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of the Blue Cross and Blue Shield Association

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

Revised October 2020

The drugs in this list require authorization from Blue Cross through the NovoLogix® online tool for UAW Retiree Medical Benefits Trust PPO non-Medicare members.

For information on additional drugs that require prior authorization for UAW Retiree Medical Benefits Trust PPO non-Medicare members, see the [Medical oncology prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members](#).

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

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

## Drugs that require authorization by Blue Cross

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	Quantity limits (benefit period dosage limit)
J0490	Benlysta	belimumab	1/1/2019	1/1/2019	
J0597	Berinert®	c-1 esterase	1/1/2019	1/1/2019	
J2786	Cinqair®	reslizumab	1/1/2019	1/1/2019	
J0598	Cinryze®	c-1 esterase	1/1/2019		
J3380	Entyvio®	vedolizumab	1/1/2019	1/1/2019	1/1/2019
J1428	Exondys 51™	eteplirsen	1/1/2019		
J0178	Eylea®	aflibercept	1/1/2020		1/1/2020
Q5103	Inflectra®	infliximab-dyyb	1/1/2019	1/1/2019	
J2507	Krystexxa®	pegloticase	1/1/2019	1/1/2019	



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			Prior authorization	Site-of-care requirement	Quantity limits (benefit period dosage limit)
Q2042	Kymriah®	tisagenlecleucel-t	1/1/2019		
J0202	Lemtrada®	alemtuzumab	10/1/2019		
J2778	Lucentis®	ranibizumab	1/1/2020		1/1/2020
J2503	Macugen®	pegaptanib	1/1/2020		1/1/2020
J3397	Mepsevii™	vestronidase alfa-vjbc	1/1/2020	1/1/2020	
J2350	Ocrevus®	ocrelizumab	10/1/2019	10/1/2019	
J0129	Orencia®	abatacept	1/1/2019	1/1/2019	
J1301	Radicava®	edaravone	1/1/2019	4/1/2019	
J1745	Remicade®	infliximab	1/1/2019	1/1/2019	
Q5104	Renflexis®	infliximab-abda	1/1/2019	1/1/2019	
J0596	Ruconest®	c1 inhibitor recombinant	1/1/2019	1/1/2019	
J1602	Simponi Aria®	golimumab	1/1/2019	1/1/2019	
J2326	Spinraza®	nusinersen	1/1/2019		
J3358	Stelara® IV	ustekinumab	1/1/2019	1/1/2019	
J2323	Tysabri®	natalizumab	10/1/2019		
Q2041	Yescarta®	axicabtagene ciloleucel	1/1/2019		



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			Prior authorization	Site-of-care requirement	Quantity limits (benefit period dosage limit)
J3304	Zilretta®	triamcinolone acetonide, extended release	1/1/2019		
J0565	Zinplava™	bezlotoxumab	1/1/2019		