		
Q5120	Ziextenzo	pegfilgrastim-bmez		PPO HMO	✓		• Non-preferred pegfilgrastim product • Preferred products: Fulphila, Neulasta, and Udenyca
J9276	Ziihera	zanidatamab-hrii		PPO-SOC HMO-SOC			
J3304	Zilretta	triamcinolone acetonide, preservative-free, extended-release, microsphere formulation	PPO HMO		✓		
J0697	Zinacef	sterile cefuroxime			✓		
J0565	Zinplava	bezlotoxumab	PPO-SOC HMO-SOC		✓		
Q5118	Zirabev	bevacizumab-bvzr		PPO - SOC HMO- SOC	✓		• Preferred products: Mvasi and Zirabev
J2405	Zofran	ondansetron hydrochloride			✓		

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			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J9202	Zoladex	goserelin acetate			✓		
J3489	Zoledronic acid	zoledronic acid			✓		
J3399	Zolgensma	onasemnogene abeparvovec-xioi	PPO HMO		✓		
J3489	Zometa	zoledronic acid			✓		
*90736	Zostavax	zoster vaccine live/pf			✓		
S0119	Zuplenz	ondansetron			✓		
J9282	Zusduri	mitomycin		PPO HMO			
J9359	Zynlonta	loncastuximab tesirine- lpyl		PPO HMO	✓		
C9088	Zynrelef	bupivacaine/meloxicam			✓		
J3393	Zynteglo	betibeglogene autotemcel	PPO HMO		✓	✓	Casgevy
J9345	Zynyz	retifanlimab-dlwr		PPO-SOC HMO-SOC	✓		

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			Medical and Pharmacy Drug PA	OncoHealth	PPO	HMO	
J2358	Zyprexa	olanzapine pamoate			✓		

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