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

Revised April 2026

The drugs in this list require authorization from Blue Cross through the Medical and Pharmacy Drug PA Portal (accessed by clicking the *Medical and Pharmacy Benefit Drug Prior Auth* tile in Availity Essentials™) for UAW Retiree Medical Benefits Trust members with Blue Cross non-Medicare plans. They may also have site-of-care and quantity limit requirements. For more information about quantity limits, see the document titled [Blue Cross and BCN quantity limits for medical drugs](#).

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

For more information about medical benefit drugs, see the [Medical Benefit Drugs](#) page on the **authorizations.bcbsm.com** website.

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

HCPCS code	Brand name	Generic name	Effective dates <i>(If there's no date, there's no requirement.)</i>		
			Prior authorization	Site-of-care requirement	Preferred product
Q2055	Abecma®	idecabtagene vicleucel	11/1/2021		
J3262	Actemra® IV Actemra® SC Actemra ACTPen®	tocilizumab	6/1/2022	6/1/2022	
J0800	Acthar gel®	corticotropin	3/10/2022		
J2504	Adagen®	pegademase bovine	3/10/2022	3/10/2022	
J0791	Adakveo®	crizanlizumab-tmca	3/10/2022	3/10/2022	
J0172	Aduhelm®	aducanumab-avwa	1/1/2023		
J7171	Adzynma	adamts13, recombinant-krhn	4/16/2025		
J1931	Aldurazyme®	laronidase	1/1/2023	1/1/2023	



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			Prior authorization	Site-of-care requirement	Preferred product
J1552	Alyglo™	immune globulin intravenous, human-stwk 10%	6/1/2025	6/1/2025	<ul style="list-style-type: none"> <li>Non-preferred immune globulin product</li> <li>Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam</li> </ul>
J1426	Amondys 45™	casimersen	1/1/2023		
NOC*	Amtagvi®	lifileucel	6/1/2025		
J0256	Aralast®	alpha 1 proteinase inhibitor	1/1/2023	1/1/2023	
J1554	Asceniv™	immune globulin (human)-slra	1/1/2023	1/1/2023	<ul style="list-style-type: none"> <li>Non-preferred immune globulin product</li> <li>Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam</li> </ul>
J3145	Aveed®	testosterone undecanoate	3/10/2022		
Q5121	Avsola™	infliximab-axxq	12/27/2021	12/27/2021	Preferred infliximab products: Avsola and Inflectra
J0490	Benlysta	belimumab	1/1/2019	1/1/2019	
J0179	Beovu®	brovacizumab	11/1/2021		
J0597	Berinert®	c-1 esterase	1/1/2019	1/1/2019	
J1556	Bivigam®	immune globulin (bivigam)	1/1/2023	1/1/2023	<ul style="list-style-type: none"> <li>Non-preferred immune globulin product</li> <li>Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam</li> </ul>
Q5158	Bomynta®	denosumab-bnht	12/31/2025	7/1/2026	
J0585	Botox®	onabotulinumtoxinA	3/10/2022		



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Q2054	Breyanzi®	lisocabtagene maraleucel	11/1/2021		
J0567	Brineura®	cerliponase alfa	1/1/2023		
J2329	Briumvi®	ublituximab-xiiy	3/7/2024	3/7/2024	
Q5124	Byooviz®	ranibizumab-nuna	11/1/2022		
Q2056	Carvykti™	ciltacabtagene autoleucel	11/1/2022		
Q5128	Cimerli™	ranibizumab-eqrn	5/11/2023		
J1786	Cerezyme®	imiglucerase	1/1/2023	1/1/2023	
J0717	Cimzia®	certolizumab pegol	3/10/2022	3/10/2022	
J2786	Cinqair®	reslizumab	1/1/2019	1/1/2019	
J0598	Cinryze®	c-1 esterase	1/1/2019	7/1/2024	
Q5158	Conexence®	denosumab-bnht	12/31/2025	7/1/2026	
J0800	Cortrophin®	corticotropin	9/1/2022		



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			Prior authorization	Site-of-care requirement	Preferred product
J3247	Cosentyx®	secukinumab	4/16/2025	4/16/2025	<p><b>For ankylosing spondylitis:</b></p> <ul style="list-style-type: none"> <li>• <b>Preferred products — pharmacy benefit:</b> Enbrel, preferred adalimumab biosimilar, Xeljanz/XR, Rinvoq, Simponi 50 SC</li> <li>• <b>Nonpreferred product — pharmacy benefit:</b> Taltz</li> <li>• <b>Nonpreferred product — pharmacy or medical benefit:</b> Cimzia</li> </ul> <p><b>For non-radiographic axial spondyloarthritis:</b></p> <ul style="list-style-type: none"> <li>• <b>Preferred product — pharmacy benefit:</b> Rinvoq</li> <li>• <b>Nonpreferred product — pharmacy benefit:</b> Taltz</li> <li>• <b>Nonpreferred product — pharmacy or medical benefit:</b> Cimzia</li> </ul> <p><b>For psoriatic arthritis:</b></p> <ul style="list-style-type: none"> <li>• <b>Preferred products — pharmacy benefit:</b> Enbrel, preferred adalimumab biosimilar, Otezla, Rinvoq, Tremfya, Xeljanz/XR, Simponi 50 SC, Skyrizi</li> <li>• <b>Preferred product — pharmacy or medical benefit:</b> Stelara SC</li> <li>• <b>Nonpreferred product — pharmacy benefit:</b> Taltz</li> <li>• <b>Nonpreferred products — pharmacy or medical benefit:</b> Orenzia, Cimzia</li> </ul>
J0584	Crysvita®	burosumab-twza	9/7/2021	9/7/2021	



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			Prior authorization	Site-of-care requirement	Preferred product
J1551	Cutaquig®	immune globulin	1/1/2023	1/1/2023	<ul style="list-style-type: none"> <li>Non-preferred immune globulin product</li> <li>Preferred immune globulin product(s): Gammagard, Gamunex-C, and Hizentra</li> </ul>
J1555	Cuvitru®	immune globulin	1/1/2023	1/1/2023	<ul style="list-style-type: none"> <li>Non-preferred immune globulin product</li> <li>Preferred immune globulin product(s): Gammagard, Gamunex-C, and Hizentra</li> </ul>
J0589	Daxxify®	daxibotulinum toxinA-lanm	7/1/2024		
J7340	Duopa®	carbidopa/levodopa	3/2/2026		
J0586	Dysport®	abobotulinumtoxinA	3/10/2022		
J1743	Elaprase®	idursulfase	1/1/2023	1/1/2023	
J3060	ElELYso®	taliglucerase alfa	1/1/2023	1/1/2023	
J2508	Elfabrio®	pegunigalsidase alfa-iwxj	8/13/2024	8/13/2024	
NOC*	Entyvio® SC	vedolizumab	1/1/2019	1/1/2019	
J3380	Entyvio® IV	vedolizumab	4/16/2025	4/16/2025	
J3111	Evenity®	romosozumab-aqqg	1/1/2023	1/1/2023	
J1305	Evkeeza™	evinacumab-dgnb	11/1/2022	7/1/2024	
J1428	Exondys 51™	eteplirsen	1/1/2019		
J0178	Eylea®	afibercept	1/1/2020		
J0177	Eylea HD®	afibercept	3/13/2025		
J0180	Fabrazyme®	agalsidase beta	1/1/2023	1/1/2023	



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J1744	Firazyr®	icatibant	3/10/2022	3/10/2022	
J1572	Flebogamma®	immune globulin	1/1/2023	1/1/2023	<ul style="list-style-type: none"> <li>• Non-preferred immune globulin product</li> <li>• Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam</li> </ul>
J1569	Gammagard®	immune globulin	1/1/2023	1/1/2023	
J1566	Gammagard S/D®	immune globulin	1/1/2023	1/1/2023	
J1557	Gammaplex®	immune globulin	1/1/2023	1/1/2023	<ul style="list-style-type: none"> <li>• Non-preferred immune globulin product</li> <li>• Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam</li> </ul>
J1561	Gamunex-C® / Gammaked™	immune globulin	1/1/2023	1/1/2023	
J0223	Givlaari®	givosiran	3/10/2022	3/10/2022	
J0257	Glassia®	alpha 1 proteinase inhibitor	1/1/2023	1/1/2023	
J7170	Hemlibra®	emicizumab-kxwh	1/1/2023	1/1/2023	
J1559	Hizentra®	immune globulin	1/1/2023	1/1/2023	
J1575	Hyqvia®	immune globulin	1/1/2023	1/1/2023	<ul style="list-style-type: none"> <li>• Non-preferred immune globulin product</li> <li>• Preferred immune globulin product(s): Gammagard, Gamunex-C, and Hizentra</li> </ul>
J1744	Icatibant	icatibant hcl	3/10/2022	3/10/2022	
J0638	Ilaris®	canakinumab	3/10/2022	3/10/2022	



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J3245	Ilumya®	tildrakizumab-asmn	3/10/2022	3/10/2022	
J7313	Iluvien®	fluocinlone acetamide	1/1/2026		Preferred product: Ozurdex®
**90283	Immune globulin (igIV)	immune globulin	1/1/2023		
**90284	Immune globulin (IgSC)	immune globulin	1/1/2023		
Q5103	Inflectra®	infliximab-dyyb	1/1/2019	1/1/2019	Preferred infliximab products: Avsola* and Inflectra
J2782	Izervay™	avacincaptad pegol intravitreal solution	8/13/2024		
Q5136	Jubbonti®	denosumab-bbdz	7/30/2025	7/1/2026	
J1290	Kalbitor®	ecallantide	1/1/2023	1/1/2023	
J2840	Kanuma®	sebelipase alfa	1/1/2023	1/1/2023	
J2507	Krystexxa®	pegloticase	1/1/2019	1/1/2019	
Q2042	Kymriah®	tisagenlecleucel-t	1/1/2019		
J0217	Lamzede®	velmanase alfa-tycv	9/12/2024		
J0202	Lemtrada®	alemtuzumab	10/1/2019	12/27/2021	<a href="#">Lemtrada/Tysabri FAQ</a>
J1306	Leqvio®	inclisiran	4/15/2026	4/15/2026	
J2778	Lucentis®	ranibizumab	1/1/2020		
J0221	Lumizyme®	alglucosidase alfa	1/1/2023	1/1/2023	
J3398	Luxturna®	voretigene neparvovec-rzyl	9/7/2021		



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			Prior authorization	Site-of-care requirement	Preferred product
J2503	Macugen®	pegaptanib	1/1/2020		
J3397	Mepsevii™	vestronidase alfa-vjvk	1/1/2020	1/1/2020	
J0587	Myobloc®	rimabotulinumtoxinB	3/10/2022		
J1458	Naglazyme®	galsulfase	1/1/2023	1/1/2023	
J9038	Niktimvo™	axatilimab-csfr	12/10/2025		
J2796	Nplate®	romiplostim	3/10/2022		
J3490	Nulibry™	fosdenopterin	12/27/2021		
J2350	Ocrevus®	ocrelizumab	10/1/2019	10/1/2019	
J2351	Ocrevus Zunovo™	ocrelizumab and hyaluronidase-ocsq	10/8/2025	10/8/2025	
J1568	Octagam®	immune globulin	1/1/2023	1/1/2023	
J2267	Omvo®	mirikizumab-mrkz	4/16/2025	4/16/2025	<p><b>Preferred products — all of the following:</b></p> <ul style="list-style-type: none"> <li>• Preferred adalimumab biosimilar (pharmacy benefit)</li> <li>• Simponi® (Pharmacy benefit)</li> <li>• Stelara® SC (Pharmacy or Medical benefit)</li> <li>• Skyrizi (pharmacy benefit),</li> <li>• Tremfya (pharmacy benefit)</li> <li>• either Xeljanz/XR® (Pharmacy benefit) or Rinvoq® (Pharmacy benefit)</li> </ul> <p><b>Nonpreferred products:</b> Zeposia (pharmacy benefit)</p>



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NOC*	Onapgo™	apomorphine hydrochloride	7/1/2026		
J0222	Onpattro®	patisiran	11/1/2021	11/1/2021	
NOC*	Opuviz™	afibercept-yszy	7/30/2025		
J0129	Orencia®	abatacept	1/1/2019	1/1/2019	
Q5157	Osenvelt®	denosumab-bmwo	12/31/2025	3/9/2026	
J0224	Oxlumo®	lumarisan	11/1/2022	11/1/2022	
NOC*	Palforzia®	peanut (arachis hypogaea) allergen powder-dnfp	1/1/2023		
J1599	Panzyga®	immune globulin	7/12/2021 – 9/2/2021, 1/1/2023	7/12/2021 – 9/2/2021, 1/1/2023	<ul style="list-style-type: none"> <li>• Non-preferred immune globulin product</li> <li>• Preferred immune globulin product(s): Gammagard, Gammagard S/D, Privigen, Gamunex-C, and Octagam</li> </ul>
J1307	Piasky™	crovalimab-akkz	8/20/2025	8/20/2025	
J1459	Privigen®	immune globulin	1/1/2023	1/1/2023	
J0256	Prolastin C®	alpha 1 proteinase inhibitor	1/1/2023	1/1/2023	
J0897	Prolia®	denosumab	3/10/2022	3/10/2022	
J1304	Qalsody®	tofersen	7/1/2024		
J1301	Radicava®	edaravone	1/1/2019	4/1/2019	
J1440	Rebyota™	fecal microbiota, live-jslm	3/7/2024		



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J1745	Remicade®	infliximab	1/1/2019	1/1/2019	<ul style="list-style-type: none"> <li>• Non-preferred infliximab product</li> <li>• Preferred infliximab products: Avsola and Inflectra</li> </ul>
Q5104	Renflexis®	infliximab-abda	1/1/2019	1/1/2019	<ul style="list-style-type: none"> <li>• Non-preferred infliximab product</li> <li>• Preferred infliximab products: Avsola and Inflectra</li> </ul>
J7311	Retisert™	fluocinolone acetonide	1/1/2026		Preferred products: Iluven and Ozurdex
J0596	Ruconest®	c1 inhibitor recombinant	1/1/2019	1/1/2019	
J2998	Ryplazim®	plasminogen, human-tvmh	9/1/2022		
J9333	Rystiggo®	rozanolixizumab-noli	4/16/2025	4/16/2025	
J1744	Sajazir™	icatibant acetate	3/10/2022	3/10/2022	
J0491	Saphnelo	anifrolumab-fnia	6/30/2022	6/30/2022	
J7352	Scenesse®	afamelanotide	3/10/2022		
J2502	Signifor LAR®	pasireotide	3/10/2022		
J1602	Simponi Aria®	golimumab	1/1/2019	1/1/2019	
J2327	Skyrizi IV®	risankizumab-rzaa	3/7/2024	3/7/2024	
J1300	Soliris®	eculizumab	1/1/2023	1/1/2023	
J2326	Spinraza®	nusinersen	1/1/2019		
J0013	Spravato®	esketamine	7/12/2021		
J3358	Stelara® IV	ustekinumab	1/1/2019	1/1/2019	
J3357	Stelara® SubQ	ustekinumab	1/1/2023	1/1/2023	



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Q5157	Stoboclo <sup>®</sup>	denosumab-bmwo	12/31/2025	3/9/2026	
J2779	Susvimo <sup>™</sup>	ranibizumab	1/1/2023		
J2781	Syfovre <sup>®</sup>	pegcetacoplan	8/13/2024		
Q2053	Tecartus <sup>®</sup>	brexucabtagene autoleucel	3/10/2022		
Q2057	Tecelra <sup>®</sup>	afamitresgene autoleucel	8/20/2025		
J3241	Tepezza <sup>®</sup>	teprotumumab-trbw	11/1/2021	11/1/2021	
S0189	Testopel <sup>®</sup>	testosterone pellet	3/10/2022		
J2356	Tezspire <sup>®</sup>	tezepelumab-ekko	1/1/2023	1/1/2025	
J1628	Tremfya <sup>®</sup> IV	guselkumab	6/1/2025	6/1/2025	
J1746	Trogarzo <sup>®</sup>	ibalizumab-uiyk	3/10/2022	3/10/2022	
J2323	Tysabri <sup>®</sup>	natalizumab	10/1/2019	12/27/2021	<a href="#">Lemtrada/Tysabri FAQ</a>
J9381	Tzield <sup>®</sup>	teplizumab-mzwv	7/10/2023		
J1303	Ultomiris <sup>®</sup>	ravulizumab-cwvz	9/7/2021	9/7/2021	
J1823	Uplizna <sup>®</sup>	inebilizumab-cdon	3/10/2022		
J2777	Vabysmo <sup>®</sup>	faricimab-svoa	11/1/2022		
J1427	Viltepso <sup>®</sup>	viltolarsen	1/1/2023		
J1322	Vimizim <sup>®</sup>	elosulfase alfa	1/1/2023	1/1/2023	
J3385	Vpriv <sup>®</sup>	velaglucerase alfa	1/1/2023	1/1/2023	
J7356	Vyalev <sup>™</sup>	foscarbidopa/foslevodopa	7/1/2026		



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J3032	Vyepti®	eptinezumab-jjmr	3/10/2022	3/10/2022	
J3401	Vyjuvek™	beremagene geperpavec-svdt	9/12/2024	9/12/2024	
J1429	Vyondys 53®	golodirsen	1/1/2023		
J9332	Vyvgart®	efgartigimod alfa-fcab	11/1/2022	11/1/2022	
J9334	Vyvgart® Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	3/13/2025	3/13/2025	
Q5136	Wyost®	denosumab-bbdz	7/30/2025	7/1/2026	
J1558	Xembify®	immune globulin (human)-klhw	1/1/2023	1/1/2023	<ul style="list-style-type: none"> <li>• Non-preferred immune globulin product</li> <li>• Preferred immune globulin product(s): Gammagard, Gamunex-C, and Hizentra</li> </ul>
J0218	Xenpozyme™	olipudase alfa	5/11/2023	5/11/2023	
J0588	Xeomin®	incobotulinumtoxinA	3/10/2022		
J0897	Xgeva®	denosumab	3/10/2022	3/10/2022	
J0775	Xiaflex®	collagenase clostridium histolyticum	3/10/2022		
J2357	Xolair®	omalizumab	3/10/2022	3/10/2022	
Q2041	Yescarta®	axicabtagene ciloleucel	1/1/2019		
J0256	Zemaira®	alpha 1 proteinase inhibitor	1/1/2023	1/1/2023	
J3304	Zilretta®	triamcinolone acetate, extended release	1/1/2019		



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J0565	Zinplava™	bezlotoxumab	1/1/2019		

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

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