

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

Revised October 2, 2026

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This document lists the medical benefit drugs that have prior authorization or step therapy requirements for Medicare Advantage members. Here's what these terms mean:

- **Prior authorization** – For the drugs listed in this document, approval is needed from the plan before the plan will cover the drug. This requirement helps ensure medication safety and helps guide the appropriate use of certain drugs.
- **Step therapy** – For certain drugs, members must first try another drug to treat a medical condition before the plan will cover the drug. Refer to the “Step therapy requirement” column to see whether a drug has a step therapy requirement.

For provider use

The “Submit authorization request through” columns in this table specify where to submit prior authorization requests for each drug:

- For most medical benefit drugs, including the CAR-T cell therapy drugs Abecma®, Breyanzi®, Carvykti™, Kymriah®, Tecartus®, Yescarta® and Aucatzyl®, submit prior authorization requests through the Medical and Pharmacy Drug PA Portal.
- For medical oncology and supportive care drugs, submit prior authorization requests to OncoHealth. For additional information, see the document [Oncology Value Management program through OncoHealth: Frequently asked questions for providers](#).

Note: If this list specifies that you should submit a prior authorization request to OncoHealth but you're prescribing the drug for a **non-oncology** diagnosis, **don't** submit the request to OncoHealth. Instead, call the Pharmacy Clinical Help Desk at 1-800-437-3803.

To view our medical policies for medical benefit drugs, see the [For Providers: How Do I Submit a Drug Prior Authorization Request for Medicare Plus Blue PPO and BCN Advantage?](#) page of our bcbsm.com/providers website.

See the revision history at the end of this document for information about changes to this list.

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Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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Drugs that require prior authorization

HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J0129	Abatacept	Orencia®	✓ Trial and failure of Inflectra® or Avsola®. AND Steqeyma®, Pyzchiva® or Wezlana® These preferred drugs don't require prior authorization. Trial and failure of adalimumab and Orencia SC is also required for members who have a prescription drug plan through Medicare Plus Blue or BCN Advantage (MAPD). Note: Trial and failure of Steqeyma®, Pyzchiva® or Wezlana® is NOT required for rheumatoid arthritis. Note: Trial and failure of Orencia SC, Steqeyma, Pyzchiva, Wezlana and adalimumab is NOT required for aGVHD	2017	2018	✓	
J0174	Lecanemab-irmb	Leqembi®		2023	2023	✓	
J0175	Donanemab-azbt	Kisunla™		2024	2024	✓	

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J0177	Aflibercept	Eylea [®] HD	✓ Trial and failure of bevacizumab (Avastin [®]) or a bevacizumab biosimilar	2023	2023	✓	
J0178	Aflibercept	Eylea [®]	✓ Trial and failure of bevacizumab (Avastin [®]) or a bevacizumab biosimilar	2017	2017	✓	
J0179	Brolucizumab-dblb	Beovu [®]	✓ Trial and failure of bevacizumab (Avastin [®]) or a bevacizumab biosimilar	2020	2020	✓	
J0180	Agalsidase beta	Fabrazyme [®]		2017	2017	✓	
J0185	Aprepitant	Cinvanti [®]	✓	1/1/2026	1/1/2026		✓
J0217	Velmanase alfa	Lamzede [®]		2023	2023	✓	
J0218	Olipudase alfa-rpcp	Xenpozyme [®]		2022	2022	✓	
J0219	Avalglucosidase alfa- ngpt	Nexviazyme [®]		2021	2021	✓	
J0221	Alglucosidase alfa, 10mg	Lumizyme [®]		2017	2017	✓	
J0222	Patisiran	Onpattro [®]		2019	2019	✓	
J0223	Givosiran	Givlaari [®]		2020	2020	✓	
J0224	Lumasiran	Oxlumo [®]		2021	2021	✓	

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J0225	Vutrisiran	Amvuttra [®]	✓ Trial and failure of Attruby™ or Vyndamax[®]	2022	2022	✓	
J0490	Belimumab	Benlysta [®]	✓ Trial and failure of subcutaneous Benlysta[®]	2017	2018	✓	
J0491	Anifrolumab-fnia	Saphnelo [®]	✓ Trial and failure of Benlysta	2021	2021	✓	
J0517	Benralizumab	Fasenra [®]	✓	2018	2018	✓	
J0584	Burosumab-twza	Crysvita [®]	✓	2019	2019	✓	
J0586	Injection, abobotulinumtoxin A	Dysport [®]	✓ Trial and failure of Botox[®] and Xeomin[®] These preferred drugs don't require prior authorization. Note: Step therapy with Xeomin won't be required for chronic migraines or urinary conditions.	2017	2017	✓	

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				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J0587	Injection, rimabotulinumtoxin B	Myobloc®	✓ Trial and failure of Botox® and Xeomin® These preferred drugs don't require prior authorization. Note: Step therapy with Xeomin won't be required for chronic migraines or urinary conditions.	2017	2017	✓	
J0589	Daxibotulinumtoxin A	Daxxify®	✓ Trial and failure of Botox® and Xeomin® These preferred drugs don't require prior authorization. Note: Step therapy with Xeomin won't be required for chronic migraines or urinary conditions.	2023	2023	✓	
J0598	C1 esterase inhibitor, human	Cinryze®	✓ Trial and failure of Haegarda® and Takhzyro®	6/1/2026	6/1/2026	✓	
J0638	Canakinumab	Ilaris®	✓	2020	2020	✓	
J0642	Levoleucovorin	Khapzory®	✓ Trial and failure of generic levoleucovorin is required	2020	2020		✓

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J0644	Leucovorin calcium	Vykoura TM	✓ Trial and failure of generic leucovorin calcium is required.	10/1/2026	10/1/2026		✓
J0717	Certolizumab pegol	Cimzia [®]	✓ Trial and failure of Inflectra[®] or Avsola[®] AND Steqeyma[®] , Pyzchiva[®] or Wezlana[®] These preferred drugs don't require prior authorization. Trial and failure of adalimumab is also required for members who have a prescription drug plan through Medicare Plus Blue or BCN Advantage (MAPD). Note: Trial and failure of Steqeyma , Pyzchiva or Wezlana is NOT required for rheumatoid arthritis or ankylosing spondylitis.	2017	2018	✓	
J0791	Crizanlizumab	Adakveo [®]	✓	2020	2020	✓	
J0870	Imetelast	Rytelo TM	✓	2024	2024		✓
J0896	Luspatercept-aamt	Reblozyl [®]	✓	2020	2020		✓

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				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J0897	Denosumab	Prolia [®]	✓ Use a preferred denosumab biosimilar: Enoby[®] or Stoboclo[®] Enoby does not require prior authorization; Stoboclo continues to require prior authorization. Effective 12/1/2026: Enoby is the preferred denosumab biosimilar.	2017	2017	✓	
J0897	Denosumab	Xgeva [®]	✓ Use a preferred denosumab biosimilar: Xtrenbo[™] or Osenvelt[®] The preferred drugs don't require prior authorization. Effective 12/1/2026: Xtrenbo is the preferred biosimilar.	12/1/2025	12/1/2025	✓	
J1203	Cipaglicosidase alfa- atga	Pombiliti [®]		2024	2024	✓	
J1289	Narsoplimab	Yartemlea [™]		2/2/2026	2/2/2026	✓ For dates of service before 8/12/26: Submit requests through the Medical and Pharmacy Drug PA Portal	✓ For dates of service on or after 8/12/26: Submit requests through OncoHealth

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				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J1299	Eculizumab	Soliris®	✓ For myasthenia gravis: Trial and failure of Truxima , Ruxience or Riabni , Vyvgart or Vyvgart Hytrulo , Rystiggo AND Epysqli is required. For NMOSD: Trial and failure of Enspryng® and Uplizna® For PNH: Trial and failure of Empaveli® and Epysqli	2017	2018	✓	
J1301	Edaravone	Radicava®		2019	2019	✓	
J1302	Sutimilab-jome	Enjaymo®	✓	2022	2022	✓	

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J1303	Ravulizumab-cwvz	Ultomiris®	✓ For myasthenia gravis: Trial and failure of Truxima , Ruxience or Riabni , Vyvgart or Vyvgart Hytrulo , Rystiggo AND Epysqli is required. For NMOSD: Trial and failure of Enspryng® and Uplizna® For PNH: Trial and failure of Empaveli® and Epysqli For aHUS: Trial and failure of Epysqli	2019	2019	✓	
J1304	Tofersen	Qalsody®		2023	2023	✓	
J1305	Evinacumab-dgnb	Evkeeza®	✓ Trial and failure of a high-intensity statin AND Praluent® or Repatha®	2021	2021	✓	
J1306	Inclisiran	Leqvio®	✓ Trial and failure of a high-intensity statin AND Praluent® or Repatha®	2022	2022	✓	
J1307	Crovalimab-akkz	PiaSky®	✓	2024	2024	✓	
J1322	Elosulfase alfa	Vimizim®		2017	2017	✓	

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J1323	Elranatamab-bcmm	Elrexio®	✓ Effective 11/11/2026: For use in relapsed or refractory multiple myeloma after four prior lines of therapy; must first try and fail Tecvayli	2024	2024		✓
J1325	Epoprostenol	Flolan®, Veletri®		2017	2017	✓	
J1326	Zolbetuximab-clzb	Vyloy®		2025	2025		✓
J1411	Etranacogene dezaparvovec-drlb	Hemgenix®		2022	2022	✓	
J1413	Delandistrogene moxeparvovec-rokl	Elevidys		2023	2023	✓	
J1427	Viltolarsen	Viltepso®		2021	2021	✓	
J1428	Eteplirsen	Exondys 51®		2020	2020	✓	
J1429	Golodirsen	Vyondys 53®		2020	2020	✓	

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J1434	Fosaprepitant	Focinvez™	✓	1/1/2026	1/1/2026		✓
J1437	Ferric derisomaltose	Monoferric®	✓ Trial and failure of at least TWO of the following preferred medications: Ferlecit® , Feraheme® , Venofer® or INFeD® These preferred drugs don't require prior authorization.	2022	2022	✓	
				Prior authorization isn't required when these medications are received through a dialysis facility.			
J1439	Ferric carboxymaltose	Injectafer®	✓ Trial and failure of at least TWO of the following preferred medications first: Ferlecit® , Feraheme® , Venofer® or INFeD® . These preferred drugs don't require prior authorization.	2022	2022	✓	
				Prior authorization isn't required when these medications are received through a dialysis facility.			
J1440	Fecal microbiota, live- jslm	Rebyota®		2023	2023	✓	
J1442	Filgrastim	Neupogen®	✓ Use both of the following preferred filgrastim biosimilar drugs: Nivestym® AND Zarxio®	2020	2020		✓

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J1447	Tbo-filgrastim*	Granix®	✓ Use both of the following preferred filgrastim biosimilar drugs: Nivestym® AND Zarxio®	2020	2020		✓
J1448	Trilaciclib	Cosela®		2021	2021		✓
J1449	Eflapegrastim-xnst	Rolvedon®	✓ Use all of the following preferred pegfilgrastim drugs: Fulphila® , AND Neulasta® or Neulasta OnPro	2023	2023		✓
J1454	Netupitant/ palonosetron	Akynzeo®	✓	1/1/2026	1/1/2026		✓
J1458	Galsulfase	Naglazyme®		2017	2017	✓	
J1459	Immune globulin IV (human), 10% liquid	Privigen®	✓ Trial and failure of Gammagard® and Octagam®	2017	2018	✓	
J1460	Immune globulin (human), IM	GamaSTAN®, GamaSTAN S/D®	✓	2017	2018	✓	
J1551	Immune globulin subcutaneous (human)-hipp	Cutaquig®	✓ Trial and failure of Gammagard® or Octagam® AND Hizentra®	2020	2020	✓	
J1552	Immune globulin intravenous, human- stwk 10%	Alyglo™	✓ Trial and failure of Gammagard® and Octagam®	2024	2024	✓	

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				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J1553	immune globulin intravenous, human- dira	Yimmugo®	✓ Trial and failure of Gammagard® and Octagam®	10/27/2025	10/27/2025	✓	
J1554	Immune globulin Intravenous (human) slra 10%	Asceniv®	✓ Trial and failure of Gammagard® and Octagam®	2019	2019	✓	
J1555	Immune globulin Subcutaneous (Human) 20%	Cuvitru®	✓ Trial and failure of Gammagard or Octagam® AND Hizentra®	2020	2020	✓	
J1556	Immune globulin Intravenous (human), 10%	Bivigam®	✓ Trial and failure of Gammagard® and Octagam®	2017	2017	✓	
J1557	Immune globulin Intravenous (human)	Gammaplex®	✓ Trial and failure of Gammagard® and Octagam®	2017	2017	✓	
J1558	Immune globulin subcutaneous (human)-klhw	Xembify®	✓ Trial and failure of Gammagard® or Octagam® AND Hizentra®	2020	2020	✓	
J1559	Immune globulin Subcutaneous (human), 20%	Hizentra®	✓ Trial and failure of Gammagard® or Octagam® Note: Gammagard® or Octagam® is not required for CIDP	2017	2017	✓	

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J1560	Immune globulin (human), IM (Over 10 mL)	GamaSTAN®, GamaSTAN S/D®	✓	2017	2018	✓	
J1561	Immune globulin Injection (human), 10%	Gamunex-C®, Gammaked™	✓ Trial and failure of Gammagard® and Octagam®	2017	2017	✓	
J1566	Immune globulin Intravenous (human)	Gammagard S/D® Less IgA	✓ Trial and failure of Gammagard® and Octagam®	2017	2017	✓	
J1568	Immune globulin Intravenous (human)	Octagam®	✓	2017	2017	✓	
J1569	Immune globulin Infusion (human) 10%	Gammagard® Liquid	✓	2017	2017	✓	
J1569	Immune globulin Infusion (human) 10%	Gammagard Liquid® ERC	✓ Trial and failure of Gammagard® and Octagam®	5/11/2026	5/11/2026	✓	
J1572	Immune globulin Intravenous (human)	Flebogamma® DIF	✓ Trial and failure of Gammagard® and Octagam®	2024	2024	✓	
J1575	Immune globulin Infusion 10% (human) with recombinant human hyaluronidase	Hyqvia®	✓ Trial and failure of Gammagard® or Octagam® AND Hizentra®	2017	2017	✓	

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J1576	Immune globulin Intravenous (human) – ifas 10%	Panzyga®	✓ Trial and failure of Gammagard® and Octagam®	2020	2020	✓	
J1577	Immune globulin Intravenous (human)	Qivigy®	✓ Trial and failure of Gammagard® and Octagam®	6/22/2026	6/22/2026	✓	
J1602	Golimumab	Simponi Aria®	✓ Trial and failure of Inflectra® or Avsola® AND Steqeyma®, Pyzchiva® or Wezlana® These preferred drugs don't require prior authorization. Trial and failure of adalimumab is also required for members who have a prescription drug plan through Medicare Plus Blue or BCN Advantage (MAPD). Note: Trial and failure of Steqeyma , Pyzchiva or Wezlana is NOT required for rheumatoid arthritis or ankylosing spondylitis.	2017	2018	✓	
J1627	Granisetron	Sustol®	✓	1/1/2026	1/1/2026		✓

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J1628	Guselkumab	Tremfya® IV	✓ Trial and failure of Inflectra® or Avsola® . AND Steqeyma® , Pyzchiva® or Wezlana® These preferred drugs don't require prior authorization. Trial and failure of adalimumab is also required for members who have a prescription drug plan through Medicare Plus Blue or BCN Advantage (MAPD).	2024	2024	✓	
J1743	Idursulfase	Elaprase®		2017	2017	✓	
J1745	Infliximab	Remicade®	✓ Trial and failure of Inflectra® AND Avsola® These preferred drugs don't require authorization.	2017	2017	✓	
J1745	Infliximab	Generic (non- biosimilar)	✓ Trial and failure of Inflectra® AND Avsola® These preferred drugs don't require authorization.	2023	2023	✓	
J1746	Ibalizumab-uiyk	Trogarzo®	✓	2019	2019	✓	

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J1747	Spesolimab-sbzo	Spevigo [®]	✓	2022	2022	✓	
J1747	Spesolimab-sbzo	Spevigo [®] SC	✓	2024	2024	✓	
J1757	Tividenofusp alfa-eknm	Avlayah [™]		5/1/2026	5/1/2026	✓	
J1809	Fosdenopterin	Nulibry [®]		2021	2021	✓	
J1818	Pegzilarginase-nbln	Loargys [®]		4/1/2026	4/1/2026	✓	
J1823	Inebilizumab-cdon	Uplizna [®]	✓	2020	2020	✓	
J1931	Laronidase	Aldurazyme [®]		2017	2017	✓	
J2182	Mepolizumab	Nucala [®]	✓	2018	2017	✓	
J2267	Mirikizumab-mrkz	Omvo [®] IV	✓ Trial and failure of Inflectra[®] or Avsola[®] . AND Steqeyma[®] , Pyzchiva[®] or Wezlana[®] These preferred drugs don't require prior authorization. Trial and failure of adalimumab is also required for members who have a prescription drug plan through Medicare Plus Blue or BCN Advantage (MAPD).	2024	2024	✓	
J2277	Motixafortide	Aphexda [®]		10/1/2026	10/1/2026		✓

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J2323	Natalizumab	Tysabri®	✓ Trial and failure of dimethyl fumarate , glatiramer , fingolimod , Briumvi and Ocrevus .	6/22/2026	6/22/2026	✓	
J2326	Nusinersen	Spinraza®		2018	2018	✓	
J2327	Risankizumab-rzaa	Skyrizi® IV	✓ Trial and failure of Inflectra® or Avsola® . AND Steqeyma® , Pyzchiva® or Wezlana® These preferred drugs don't require prior authorization. Trial and failure of adalimumab is also required for members who have a prescription drug plan through Medicare Plus Blue or BCN Advantage (MAPD).	2022	2022	✓	
J2329	Ublituximab-xiiy	Briumvi®	✓ Trial and failure of dimethyl fumarate , glatiramer and fingolimod	6/22/2026	6/22/2026	✓	
J2350	Ocrelizumab	Ocrevus®	✓ Trial and failure of dimethyl fumarate , glatiramer and fingolimod . Note: Step therapy does not apply for diagnosis of primary progressive multiple sclerosis	6/22/2026	6/22/2026	✓	

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J2351	Ocrelizumab and hyaluronidase-ocsq	Ocrevus Zunovo®	✓ Trial and failure of dimethyl fumarate , glatiramer , fingolimod , Briumvi AND Ocrevus . Note: Trial and failure of Briumvi , dimethyl fumarate , glatiramer and fingolimod is not required for diagnosis of primary progressive multiple sclerosis.	6/22/2026	6/22/2026	✓	
J2356	Tezepelumab-ekko	Tezspire®	✓ For eosinophilic asthma: Trial and failure of Fasenra ® or Nucala ® AND Dupixent ® For allergic asthma: Trial and failure of Xolair ® For oral steroid dependent asthma: Trial and failure of Dupixent ®	2022	2022	✓	
J2357	Omalizumab	Xolair®	✓	2018	2018	✓	
J2361	Depemokimab-ulaa	Exdensur	✓	2/2/2026	2/2/2026	✓	
J2506	Pegfilgrastim	Neulasta® Neulasta® Onpro®		2020	2020		✓
J2507	Pegloticase	Krystexxa®	✓	2017	2018	✓	
J2508	Pegunigalsidase alfa- iwxj	Elfabrio®		2023	2023	✓	

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J2777	Faricimab-svoa	Vabysmo [®]	✓ Trial and failure of bevacizumab (Avastin [®]) or a bevacizumab biosimilar Trial and failure of aflibercept, ranibizumab, or Beovu [®] is also required.	2022	2022	✓	
J2778	Ranibizumab	Lucentis [®]	✓ Trial and failure of bevacizumab (Avastin [®]) or a bevacizumab biosimilar	2017	2017	✓	
J2779	Ranibizumab injection, for ocular implant	Susvimo [®]	✓	2021	2021	✓	
J2781	Pegcetacoplan injection	Syfovre [®]		2023	2023	✓	
J2782	Avacincaptad pegol	Izervay [™]	✓ Trial and failure of Syfovre [®]	2023	2023	✓	
J2786	Reslizumab	Cinqair [®]	✓ Trial and failure of Fasenra [®] or Nucala [®] AND Dupixent [®]	2018	2017	✓	
J2793	Rilonacept	Arcalyst [®]	✓	2021	2021	✓	
J2802	Romiplostim	Nplate [®]	✓	2017	2018	✓	
J2820	Sargramostim	Prokine [®] , Leukine [®]		2020	2020		✓
J2840	Sebelipase alfa	Kanuma [®]		2019	2017	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

Revised October 2, 2026

HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J2998	Plasminogen, human- tvmh	Ryplazim®		2022	2022	✓	
J3032	Eptinezumab-jjmr	Vyepti®	✓ Trial and failure of botulinum toxins AND an oral or subcutaneous CGRP antagonist	2020	2020	✓	
J3055	Talquetamab-tgvs	Talvey®	✓ Effective 11/11/2026: For use in relapsed or refractory multiple myeloma after four prior lines of therapy; must first try and fail Tecvayli	2024	2024		✓
J3060	Taliglucerase alfa	Elelyso®	✓ Trial and failure of Cerezyme® This preferred drug doesn't require prior authorization.	2017	2017	✓	
J3111	Romosozumab-aqqg	Evenity®	✓ For high-risk osteoporosis: Trial and failure of oral or IV bisphosphonates AND a denosumab product For very high-risk osteoporosis: Trial and failure of zoledronate only or a denosumab product only if zoledronate is contraindicated	2019	2019	✓	
J3241	Teprotumumab	Tepezza®	✓	2020	2020	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J3245	Tildrakizumab-asmn	Ilumya [®]	✓ Trial and failure of Inflectra[®] or Avsola[®] AND Steqeyma[®], Pyzchiva[®] or Wezlana[®] These preferred drugs don't require prior authorization. Trial and failure of adalimumab is also required for members who have a prescription drug plan through Medicare Plus Blue or BCN Advantage (MAPD).	2019	2019	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J3247	Secukinumab	Cosentyx® IV	✓ Trial and failure of Inflectra® or Avsola® AND Steqeyma®, Pyzchiva® or Wezlana® These preferred drugs don't require prior authorization. Note: Trial and failure of Steqeyma, Pyzchiva or Wezlana is NOT required for ankylosing spondylitis. Trial and failure of adalimumab and Cosentyx SC is also required for members who have a prescription drug plan through Medicare Plus Blue or BCN Advantage (MAPD).	2024	2024	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J3262	Tocilizumab	Actemra®	✓ Trial and failure of Tyenne AND Inflectra® or Avsola® These preferred drugs don't require prior authorization. Trial and failure of adalimumab is also required for members who have a prescription drug plan through Medicare Plus Blue or BCN Advantage (MAPD). Note: Infliximab and adalimumab are NOT required for cytokine release syndrome or giant cell arteritis.	2017	2017	✓	
J3263	Toripalimab-tpzi	Loqtorzi®		2024	2024		✓
J3285	Treprostinil	Remodulin®		2017	2017	✓	
J3304	Triamcinolone- acetone extended release	Zilretta®	✓	2019	2019	✓	
J3358	Ustekinumab	Stelara® IV	✓ Trial and failure of the following preferred ustekinumab drugs: Steqeyma, Pyzchiva and Wezlana These preferred drugs don't require authorization.	1/22/2026	1/22/2026	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J3380	Vedolizumab	Entyvio [®]	✓ Trial and failure of Inflectra[®] or Avsola[®] AND Steqeyma, Pyzchiva, or Wezlana These preferred drugs don't require prior authorization. Trial and failure of adalimumab is also required for members who have a prescription drug plan through Medicare Plus Blue or BCN Advantage (MAPD).	2017	2018	✓	
J3385	Velaglucerase alfa	VPRIV [®]	✓ Trial and failure of Cerezyme[®] This preferred drug doesn't require prior authorization.	2017	2017	✓	
J3386	Etuvetidigene autotemcel	Waskyra [™]		1/15/2026	1/15/2026	✓	
J3389	Prademagene zamikeracel	Zevaskyn [™]		2025	2025	✓	
J3392	Exagamglogene autotemcel	Casgevy [®]	✓	2024	2024	✓	
J3393	Betibeglogene autotemcel	Zynteglo [®]		2022	2022	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J3394	Lovotibeglogene autotemcel	Lyfgenia™	✓	2024	2024	✓	
J3397	Vestronidase alfa-vjkb	Mepsevii®		2019	2019	✓	
J3398	Voretigene neparvovec-rzyl	Luxturna®		2018	2018	✓	
J3399	Onasemnogene abeparvovec-xioi	Zolgensma®		2020	2020	✓	
J3401	Beremagene geperpavec-svdt	Vyjuvek®		2023	2023	✓	
J3402	Remestemcel-L-rknd	Ryoncil®	✓	2025	2025	✓	
J3403	Revakinagene taroretcel-lwey	Encelto™		2025	2025	✓	
J3404	Zopapogene imadenovec-drba	Papzimeos™		5/11/2026	5/11/2026	✓	
J3405	Onasemnogene abeparvovec-brve	Itvisma®		1/15/2026	1/15/2026	✓	
J3406	Omidubicel-onlv	Omisirge®		2024	2024	✓	
J3490	Eplontersen	Wainua®		2024	2024	✓	
J3490, J3590	Pegcetacoplan	Empaveli®		2021	2021	✓	
J3490	Nedosiran	Rivfloza®		2024	2024	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J3590	Allogeneic regulatory T cell immunotherapy with HSPC and T cells- vldq	Tregzi™		8/3/2026	8/3/2026	✓	
J3590	Apitegromab-mstn	Isembyld™		10/1/2026	10/1/2026	✓	
J3590	Bevacizumab-tnjn	Avzivi®	✓ Use both of the following preferred bevacizumab biosimilar drugs: Zirabev® and Mvasi® .	2024	2024	✓	
J3590	Bimekizumab-bkzx	Bimzelx®	✓ Trial and failure of Inflectra® or Avsola® AND Steqeyma, Pyzchiva or Wezlana These preferred drugs don't require prior authorization. Note: Trial and failure of Steqeyma , Pyzchiva or Wezlana is NOT required for ankylosing spondylitis. Trial and failure of adalimumab is also required for members who have a prescription drug plan through Medicare Plus Blue or BCN Advantage (MAPD).	2024	2024	✓	
J3590	Donislecel-jujn	Lantidra™		2023	2023	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J3590	Eladocogene exuparvovec-tneq	Kebilidi™		2025	2025	✓	
J3590	Garetosmab-grts	Pasatru™		10/1/2026	10/1/2026	✓	
J3590	Lecanemab-irmb	Leqembi® IQLIK™		2025	2025	✓	
J3590	Lunsotogene parvec- cwha	Otarmeni™		7/1/2026	7/1/2026	✓	
J3590	Marnetegrage autotemcel	Kresladi™		5/1/2026	5/1/2026	✓	
J3590	Pariglasgene breca-parvovec- opnr	Genglycos™		10/1/2026	10/1/2026	✓	
J3590	Rebisufligene etisparvovec-hopf	Fayuvi™		10/1/2026	10/1/2026	✓	
J3590	Sotatercept-csrk	Winrevair™	✓	2024	2024	✓	
J3590	Ustekinumab-hmny	Starjemza® IV	✓ Trial and failure of the following preferred ustekinumab drugs: Steqeyma, Pyzchiva and Wezlana These preferred drugs don't require authorization.	5/11/2026	5/11/2026	✓	
J3590	Veligrotug-vvze	Lumvoa™	✓	8/3/2026	8/3/2026	✓	
J3590	Zilganerssen	Zanvastro™		10/1/2026	10/1/2026	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J7170	Emicizumab-kxwh	Hemlibra®		2020	2020	✓	
J7171	ADAMTS13, recombinant-krhn	Adzynma®		2024	2024	✓	
J7172	Marstacimab-hncq	Hympavzi™	✓	2025	2025	✓	
J7174	Fitusiran	Qfitlia®		2025	2025	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J7320	Sodium hyaluronate	GenVisc [®] 850	✓ Trial and failure of all the following preferred hyaluronic acid drugs: Durolane[®], Euflexxa[®], Gelsyn-3[®] AND Supartz FX[®]. These preferred drugs don't require authorization.	2020	2020	✓	
J7321	Sodium hyaluronate	Visco-3 [™] Hyalgan [®]		2020	2020	✓	
J7322	High Molecular Weight Viscoelastic Hyaluronan	Hymovis [®]		2020	2020	✓	
J7324	High Molecular Weight Hyaluronan	Orthovisc [®]		2020	2020	✓	
J7325	Hylan G-F 20	Synvisc [®] , Synvisc-One [®]		2020	2020	✓	
J7326	Sodium hyaluronate	Gel-one [®]		2020	2020	✓	
J7327	High Molecular Weight Hyaluronan	Monovisc [®]		2020	2020	✓	
J7329	Sodium hyaluronate	TriVisc [®]		2020	2020	✓	
J7331	Sodium hyaluronate	Synjojoynt [®]		2020	2020	✓	
J7332	Sodium hyaluronate	Triluron [®]		2020	2020	✓	
J7352	Afamelanotide	Scenesse [®]		2020	2020	✓	
J7601	Ensifentrine inhalation suspension	Ohtuvayre [®]	✓ Trial and failure of Trelegy Ellipta and roflumilast	6/22/2026	6/22/2026	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J7606	Formoterol fumarate inhalation solution	generic	✓ Trial and failure of arformoterol	6/22/2026	6/22/2026	✓	
J7677	Revefenacin, inhalation solution	Yupelri®	✓ Trial and failure of Anoro Ellipta and Stiolto® Respimat®	6/22/2026	6/22/2026	✓	
J7686	Treprostinil	Tyvaso®	✓	2017	2017	✓	
				Prior authorization is required for Tyvaso® nebulizer. Note: Tyvaso DPI® (J3535) is a pharmacy benefit drug, not a medical benefit drug.			
J9011	Datopotamab deruxtecan-dlnk	Datroway		12/1/2025	12/1/2025		✓
J9022	Atezolizumab	Tecentriq®		2019	2019		✓
J9023	Avelumab	Bavencio®		2019	2019		✓
J9024	Atezolizumab hyaluronidase-tqjs	Tecentriq Hybreza™		2025	2025		✓
J9026	Tarlatamab-dlle	Imdelltra™		2025	2025		✓

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J9028	Ogapendekin alfa inbakicept-pmln	Anktiva®	✓ For use in BCG-unresponsive non- muscle invasive bladder cancer, must try and fail both Adstiladrin AND Keytruda or Keytruda Qlex	2025	2025		✓
J9029	Nadofaragene firadenovec-vncg	Adstiladrin®	✓	2023	2023	✓	
J9035	Bevacizumab	Avastin®	✓ Use both of the following preferred bevacizumab biosimilar drugs: Zirabev ® and Mvasi ®.	2020	2020	Prior authorization isn't required for use in retinal disorders.	✓
J9038	Axatilimab-csfr	Niktimvo®	✓	2025	2025		✓
J9053	Belantamab mafodontin-blmf	Blenrep		8/12/2026	8/12/2026		✓
J9054	Bortezomib	Boruzu®	✓ Trial and failure of generic bortezomib is required.	5/13/2026	5/13/2026		✓
J9055	Cetuximab	Erbitux®		2020	2020		✓
J9056	Bendamustine	Vivimusta®	✓ Trial and failure of both Belrapzo ® and Bendeka ® is required. These drugs don't require prior authorization.	5/13/2026	5/13/2026		✓

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J9061	Amivantamab-vmjw	Rybrevant®		2021	2021		✓
J9062	Amivantamab and hyaluronidase-lpuj	Rybrevant Faspro™		8/12/2026	8/12/2026		✓
J9063	Mirvetuximab soravtansine	Elahere™		2023	2023		✓
J9072	Cyclophosphamide	Frindovyx™	✓ Trial and failure of generic cyclophosphamide	8/12/2026	8/12/2026		✓
J9119	Cemiplimab-rwlc	Libtayo®		2019	2019		✓
J9144	Daratumumab and hyaluronidase-fihj	Darzalex Faspro®		2020	2020		✓
J9145	Daratumumab	Darzalex®		2019	2019		✓
J9161	Denileukin diftitox-cxdl	Lymphir™		2025	2025		✓
J9172	Docetaxel	Docivvy™	✓ Trial and failure of Taxotere® is required. Taxotere does not require authorization.	3/4/2026	3/4/2026		✓
J9173	Durvalumab	Imfinzi®		2019	2019		✓
J9174	Docetaxel	Beizray®	✓ Trial and failure of Taxotere is required. Taxotere does not require authorization.	3/4/2026	3/4/2026		✓

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J9176	Elotuzumab	Empliciti®		2019	2019		✓
J9177	Enfortumab vedotin- ejfv	Padcev®		2020	2020		✓
J9183	Gemcitabine intravesical system	Inlexzo™	✓ For use in BCG-unresponsive non- muscle invasive bladder cancer, must try and fail both Adstiladrin and Keytruda or Keytruda Qlex	5/13/2026	5/13/2026		✓
J9184	Gemcitabine	Avgemsi™	✓ Trial and failure of generic gemcitabine is required.	5/13/2026	5/13/2026		✓
J9186	Etoposide	Avopel™	✓ Trial and failure of generic etoposide is required.	10/1/2026	10/1/2026		✓
J9191	Fluorouracil	Favlyxa™	✓ Trial and failure of generic fluorouracil is required.	10/1/2026	10/1/2026		✓
J9204	Mogamulizumab-kpkc	Poteligeo®		2020	2020		✓
J9205	Irinotecan liposome	Onivyde®	✓ For use in pancreatic cancer, must first try and fail conventional irinotecan .	2020	2020		✓
J9210	Emapalumab-lzsg	Gamifant®	✓	2025	2025	✓	
J9227	Isatuximab-irfc	Sarclisa®		2020	2020		✓

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J9228	Ipilimumab	Yervoy®		2017	2017		✓
J9256	Nipocalimab-aahu	Imaavy™	✓ Trial and failure of Truxima , Ruxience or Riabni is required These preferred drugs don't require authorization.	2025	2025	✓	
J9264	Paclitaxel protein- bound particles	Abraxane®	✓ For use in metastatic breast cancer and non-small cell lung cancer, must first try and fail generic paclitaxel .	2020	2020		✓
J9269	Tagraxofusp-erzs	Elzonris®		2019	2019		✓
J9271	Pembrolizumab	Keytruda®	✓ For use in nasopharyngeal cancer, must first try and fail Loqtorzi .	2018	2017		✓
J9272	Dostarlimab-gxly	Jemperli		2021	2021		✓
J9273	Tisotumab vedotin-tftv	Tivdak®		2022	2022		✓
J9274	Tebentafusp-tebn	Kimmtrak®		2022	2022		✓
J9275	Cosibelimab-ipdl	Unloxcyt™		2025	2025		✓
J9276	Zanidatamab-hrii	Ziihera®		2025	2025		✓
J9277	Pembrolizumab and berahyaluronidase alfa-pmph	Keytruda Qlex™	✓ For use in nasopharyngeal cancer, must first try and fail Loqtorzi .	5/13/2026	5/13/2026		✓

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J9278	Carboplatin	Kyxata™	✓ Trial and failure of generic carboplatin is required	5/13/2026	5/13/2026		✓
J9281	Mitomycin	Jelmyto®		2020	2020		✓
J9282	Mitomycin	Zusduri™		3/4/2026	3/4/2026		✓
J9286	Glofitamab-gxbm	Columvi™		2024	2024		✓
J9289	Nivolumab and hyaluronidase-nvhy	Opdivo Qvantig™	✓ For use in nasopharyngeal cancer, must first try and fail Loqtorzi .	2025	2025		✓
J9292	Pemetrexed	Axtle™	✓ Try and fail all of the following: Alimta® AND generic pemetrexed products J9314, J9294, J9297 and J9322.	2023	2023		✓
J9294, J9296, J9297	Pemetrexed	Generic (various brands)		2023	2023		✓
J9298	Nivolumab and relatlimab-rmbw	Opdualag™		2022	2022		✓
J9299	Nivolumab	Opdivo®	✓ For use in nasopharyngeal cancer, must first try and fail Loqtorzi .	2018	2017		✓
J9301	Obinutuzumab	Gazyva®		3/4/2026	3/4/2026		✓
J9303	Panitumumab	Vectibix®		2020	2020		✓

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J9304	Pemetrexed	Pemfexy®	✓ Trial and failure of both of the following: Alimta® AND generic pemetrexed	2023	2023		✓
J9305	Pemetrexed	Alimta®		2020	2020		✓
J9306	Pertuzumab	Perjeta®		2020	2020		✓
J9308	Ramucirumab	Cyramza®	✓ For use in metastatic non-small cell lung cancer with epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) mutations, must first try and fail bevacizumab biosimilar products: Mvasi OR Zirabev	8/12/2026	8/12/2026		✓
J9309	Polatuzumab	Polivy®		2020	2020		✓
J9311	Rituximab- hyaluronidase human	Rituxan Hycela®	✓ Use all of the preferred rituximab biosimilar drugs: Truxima®, Riabni® AND Ruxience® . These preferred drugs don't require authorization.	2020	2020		✓
J9312	Rituximab	Rituxan®	✓ Use all of the following preferred rituximab biosimilar drugs: Truxima, Riabni® AND Ruxience® . These preferred drugs don't require authorization.	2021	2021	✓	

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				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J9314	Pemetrexed	Generic		2023	2023		✓
J9316	Pertuzumab/trastuzum ab/hyaluronidase-zzxf	Phesgo®		2020	2020		✓
J9317	Sacituzumab govitecan-hziy	Trodely®		2020	2020		✓
J9321	Epcoritamab-bysp	Epkinly®		2024	2024		✓
J9322, J9323	Pemetrexed	Generic (various brands)		2023	2023		✓
J9324	Pemetrexed	Pemrydi® RTU	✓ Trial and failure of both of the following: Alimta® and generic pemetrexed	2024	2024		✓
J9326	Telisotuzumab vedotin- tliv	Emrelis™		3/4/2026	3/4/2026		✓
J9329	Tislelizumab-jsgr	Tevimbra®		2025	2025		✓
J9331	Sirolimus albumin- bound	Fyarro®		2022	2022		✓
J9332	Efgartigimod alfa-fcab	Vyvgart®	✓ For myasthenia gravis: Trial and failure of Truxima , Ruxience or Riabni is required. These preferred drugs don't require authorization.	2022	2022	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J9333	Rozanolixizumab-noli	Rystiggo®	✓ Trial and failure of Truxima , Ruxience or Riabni is required These preferred drugs don't require authorization.	2023	2023	✓	
J9334	Efgartigimod alfa and hyaluronidase-qvfc	Vyvgart® Hytrulo	✓ For myasthenia gravis: Trial and failure of Truxima , Ruxience or Riabni is required. These preferred drugs don't require authorization. For CIDP: Trial and failure of Gammagard or Octagam is required.	2023	2023	✓	
J9345	Retifanlimab-dlwr	Zynyz®		2023	2023		✓
J9347	Tremelimumab-actl	Imjudo®		2023	2023		✓
J9348	Naxitamab-gqgk	Danyelza®		2021	2021		✓
J9349	Tafasitamab-cxix	Monjuvi®		2020	2020		✓
J9350	Mosunetuzumab-axgb	Lunsumio™ IV		2023	2023		✓
J9350	Mosunetuzumab-axgb	Lunsumio VELO™		4/1/2026	4/1/2026		✓
J9353	Margetuximab-cmkb	Margenza®		2021	2021		✓
J9354	Ado-trastuzumab emtansine	Kadcyla®		2020	2020		✓

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

Revised October 2, 2026

HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J9355	Trastuzumab	Herceptin®	✓ Use both of the preferred trastuzumab biosimilars Ontruzant® and Trazimera®	2020	2020		✓
J9356	Trastuzumab and hyaluronidase-oysk	Herceptin Hylecta™	✓ Use both of the preferred trastuzumab biosimilars Ontruzant® and Trazimera®	2020	2020		✓
J9358	Fam-trastuzumab-nxki	Enhertu®		2020	2020		✓
J9359	Loncastuximab tesirine-lpyl	Zynlonta®		2021	2021		✓
J9361	Efbemalenograstim alfa-vuxw*	Ryzneuta®	✓ Use all of the following preferred pegfilgrastim drugs: Fulphila® AND Neulasta® or Neulasta OnPro	2024	2024		✓
J9362	Trabectedin	Yondelis®	✓ Must try and fail Halaven® for treatment of liposarcoma.	2019	2019		✓
J9376	Pozelimab-bbfg	Veopoz™	✓	2023	2023	✓	
J9380	Teclistamab-cqyv	Tecvayli®		2023	2023		✓
J9381	Teplizumab-mzwv	Tzield®		2022	2022	✓	
J9382	Zenocutuzumab-zbco	Bizengri®		2025	2025		✓
J9601	Linvoseltamab-gcpt	Lynozyfic™		5/13/2026	5/13/2026		✓
J9999	Lifileucel	Amtagvi®		2024	2024	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

Revised October 2, 2026

HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
J9999	Trabectedin	Evdi	✓ Try and fail Yondelis®	10/1/2026	10/1/2026		✓
J9999	Vusolimogene oderparepvec-wtpg	Tudriqev®	✓	9/1/2026	9/1/2026	✓	
Q2041	Axicabtagene ciloleucel (CAR-T)	Yescarta®		2021	2021	✓	
Q2042	Tisagenlecleucel (CAR-T)	Kymriah®		2021	2021	✓	
Q2053	Brexucabtagene autoleucel (CAR-T)	Tecartus®		2021	2021	✓	
Q2054	Lisocabtagene maraleucel (CAR-T)	Breyanzi®		2021	2021	✓	
Q2055	Idecabtagene vicleucel (CAR-T)	Abecma®		2021	2021	✓	
Q2056	Ciltacabtagene autoleucel (CAR-T)	Carvykti®		2022	2022	✓	
Q2057	Afamitresgene autoleucel	Tecelra®	✓	2024	2024	✓	
Q2058	Obecabtagene autoleucel (CAR-T)	Aucatzyl®		2024	2024	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

Revised October 2, 2026

HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q5098	Ustekinumab-srlf	Imuldosa® IV	✓ Use all of the following preferred ustekinumab drugs: Steqeyma , Pyzchiva and Wezlana These preferred drugs don't require authorization.	2025	2025	✓	
Q5100	Ustekinumab-kfce	Yesintek™ IV	✓ Use all of the following preferred ustekinumab drugs: Steqeyma , Pyzchiva and Wezlana These preferred drugs don't require authorization.	2025	2025	✓	
Q4074	Iloprost	Ventavis®	✓	2020	2020	✓	
Q5101	Filgrastim-sndz	Zarxio®		2020	2020		✓
Q5104	Infliximab-abda	Renflexis®	✓ Trial and failure of Inflectra and Avsola These preferred drugs don't require authorization	1/1/2026	1/1/2026	✓	
Q5104	Infliximab-abda	Unbranded biosimilar	✓ Trial and failure of Inflectra and Avsola These preferred drugs don't require authorization	1/1/2026	1/1/2026	✓	
Q5107	Bevacizumab-awwb	Mvasi®		2020	2020		✓

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q5108	Pegfilgrastim-jmdb	Fulphila®		2020	2020		✓
Q5110	Filgrastim-aafi	Nivestym®		2020	2020		✓
Q5111	Pegfilgrastim-cbqv	Udenyca®	✓ Use all of the following preferred pegfilgrastim drugs: Fulphila® AND Neulasta® or Neulasta OnPro	2020	2020		✓
Q5111	Pegfilgrastim-cbqv	Udenyca® Onbody	✓ Use all of the following preferred pegfilgrastim drugs: Fulphila® AND Neulasta® or Neulasta OnPro	2024	2024		✓
Q5112	Trastuzumab-dttb	Ontruzant®		2020	2020		✓
Q5113	Trastuzumab-pkrb	Herzuma®	✓ Use both of the preferred trastuzumab biosimilars Ontruzant® and Trazimera®	2020	2020		✓
Q5114	Trastuzumab-dkst	Ogivri®	✓ Use both of the preferred trastuzumab biosimilars Ontruzant® and Trazimera®	2020	2020		✓
Q5116	Trastuzumab-qyyp	Trazimera®		2020	2020		✓
Q5117	Trastuzumab-anns	Kanjinti®	✓ Use both of the preferred trastuzumab biosimilars Ontruzant® and Trazimera®	2020	2020		✓
Q5118	Bevacizumab-bvzr	Zirabev®		2020	2020		✓

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q5120	Pegfilgrastim-bmez	Ziextenzo [®]	✓ Use all of the following preferred pegfilgrastim drugs: Fulphila[®] AND Neulasta[®] or Neulasta OnPro	2020	2020		✓
Q5122	Pegfilgrastim-apgf	Nyvepria [®]	✓ Use all of the following preferred pegfilgrastim drugs: Fulphila[®] AND Neulasta[®] or Neulasta OnPro	2020	2020		✓
Q5124	Ranibizumab-nuna	Byooviz TM	✓ Trial and failure of bevacizumab (Avastin[®]) or a bevacizumab biosimilar	2022	2022	✓	
Q5125	Filgrastim-ayow	Releuko [®]	✓ Use both of the following preferred filgrastim biosimilar drugs: Nivestym[®] AND Zarxio[®] .	2022	2022		✓
Q5126	Bevacizumab-maly	Alymsys [®]	✓ Use both of the following preferred bevacizumab biosimilar drugs: Zirabev[®] and Mvasi[®] .	2022	2022		✓
Q5127	Pegfilgrastim-fpgk	Stimufend [®]	✓ Use all of the following preferred pegfilgrastim drugs: Fulphila[®] AND Neulasta[®] or Neulasta OnPro	2023	2023		✓

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q5128	Ranibizumab_eqrn	Cimerli®	✓ Trial and failure of bevacizumab (Avastin ®) or a bevacizumab biosimilar	2022	2022	✓	
Q5129	Bevacizumab-adcd	Vegzelma®	✓ Use both of the following preferred bevacizumab biosimilar drugs: Zirabev ® and Mvasi ®.	2023	2023		✓
Q5130	Pegfilgrastim-pbbk	Fylnetra®	✓ Use all of the following preferred pegfilgrastim drugs: Fulphila ® AND Neulasta ® or Neulasta OnPro	2022	2022		✓

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q5133	Tocilizumab-bavi	Tofidence™	✓ Trial and failure of Tyenne AND Trial and failure of Inflectra® or Avsola®. These preferred drugs don't require prior authorization. Trial and failure of adalimumab and Tyenne SC is also required for members who have a prescription drug plan through Medicare Plus Blue or BCN Advantage (MAPD). Note: Tyenne SC is not required for cytokine release syndrome and COVID-19 Note: Infliximab and adalimumab are not required for cytokine release syndrome or giant cell arteritis.	2024	2024	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

Revised October 2, 2026

HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q5134	Natalizumab-sztn	Tyruko [®]	✓ Trial and failure of dimethyl fumarate , glatiramer , fingolimod , Briumvi AND Ocrevus	6/22/2026	6/22/2026	✓	
Q5135	Tocilizumab-aazg	Tyenne [®]	✓ Trial and failure of Inflectra[®] or Avsola[®] These preferred drugs don't require prior authorization. Trial and failure of adalimumab and Tyenne SC is also required for members who have a prescription drug plan through Medicare Plus Blue or BCN Advantage (MAPD). Note: Tyenne SC is not required for treatment of cytokine release syndrome and COVID-19. Note: Infliximab and adalimumab are not required for cytokine release syndrome or giant cell arteritis.	2024	2024	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

Revised October 2, 2026

HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q5135	Tocilizumab-aazg	Unbranded biosimilar	✓ Trial and failure of Tyenne AND Trial and failure of Inflectra® or Avsola® These preferred drugs don't require prior authorization. Trial and failure of adalimumab and Tyenne SC is also required for members who have a prescription drug plan through Medicare Plus Blue or BCN Advantage (MAPD). Note: Tyenne SC is not required for treatment of cytokine release syndrome and COVID-19 Note: Infliximab and adalimumab are not required for cytokine release syndrome or giant cell arteritis.	2025	2025	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q5136	Denosumab-bbdz	Jubbonti®	✓ Use a preferred denosumab biosimilar: Enoby® or Stoboclo® Enoby does not require prior authorization; Stoboclo continues to require prior authorization. Effective 12/1/2026: Enoby is the preferred denosumab biosimilar.	2024	2024	✓	
Q5136	Denosumab-bbdz	Unbranded biosimilar	✓ Use a preferred denosumab biosimilar: Enoby® or Stoboclo® Enoby does not require prior authorization; Stoboclo continues to require prior authorization. Effective 12/1/2026: Enoby is the preferred denosumab biosimilar.	1/1/2026	1/1/2026	✓	
Q5136	Denosumab-bbdz	Wyost®	✓ Use a preferred denosumab biosimilar: Xtrenbo™ or Osenvelt® The preferred drugs don't require prior authorization. Effective 12/1/2026: Xtrenbo is the preferred denosumab biosimilar.	12/1/2025	12/1/2025	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q5146	Trastuzumab-strf	Hercessi TM	✓ Use the preferred trastuzumab biosimilars Ontruzant[®] AND Trazimera[®]	2025	2025		✓
Q5147	Aflibercept-ayyh	Pavblu TM	✓ Trial and failure of bevacizumab (Avastin[®]) or a bevacizumab biosimilar	2025	2025	✓	
Q5148	Filgrastim-txid	Nypozi TM	✓ Use both of the following preferred filgrastim biosimilar drugs: Nivestym[®] AND Zarxio[®] .	2025	2025		✓
Q5149	Aflibercept-abzv	Enzeevu TM	✓ Trial and failure of bevacizumab (Avastin[®]) or a bevacizumab biosimilar	2025	2025	✓	
Q5150	Aflibercept-mrbb	Ahzantive [®]	✓ Trial and failure of bevacizumab (Avastin[®]) or a bevacizumab biosimilar	2025	2025	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q5151	Eculizumab-aagh	Epysqli®	✓ For myasthenia gravis: Trial and failure of Truxima, Ruxience or Riabni, Vyvgart or Vyvgart Hytrulo AND Rystiggo is required. For NMOSD: Trial and failure of Enspryng® and Uplizna® For PNH: Trial and failure of Empaveli®	2025	2025	✓	
Q5152	Eculizumab-aeeb	Bkemv™	✓ For myasthenia gravis: Trial and failure of Truxima, Ruxience or Riabni, Vyvgart or Vyvgart Hytrulo, Rystiggo AND Epysqli is required. For NMOSD: Trial and failure of Enspryng® and Uplizna® For PNH: Trial and failure of Empaveli® AND Epysqli	2025	2025	✓	
Q5153	Aflibercept-yszy	Opuviz™	✓ Trial and failure of bevacizumab (Avastin®) or a bevacizumab biosimilar	2025	2025	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q5153	Aflibercept-yszy	Unbranded biosimilar	✓ Trial and failure of bevacizumab (Avastin ®) or a bevacizumab biosimilar	10/27/2025	10/27/2025	✓	
Q5154	Omalizumab-igec	Omlyclo®	✓	2025	2025	✓	
Q5154	Omalizumab-igec	Unbranded biosimilar	✓	2025	2025	✓	
Q5155	Aflibercept-jbvf	Yesafili™	✓ Trial and failure of Avastin ® or a bevacizumab biosimilar	2025	2025	✓	
Q5156	Tocilizumab-anoh	Avtozma®	✓ Trial and failure of Tyenne AND Trial and failure of Inflectra ® or Avsola ® These preferred drugs don't require prior authorization. Trial and failure of adalimumab AND Tyenne SC is also required for members who have a prescription drug plan through Medicare Plus Blue or BCN Advantage (MAPD). Note: Infliximab and adalimumab are not required for cytokine release syndrome or giant cell arteritis.	2025	2025	✓	
Q5157	Denosumab-bmwo	Stoboclo®	✓	2025	2025	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q5157	Denosumab-bmwo	Unbranded biosimilar	✓ Use a preferred denosumab biosimilar: Enoby® or Stoboclo® Enoby does not require prior authorization; Stoboclo continues to require prior authorization. Effective 12/1/2026: Enoby is the preferred denosumab biosimilar.	12/1/2025	12/1/2025	✓	
Q5158	Denosumab-bnht	Conexxence®	✓ Use a preferred denosumab biosimilar: Enoby® or Stoboclo® Enoby does not require prior authorization; Stoboclo continues to require prior authorization. Effective 12/1/2026: Enoby is the preferred denosumab biosimilar.	2025	2025	✓	
Q5158	Denosumab-bnht	Unbranded biosimilar	✓ Use a preferred denosumab biosimilar: Enoby® or Stoboclo® Enoby does not require prior authorization; Stoboclo continues to require prior authorization. Effective 12/1/2026: Enoby is the preferred denosumab biosimilar.	2025	2025	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q5158	Denosumab-bnht	Bomynta [®]	✓ Use a preferred denosumab biosimilar: Xtrenbo[™] or Osenvelt[®] The preferred drugs don't require prior authorization. Effective 12/1/2026: Xtrenbo is the preferred denosumab biosimilar.	12/1/2025	12/1/2025	✓	
Q5159	Denosumab-dssb	Ospomyv [™]	✓ Use a preferred denosumab biosimilar: Enoby[®] or Stoboclo[®] Enoby does not require prior authorization; Stoboclo continues to require prior authorization. Effective 12/1/2026: Enoby is the preferred denosumab biosimilar.	2025	2025	✓	
Q5159	Denosumab-dssb	Unbranded biosimilar	✓ Use a preferred denosumab biosimilar: Enoby[®] or Stoboclo[®] Enoby does not require prior authorization; Stoboclo continues to require prior authorization. Effective 12/1/2026: Enoby is the preferred denosumab biosimilar.	2025	2025	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q5159	Denosumab-dssb	Xbryk TM	✓ Use a preferred denosumab biosimilar: XtrenboTM or Osenvelt[®] The preferred drugs don't require prior authorization. Effective 12/1/2026: Xtrenbo is the preferred denosumab biosimilar.	12/1/2025	12/1/2025	✓	
Q5160	Bevacizumab-nwgd	Jobevne TM	✓ Use both of the following preferred bevacizumab biosimilar drugs: Zirabev[®] and Mvasi[®]	3/4/2026	3/4/2026		✓
Q5161	Denosumab-kyqq	Bosaya TM	✓ Use a preferred denosumab biosimilar: Enoby[®] or Stoboclo[®] Enoby does not require prior authorization; Stoboclo continues to require prior authorization Effective 12/1/2026: Enoby is the preferred denosumab biosimilar.	5/11/2026	5/11/2026	✓	
Q5161	Denosumab-kyqq	Aukelso TM	✓ Use a preferred denosumab biosimilar: XtrenboTM or Osenvelt[®] The preferred drugs don't require prior authorization. Effective 12/1/2026: Xtrenbo is the preferred denosumab biosimilar.	5/11/2026	5/11/2026	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q5162	Denosumab-nxxp	Bildyos [®]	✓ Use a preferred denosumab biosimilar: Enoby[®] or Stoboclo[®] Enoby does not require prior authorization; Stoboclo continues to require prior authorization. Effective 12/1/2026: Enoby is the preferred denosumab biosimilar.	1/2/2026	1/2/2026	✓	
Q5162	Denosumab-nxxp	Bilprevda [®]	✓ Use a preferred denosumab biosimilar: Xtrenbo[™] or Osenvelt[®] The preferred drugs don't require prior authorization. Effective 12/1/2026: Xtrenbo is the preferred denosumab biosimilar.	1/2/2026	1/2/2026	✓	
Q5164	Ustekinumab-hmny	Starjemza [®] IV	✓ Trial and failure of the following preferred ustekinumab drugs: Steqeyma, Pyzchiva and Wezlana These preferred drugs don't require authorization.	5/11/2026	5/11/2026	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q5165	Denosumab-mobz	Oziltus®	✓ Use a preferred denosumab biosimilar: Xtrenbo™ or Osenvelt® The preferred drugs don't require prior authorization. Effective 12/1/2026: Xtrenbo is the preferred denosumab biosimilar.	7/1/2026	7/1/2026	✓	
Q5166	Denosumab-desu	Osvyrti	✓ Use a preferred denosumab biosimilar: Enoby® or Stoboclo® Enoby does not require prior authorization; Stoboclo continues to require prior authorization. Effective 12/1/2026: Enoby is the preferred denosumab biosimilar.	7/1/2026	7/1/2026	✓	
Q5166	Denosumab-desu	Jubereq	✓ Use a preferred denosumab biosimilar: Xtrenbo™ or Osenvelt® The preferred drugs don't require prior authorization. Effective 12/1/2026: Xtrenbo is the preferred denosumab biosimilar.	7/1/2026	7/1/2026	✓	
Q5168	Ranibizumab-leyk	Nufymco®	✓ Trial and failure of bevacizumab (Avastin®) or a bevacizumab biosimilar	7/1/2026	7/1/2026	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q5169	Pegfilgrastim-unne	Armlupeg®	✓ Use all of the following preferred pegfilgrastim drugs: Fulphila® AND Neulasta® or Neulasta OnPro	8/12/2026	8/12/2026		✓
Q5170	Aflibercept-boav	Eydenzelt®	✓ Trial and failure of bevacizumab (Avastin®) or a bevacizumab biosimilar	7/1/2026	7/1/2026	✓	
Q5171	Denosumab-mobz	Boncresta®	✓ Use a preferred denosumab biosimilar: Enoby® or Stoboclo® Enoby does not require prior authorization; Stoboclo continues to require prior authorization. Effective 12/1/2026: Enoby is the preferred denosumab biosimilar.	7/1/2026	7/1/2026	✓	
Q5173	Denosumab-adet	Ponlimsi®	✓ Use a preferred denosumab biosimilar: Enoby® or Stoboclo® Enoby does not require prior authorization; Stoboclo continues to require prior authorization. Effective 12/1/2026: Enoby is the preferred denosumab biosimilar.	10/1/2026	10/1/2026	✓	

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q9997	Ustekinumab-ttwe	Unbranded biosimilar IV	✓ Trial and failure of the following preferred ustekinumab drugs: Steqeyma, Pyzchiva and Wezlana These preferred drugs don't require authorization.	2025	2025	✓	
Q9998	Ustekinumab-aekn	Selarsdi™ IV	✓ Trial and failure of the following preferred ustekinumab drugs: Steqeyma, Pyzchiva and Wezlana These preferred drugs don't require authorization.	2025	2025	✓	
Q9998	Ustekinumab-aekn	Unbranded biosimilar IV	✓ Trial and failure of the following preferred ustekinumab drugs: Steqeyma, Pyzchiva and Wezlana These preferred drugs don't require authorization.	2025	2025	✓	
Q9999	Ustekinumab-aaуз	Otulfi® IV	✓ Trial and failure of the following preferred ustekinumab drugs: Steqeyma, Pyzchiva and Wezlana These preferred drugs don't require authorization.	2025	2025	✓	

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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HCPCS codes	Generic name	Trade name	Step therapy requirement	Prior authorization requirement effective date		Submit authorization request through	
				Medicare Plus Blue	BCN Advantage	Medical and Pharmacy Drug PA Portal	OncoHealth
Q9999	Ustekinumab-aauz	Unbranded biosimilar IV	✓ Trial and failure of the following preferred ustekinumab drugs: Steqeyma, Pyzchiva and Wezlana These preferred drugs don't require authorization.	2025	2025	✓	

Revision history

Date	Revisions
10/1/2026	• Authorization requirement effective 10/1/2026: J3590 Genglycos, J3590 Pasatru, Q5173 Ponlimsi, Q5157 Osenvelt, J3590 Zanvastro, J3590 Isembyld, J3590 Fayuvi • Code updates effective 10/1/2026: J0644 Vykoura, J1757 Avlayah, J1818 Loqrgys, J3406 Omisirge, J9362 Yondelis, J9191 Favlyxa, J9186 Avopef • Changed preferred denosumab biosimilars effective 10/1/2026
9/1/2026	• Authorization requirement effective 9/1/2026: J3590 Tudriqev
8/1/2026	• Authorization requirement effective 8/3/2026: J3590 Lumvoa, J3590 Tregzi • Authorization requirement effective 10/1/2026: J2277 Aphexda, J9999 Avopef, J9999 Evdi, J9999 Favlyxa, J3490 Vykoura • Added step therapy criteria for J9292 Axtle, effective 10/1/2026
7/1/2026	• Code updates effective 7/1/2026: J3405 Itvisma, Q5164 Starjemza, J1577 Qivigy, Q5167 Enoby, Q5167 Xtrenbo, J2361 Exdensur • Authorization requirement effective 7/1/2026: Q5168 Nufymco, Q5170 Eydenzelt, Q5165 Oziltus, Q5171 Boncresa, Q5166 Osvyrti, Q5166 Jubereq • Authorization requirement effective 8/12/2026: Q5169 Armlupeg, J9053 Blenrep, J9308 Cynamza, J9072 Frindovyx, J9062 Rybrevant Faspro • Authorization requirement changed from Medical and Pharmacy PA Portal to OncoHealth effective 8/12/2026: J1289 Yartemlea • Added step therapy criteria for J9352 Yondelis, effective 8/12/2026 • Authorization requirement removed effective 7/1/2026: J0565 Zinplava (withdrawn from U.S. market by manufacturer)

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

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Date	Revisions
6/1/2026	• Authorization requirement effective 6/1/2026: J0598 Cinryze • Authorization requirement effective 7/1/2026: J3590 Otarmeni
5/1/2026	• Authorization requirement effective 6/22/2026: J2329 Briumvi, J3590 Enoby, J3590 Xtrenbo, J7606 Formoterol fumarate, J2350 Ocrevus, J2351 Ocrevus Zunovo, J7601 Ohtuvayre, J1599 Qivigy, Q5134 Tyruko, J2323 Tysabri, J7677 Yupelri
4/9/2026	• Authorization requirement effective 5/1/2026: J3590 Avlayah, J3590 Kresladi • Correction — Authorization requirement effective date is 5/11/2026, not 5/1/2026: J3590 Starjemza IV, J1569 Gammagard Liquid ERC, J3404 Papzimeos, Q5161 Aukelso, Q5161 Bosaya
4/1/2026	• Code updates effective 4/1/2026: J1553 Yimmugo, Q5162 Bilyos, Q5162 Bilprevda • Authorization requirement effective 4/1/2026: J9350 Lunsumio VELO, J3590 Loargys • Updates made to step therapy requirements for Vyvgart Hytrulo effective 4/1/2026 • Step therapy requirements added for Izervay effective 4/1/2026 • Authorization requirement removed effective 6/1/2026: J1412 Roctavian (withdrawn from U.S. market by manufacturer) • Authorization requirement effective 5/1/2026: J3590 Starjemza IV, J1569 Gammagard Liquid ERC, J3404 Papzimeos, Q5161 Aukelso, Q5161 Bosaya • Authorization requirement effective 5/13/2026: J9184 Avgemsi, J9054 Boruzu, J9183 Inlexo, J9277 Keytruda Qlex, J9278 Kyxata, J9601 Lynozytic, J9056 Vivimusta
1/22/2026	• Authorization requirement removed effective 1/1/2026: Q5115 Truxima, Q5103 Inflectra • Authorization requirement effective 1/22/2026: J3358 Stelara • Authorization requirement effective 2/2/2026: J3590 Exdensur, J3590 Yartemlea • Updates made to step therapy requirements for Orencia, Cosentyx, Tofidence, Tyenne and the unbranded tocilizumab-aazg biosimilar effective 2/2/2026
1/1/2026	• Authorization requirement effective 1/1/2026: Q5136 unbranded Jubbonti, Q5104 unbranded Renflexis • Authorization requirement effective 1/2/2026: J3590 Bilyos, J3590 Bilprevda • Code updates effective 1/1/2026: J9256 Imaavy, J3389 Zevaskyn • Authorization requirement effective 1/15/2026: J3590 Itvisma, J3590 Waskyra • Authorization requirement effective 3/4/2026: J9174 Beizray, J9172 Docivyx, J9326 Emrelis, J9301 Gazyva, Q5160 Jobevne, J9282 Zusduri

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Date	Revisions
11/1/2025	• Authorization requirement effective 10/27/2025: J3590 Yummugo, Q5153 Aflibercept-yszy • Added preferred ustekinumab products effective 11/1/2025 • Authorization requirement removed effective 11/1/2025: Q5138 Wezlana, Q5138 ustekinumab-auub, Q5099 Steqeyma, Q9997 Pyzchiva, J3358 Stelara • Updates made to step therapy requirements effective 11/1/2025 for: Orencia, Cimzia, Simponi Aria, Tremfya IV, Omvoh IV, Skyrizi IV, Ilumya, Cosentyx IV, Bimzelx, Actemra, Tofidence, Avtozma, Tynne, and Tocilizumab unbranded biosimilar • Corrected code: J3590 Leqembi IQLIK • Authorization requirement effective 1/1/2026: J1454 Akynzeo, J0185 Cinvanti, J1434 Focinvez, J1627 Sustol • Added preferred eculizumab product effective 1/1/2026 • Added preferred tocilizumab product effective 1/1/2026 • Updates made to highlight changes to preferred agents effective 1/1/2026 • Update made to Entyvio step therapy requirements effective 11/1/2025 for members who have a prescription drug plan through Medicare Plus Blue or BCN Advantage. Ustekinumab is now required.
10/1/2025	• Authorization requirement effective 10/1/2025: Q5156 Avtozma, Q5158 Conexence, Q5158 Denosumab-bnht, Q5154 Omlyclo, Q5154 Omalizumab-igec, Q5159 Ospomyv, Q5159 Denosumab-dssb, Q5155 Yesafili, Q9997 Ustekinumab-ttwe, Q9998 Ustekinumab-aekn, J0714 Leqembi IQLIK • Code updates effective 10/1/2025: J1809 Nulibry, J3402 Ryoncil, J3403 Encelto, J7174 Qfitlia, Q5157 Stoboclo • Update made to preferred botulinum toxins effective 10/1/2025 • Authorization requirement removed effective 10/1/2025: J0585 Botox • Added preferred denosumab biosimilar effective 12/1/2025 • Authorization requirement effective 12/1/2025: J9011 Datroway, J0897 Xgeva, Q5158 Bomynta, Q5136 Wyost, Q5159 Xbryk, Q5157 denosumab-bmwo
8/1/2025	• Authorization requirement removed effective 8/1/2025: G2082 and G2083 Spravato • Authorization requirement removed effective 8/1/2025: J1414 Beqvez (no longer on the market in the U.S.) • Added step therapy criteria for Onivyde and Anktiva effective 12/1/2025
7/3/2025	• Authorization requirement removed effective 7/1/2025: J7601 Ohtuvayre
7/1/2025	• Code updates effective 7/1/2025: J7172 Hymravzi, Q2058 Auctazyl, Q5098 Imuldosa, Q5099 Steqeyma, Q5100 Yesintek • Authorization requirement effective 7/1/2025: J3590 Imaavy, J3590 Zevaskyn, Q9999 Ustekinumab-aaaz, Q5135 Tocilizumab-aazg • Authorization requirement effective 8/1/2025: Q5153 Opuviz • Authorization requirement effective 8/20/2025: J9382 Bizengri, J9289 Opdivo Qvantig, J9275 Uloxycyt, J1326 Vyloy, J9276 Ziihera • Authorization requirement effective 9/3/2025: J9210 Gamifant
5/1/2025	• Authorization requirement effective 6/1/2025: J3590 Qfitlia • Authorization requirement effective 7/1/2025: Q9998 Selarsdi

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4/1/2025	• Code updates effective 4/1/2025: J1299 Soliris, Q2057 Tecelra, Q5152 Bkembv, Q9999 Otulfi, J9038 Niktimvo • Authorization requirement effective 5/1/2025: Q5147 Pavblu, Q5149 Enzeevu, Q5150 Ahzantive, Q5151 Epysqli • Added additional step therapy criteria effective 5/1/2025: Evenity, Entyvio, Vabysmo, Vyvgart, Vyvgart Hytrulo, Rystiggo • Added step therapy criteria for Herceptin Hylecta effective 5/12/2025 • Update made to preferred trastuzumab biosimilars effective 5/12/2025 • Authorization requirement effective 6/1/2025: Q5146 Hercessi, Q5148 Nypozi, J3590 Stoboclo, J3590 Encelto, J9024 Tecentriq Hybreza, J9161 Lymphir, J9028 Anktiva, J9026 Imdelltra • Authorization requirement changed from Novologix to OncoHealth effective 6/1/2025: J0870 Rytelo, J9038 Niktimvo • Added step therapy requirements for Keytruda and Opdivo for nasopharyngeal cancer effective 6/18/2025
2/1/2025	• Authorization requirement effective 3/3/2025: J3590 Steqeyma IV, J3590 Ryoncil • Authorization requirement removed effective 2/1/2025: J9258 and J9259 paclitaxel protein-bound particles generic (no longer on the market in the U.S.) • Correction: An additional generic pemetrexed (J9292) was added to the list for 1/1/2025.
1/1/2025	• Authorization requirement effective 2/3/2025: J3590 Kebilidi, Q5139 Bkembv, Q9997 Pyzchiva IV, J3590 Niktimvo, J3590 Yesintek IV • Code updates effective 1/1/2025: J0870 Rytelo, J1307 PiaSky, J1414 Beqvez, J1552 Alyglo, J7601 Ohtuvayre, J3392 Casgevy, J2802 Nplate • Code correction: J3590 Omisirge, J9999 Aucatzyl
11/19/2024	• Authorization requirement effective 11/21/2024: J3590 Aucatzyl • Authorization requirement effective 1/6/2025: J3590 Hymfavzi • Authorization requirement effective 2/3/2025: J3590 Imuldosa IV • Added additional step therapy criteria effective 2/3/2025 for Soliris, Ultomiris and Simponi Aria
11/1/2024	• Updates made to highlight changes to preferred agents effective 1/1/2025 • Authorization requirement removed effective 11/1/2024: J1748 Zymfentra, J3490 Zilbysq • Authorization requirement effective 12/2/2024: J1628 Tremfya IV • Authorization requirement removed effective 1/1/2025: Q5123 Riabni • Authorization requirement effective 1/1/2025: J9329 Tevimbra, Q5115 Truxima • Authorization requirement effective 1/6/2025: J3590 Otulfi IV • Authorization requirement changed from Novologix to OncoHealth effective 1/1/2025: J0896 Reblozyl, Q5108 Fulphila, Q5118 Zirabev, J1442 Neupogen, J1447 Granix, J1449 Rolvedon, J9035 Avastin, J9355 Herceptin, J9361 Ryzneuta, Q5111 Udenyca and Udenyca Onbody, Q5112 Ontruzant, Q5113 Herzuma, Q5116 Trazimera, Q5120 Ziextenzo, Q5125 Releuko, Q5126 Alymsys, Q5127 Stimufend, Q5129 Vegzelma, Q5130 Fylnetra
10/1/2024	• Code update effective 10/1/2024: Q5135 Tyenne • Authorization requirement effective 11/3/2024: Q5136 Jubbonti, Q5138 Wezlana IV
9/9/2024	• CORRECTION Authorization requirement effective 10/1/2024: J3590 PiaSky, J3590 Tecelra

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Date	Revisions
9/1/2024	• Authorization requirement effective 9/1/2024: J3590 PiaSky, J3590 Tecelra • Code correction: J3490 Rytelo • Added step therapy requirements for immune globulin products effective 11/1/2024 • Authorization requirement removed effective 1/31/2024: J0257 Glassia
8/1/2024	• Authorization requirement effective 8/1/2024: J9999 Rytelo
7/12/2024	• Authorization requirement effective 7/15/2024: J0175 Kisunla, J7699 Ohtuvayre
7/1/2024	• Code update effective 7/1/2024: J1748 Zymfentra, J2267 Omvoh IV, J3247 Cosentyx IV, J3393 Zynteglo, J3394 Lyfgenia, J7171 Adzynma, J9361 Ryzneuta • Added additional step therapy criteria effective 9/16/2024 for Soliris and Ultomiris
6/1/2024	• Authorization requirement effective 6/1/2024: J3590 Beqvez • Authorization requirement effective 7/1/2024: J1747 Spevigo SC, J3590 Tyenne • Authorization requirement effective 8/15/2024: J3263 Loqtorzi • Authorization requirement removed effective 6/1/2024: J0588 Xeomin • Step therapy requirement of preferred botulinum toxin added effective 8/5/2024: J0585 Botox, J0586 Dysport, J0587 Myobloc, J0589 Daxxify • Added step therapy criteria effective 8/1/2024 for Pemrydi RTU • Added step therapy criteria effective 9/1/2024 for Saphnelo
5/1/2024	• Authorization requirement effective 5/1/2024: J3590 Winrevair
4/1/2024	• Code update effective 4/1/2024: J1203 Pombiliti, J9376, Veopoz, J0177 Eylea HD, J2782 Izervay, J0589 Daxxify • Authorization requirement effective 5/1/2024: Q5133 Tofidence • Authorization requirement effective 6/20/2024: J3055 Talvey, J1323 Elrexfio • Step therapy requirement of preferred ERT added effective 6/1/2024: J3395 VPRIV, J3060 Elelyso • Authorization requirement removed effective 1/1/2024: J1786: Cerezyme

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Date	Revisions
3/5/2024	• Authorization requirement removed effective 3/1/2024: J3590 Entyvio SC, J3590 Omvoh SC • Code correction: J3490 Omisirge • Authorization requirement effective 4/1/2024: J1599 Alyglo, Q5111 Udenyca Onbody, J3590 Amtagvi, J3590 Avzivi, J3590 Ryzneuta
3/1/2024	• Updates to Soliris, Ultomiris to reflect changes in step therapy requirements effective 3/1/2024. • Updated Soliris, Ultomiris and Zilbrysq to reflect changes to step therapy requirements effective 4/1/2024. • Code correction for Entyvio SC back to J3590 • Added step therapy criteria for Pemfexy effective 4/26/2024
2/1/2024	• Authorization requirement effective 3/1/2024: J3590 Adzynma, J3490 Wainua • Code correction: J3380 Entyvio SC • Updated step therapy requirements for Eylea HD • Authorization requirement effective 2/1/2024: J1572 Flebogamma is once again available in the U.S. • Authorization requirement removed effective 1/31/2024: J0256 Aralast, Prolastin C and Zemaira
1/1/2024	• Authorization requirement removed effective 12/31/2023: J9027 Aliqopa (no longer on the market in the U.S.) • Authorization requirement effective 1/1/2024: J9258 Paclitaxel protein-bound particles, J9324 Pemrydi RTU • Prior authorization changed from Novologix to Carelon effective 1/1/2024: Q5122 Nyvepria, Q5114 Ogivri • Prior authorization changed from Carelon to Novologix effective 1/1/2024: Q5118 Zirabev, Q5108 Fulphila, Q5120 Ziextenzo, Q5116 Trazimera • Infliximab step added effective 1/1/2024: J0717 Cimzia and J2327 Skyrizi IV • Infliximab step removed effective 1/1/2024: J3245 Ilumya • Authorization requirement effective 1/2/2024: Lyfgenia and Casgevy (both have code J3590) • Code update effective 1/2/2024: J0217 Lamzede, J1304 Qalsody, J1412 Roctavian, J1413 Elevidys, J2508 Elfabrio, J3401 Vyjuvek, J9333 Rystiggo, J9334 Vyvgart Hytrulo • Authorization requirement effective 2/1/2024: C9399 Omisirge • Authorization requirement effective 2/12/2024: J3590 Bimzelx, J3590 Cosentyx IV, J3590 Entyvio SC, J3590 Omvoh, J3590 Pombiliti, J3590 Zymfentra, J3490 Rivfloza, J3490 Zilbrysq • Authorization requirement effective 3/1/2024: J9286, Columvi, J9321 Epkinly

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Date	Revisions
11/1/2023	• Authorization requirement effective 12/18/2023: J3490 Daxxify • Updates made to highlight changes to preferred agents effective 1/1/2024 • Prior authorization requirement removed 1/1/2024: Q5104 Renflexis, Q5115 Truxima • Prior authorization requirement added effective 1/1/2024: Q5103 Inflectra, Q5123 Riabni
9/5/2023	• Authorization requirement effective 10/15/2023: Veopoz, Lantidra (both have code J3590); Izervay, Eylea HD (both have code J3490); and J1745 generic infliximab (non-biosimilar) • Authorization requirement effective 12/10/2023: J9345 Zynyz • Code update effective 10/1/2023: J2781 Syfovre • Authorization requirement removed effective 9/30/2023: J9313 Lumoxiti® (no longer on the market in the U.S.)
8/7/2023	• Byooviz step therapy requirement removed effective 7/27/2023: J0178 Eylea • Code change with a retroactive effective date of 7/6/2023: J0174 Leqembi
7/10/2023	• Authorization requirement effective 7/10/2023: Elevidys, Roctavian and Rystiggo (all have code J3590) and J3490 Vyvgart Hytrulo
7/1/2023	• Code updates effective 7/1/2023: J1440 Rebyota, J1576 Panzyga, J9381 Tziel, J9029 Adstiladrin, • Authorization requirement effective 7/1/2023: J9321, J9322, J9323 Pemetrexed generic various manufacturers, J9259 paclitaxel protein-bound particles (generic brand) • Authorization requirement effective 8/1/2023: J3590 Qalsody • Authorization requirement effective 8/14/2023: Vyjuvek and Elfabrio both are J3590 • Authorization requirement effective 8/23/2023: J9063 Elahere, J9350 Lunsumio, J9380 Tecvayli, J9347 Imjudo,
5/1/2023	• Updates to Eylea to reflect changes in step therapy requirements • Updates to Cinqair and Tezspire to reflect changes in step therapy requirements • Corrected code for Rebyota to J3490
4/1/2023	• Code updates effective 4/1/2023: Q5127 Stimufend, Q5128 Cimerli, Q5129 Vegzelma, Q5130 Fylnetra, J1747 Spevigo, J1411 Hemgenix, J1449 Rolvedon, J0218 Xenpozyme • Additional codes added for various brands of generic pemetrexed: J9294, J9296, and J9297 • Corrected code for Syfovre to J3490 • Authorization requirement effective 5/1/2023: J3590 Lamzede

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Date	Revisions
3/8/2023	• Authorization requirement removed effective 4/1/2023: J2503 Macugen (no longer on the market in the U.S.) • Authorization requirement removed effective 4/1/2023: J0775 Xiaflex • Authorization requirement effective 5/1/2023: J3590 Adstiladrin • Authorization requirement effective 4/3/2023: J3590 Syfovre
2/6/2023	• Authorization requirement effective 3/1/2023: Rolvedon, Stimufend, Vegzelma, Rebyota (all have code J3590)
1/9/2023	• Authorization requirement effective 1/13/2023: J3590 Leqembi • Byooviz step therapy requirement removed effective 1/9/2023: J2778 Lucentis
1/1/2023	• Code updates effective 1/1/2023: J0225 Amvuttra, J2327 Skyrizi IV, Q5126 Alymsys • Authorization requirement effective 1/1/2023: J9314 generic pemetrexed • Authorization requirement removed effective 1/1/2023: J9037 Blenrep (no longer on the market in the U.S.) • Authorization requirement removed for oncology drugs effective 1/1/2023: J9042 Adcetris, J9302 Arzerra, J9118 Asparlas, J9036 Belrapzo, J9034 Bendeka, J9229 Besponsa, J9039 Bincyto, J9308 Cyramza, Q2050 Doxil, Q2049 Lipodox, J9246 Evomela, J9301 Gazyva, J9179 Halaven, J9325 Imlygic, J9318 and J9319 Istodax, J9207 Ixempra, J9043 Jevtana, J9047 Kyprolis, J2562 Mozobil, J9203 Mylotarg, J9295 Portrazza, Q2043 Provenge, J2860 Sylvant, J9033 Treanda, J9999 Unituxin, J0897 Xgeva, J9400 Zaltrap, J9223 Zepzelca
12/2/2022	• Authorization requirement effective 12/2/2022: J3590 Hemgenix • Authorization requirement effective 12/2/2022: J3590 Tzield
12/1/2022	• Authorization requirement effective 12/19/2022: J3590 Fynetra • Authorization requirement effective 2/9/2023: J9304 Pemfexy • Infliximab step therapy requirement removed effective 12/19/2022: J3590 Skyrizi IV
11/1/2022	• Authorization requirement effective 11/1/2022: Xenpozyme and Zynteglo (both have code J3590)
10/3/2022	• Code updates effective 10/1/2022: C9142 Alymsys, J1302 Enjaymo, J2777 Vabysmo, J9274 Kimmtrak, Q2056 Carvykti, Q5125 Releuko • Authorization requirement effective 9/26/2022: J3590 Spevigo • Authorization requirement effective 10/3/2022: J3590 Cimerli • Authorization requirement effective 12/1/2022: J9298 Opdualag

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Date	Revisions
8/10/2022	• Date correction – Authorization requirement removal date changed from 8/1/2022 to 8/15/2022: J3357 Stelara SC • Authorization requirement removed effective 8/15/2022: J3590 Skyrizi SC
8/1/2022	• Authorization requirement effective 8/1/2022: J3590 Skyrizi IV formulation • Authorization requirement effective 8/8/2022: J3490 Amvuttra, J3590 Releuko and J9999 Alymsys • Authorization requirement removed effective 8/1/2022: J3357 Stelara SC • Infliximab step therapy requirement removed effective 8/1/2022: J3358 Stelara IV
7/1/2022	• Code updates effective 7/1/2022: C9094 Enjaymo, C9095 Kimmtrak, C9097 Vabysmo, C9098 Carvykti, J1306 Leqvio, J1551 Cutaquig, J2356 Tezspire, J2779 Susvimo, J2998 Ryplazim, J9332 Vyvgart • Prior authorization requirement added effective 8/8/2022: J1437 Monoferric, J1439 Injectafer
5/16/2022	• Authorization requirement removed effective 5/31/2022: J0641 Fusilev® (no longer on the market in the U.S.) • Authorization requirement effective 8/16/2022: J9331 Fyarro
4/12/2022	• Clarifications made to codes: J9999 Kimmtrak and Unituxin, J3490 Nulibry
4/1/2022	• Edits made to clarify preferred products effective 4/1/2022.
3/9/2022	• Authorization requirement effective 3/7/2022: J9999 Carvykti • Code updates effective 4/1/2022: C9090 Ryplazim, C9093 Susvimo, J0219 Nexvazyme, J0491 Saphnelo, J9359 Zynlonta, Q5124 Byooviz • Authorization requirement added effective 5/23/2022: J9273 Tivdak, J3590 Kimmtrak
3/3/2022	• Authorization requirement added effective 3/7/2022: Enjaymo and Vabysmo (both have code J3590) • Authorization requirement added effective 6/6/2022: J3590 Byooviz • Prior authorization requirement removed 4/1/2022: Q5121 Avsola • Prior authorization requirement added effective 4/1/2022: Q5104 Renflexis • Prior authorization changed from Novologix to AIM: Q5108 Fulphila, Q5120 Ziextenzo • Prior authorization changed from AIM to Novologix: Q5111 Udenyca
2/7/2022	• Authorization requirement added effective 2/21/2022: J3490 Tezspire • Authorization requirement added effective 3/1/2022: J3490 Vyvgart and Leqvio

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Date	Revisions
1/1/2022	Code updates effective 1/1/2022: C9085 Nexvazyme, J0172 Aduhelm, J2506 Neulasta, J9061 Rybrevant, J9272 Jemperli, Q2055 Abecma, C9086 Saphnelo Authorization requirement added effective 1/17/2022: J3590 Ryplazim
11/29/2021	Authorization requirement removed: J9247 Pepaxto (no longer on the market in the U.S.) Authorization requirement removed effective 12/1/2021: J3490 Tegsedi Authorization requirement added effective 12/27/2021: J3590 Susvimo
10/4/2021	Code update effective 10/1/2021: Q2054 Breyanzi, J1305 Evkeeza, J9318 and J9319 Istodax, J9247 Pepaxto, J1448 Cosela, C9084 Zynlonta, C9083 Rybrevant, C9082 Jemperli, C9081 Abecma Code correction: Nexvazyme changed to J3590 Authorization requirement removed: J1572 Fleboggamma (no longer on the market in the U.S.)
9/1/2021	Authorization requirement added effective 9/1/2021: J3490 Nexvazyme, J3590 Saphnelo
8/9/2021	Authorization requirement added effective 9/13/2021: J2793 Arcalyst Authorization requirement added effective 9/27/2021: J3490, J3590, J9999, C9399 Rybrevant Code update effective 9/1/2021 to indicate Spravato plus observation: G2082 and G2083
6/8/2021	Authorization requirement added effective 6/8/2021: J3590 Aduhelm Authorization requirement added effective 6/14/2021: J3490, J3590 Empaveli Authorization requirement added effective 7/26/2021: Jemperli and Zynlonta (both have codes J3490, J3590, J9999, C9399) Code update effective 7/1/2021: J9348 Danyelza, J9353 Margenza, J0224 Oxlumo, C9080 Pepaxto, C9079 Evkeeza, C9078 Cosela, C9076 Breyanzi Authorization requirement removed effective 6/8/2021: J2504 Adagen (no longer on the market in the U.S.)
5/10/2021	Code update effective 4/1/2021: Visco-3 once again shares code J7321 with Hyalgan
5/3/2021	Authorization requirement added effective 5/24/2021: Cosela and Pepaxto (both have codes J3490, J3590, J9999, C9399) Authorization requirement added effective 6/22/2021: C9074 Oxlumo; Evkeeza and Nulibry (both have codes C9399, J3490, J3590)

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Date	Revisions
4/1/2021	• Code update effective 4/1/2021: Q2053 Tecartus • Authorization requirement added effective 4/5/2021: J9999 Abecma • Statement added that J9035 Avastin does not require prior authorization for use in retinal disorders.
3/7/2021	• Authorization request submissions moving from AIM to NovoLogix effective 4/1/2021: J1442 Neupogen, J1447 Granix, J9035 Avastin, J9355 Herceptin, Q5113 Herzuma, Q5114 Ogivri, Q5112 Ontruzant, Q5108 Fulphila, Q5120 Ziextenzo, Q5122 Nyvepria • Authorization requirement added effective 4/1/2021: J9312 Rituxan, Q5115 Truxima • Authorization requirement added effective 4/22/2021: Danyelza and Margenza (both have codes J3490, J3590, J9999, C9399) • Code updates effective 4/1/2021: J1427Viltepso, J1554 Asceniv, J9037 Blenrep, J9349 Monjuvi
2/15/2021	• Authorization requirement added effective 2/11/2021: J9999 Breyanzi • Code update effective 1/1/2021: S0013 Spravato
12/26/2020	• Code updates effective 1/1/2021: J1823 Uplizna, J7352 Scenesse, J9144 Darzalex Faspro, J9223 Zepzelca, J9281 Jelmyto, J9316 Phesgo, J9317 Trodelvy, Q5122 Nyvepria, C9069 Blenrep, C9070 Monjuvi, C9071 Viltepso, C9072, Asceniv, C9073 Tecartus
10/30/2020	• Authorization requirement added effective 11/20/2020: Blenrep and Monjuvi (both have codes J3490, J3590, J9999, C9399), • Authorization requirement added effective 1/1/2021: Tecartus (J9999) and Viltepso (J3490, J3590) • Authorization requirement removed effective 11/20/2020: Lartruvo (J9285)
9/22/2020	• Code updates effective 10/1/2020: C9062 Darzalex Faspro, C9064 Jelmyto, C9066 Trodelvy, J3032 Vyepti, J3241 Tepezza, J9227 Sarclisa
8/5/2020	• Authorization requirement added effective 9/28/2020 for: J0638 Ilaris; J1558 Xembify; J1599 Cutaquig • Authorization requirement added effective 9/25/2020 for: Zepzelca, Phesgo, Nyvepria (all have codes J3490, J3590, J9999) • Step therapy requirements added to list for: J3245 Ilumya, J3590 Skyrizi • Addition of preferred filgrastim biosimilar step therapy requirement for: J1442 Neupogen, J1447 Granix
6/29/2020	• Authorization requirement added effective 7/9/2020 for: Abicipar pegol • Authorization requirement added effective 8/21/2020 for: Roctavian, Uplizna (both have code J3590); Q5121 Avsola • Authorization requirement removed effective 8/1/2020 for: J1740 Boniva, J2430 Aredia

Medical Drug and Step Therapy Prior Authorization List for Medicare Plus BlueSM and BCN AdvantageSM members

Revised October 2, 2026

Date	Revisions
6/12/2020	Code updates effective 7/1/2020: C9061 Tepezza, C9063 Vyepti, J0223 Givlaari, J0791 Adakveo, J0896 Reblozyl, J1429 Vyondys 53, J3399 Zolgensma, J7333 Visco-3, J9177 Padcev, J9358 Enhertu, Q5120 Ziextenzo Authorization requirement added effective 7/24/2020 for: Trodelvy, Jelmyto, Darzalex Faspro (all have codes J3490, J3590, J9999); J9325 Imlygic
5/15/2020	Step therapy requirements added to list for: J3262 Actemra, J3357 Stelara SQ, J3358 Stelara IV, J3590 Vyepti, J0129 Orencia and J3380 Entyvio
4/2/2020	Authorization requirement added effective 6/15/2020 for: J1428 Exondys 51, J3490 Vyondys 53, C9056 and J3490 Givlaari, J3590 Tepezza, J3590 Vyepti Authorization requirement added effective 5/15/2020 for: J3590 Sarclisa Code update: C9058 Ziextenzo Authorization requirement removed effective 4/3/2020 for: Q5103 Inflectra, Q5104 Renflexis, Q5109 Ixifi
2/26/2020	Authorization requirement added effective 4/1/2020 for: Enhertu; Padcev; Ziextenzo (all have codes J3490, J3590, J9999) Certain oncology medications: Removed information about submitting authorization requests through NovoLogix for dates of service on or before 12/31/2019
2/16/2020	Authorization requirement added effective 3/16/2020 for: J3590 Reblozyl; J3490 Scenesse; J3590 Adakveo; J9036 Belrapzo; J9039 Polivy; J9118 Asparlas; J9313 Lumoxiti; J9356 Herceptin Hylecta; Q5116 Trazimera; Q5117 Kanjiti; Q5118 Zirabev Authorization requirement removed effective 3/2/2020 for: J3489 Reclast, Zometa Effective date changed for: Q2041 Yescarta; Q2042 Kymriah

OncoHealth is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing cancer support services.