



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Utilization management medical drug list

For Blue Cross and Blue Shield Federal Employee Program®
non-Medicare members

Effective Dec. 1, 2020

Revised Sept. 25, 2020

This document lists the medical benefit drugs that have authorization requirements for Blue Cross and Blue Shield Federal Employee Program non-Medicare members.

For dates of service on or after Dec. 1, 2020, providers will have to request authorization from Blue Cross Blue Shield of Michigan for some drugs covered under the medical benefit for Blue Cross and Blue Shield FEP non-Medicare members. Authorization will be required only when members receive the drugs in Michigan.

HCPCS code	Brand name	Generic name	Effective dates (If there's no date, there's no requirement)	
			Prior authorization	Site-of-care requirement
J3262	Actemra®	tocilizumab	12/1/2020	12/1/2020
J2504	Adagen®	pegademase bovine	12/1/2020	12/1/2020
J1931	Aldurazyme®	laronidase	12/1/2020	12/1/2020
J0256	Aralast® NP	alpha 1 proteinase inhibitor	12/1/2020	12/1/2020
J1599	Asceniv®	immune globulin, human- slra	12/1/2020	12/1/2020
J3145	Aveed®	testosterone undecanoate	12/1/2020	
J0490	Benlysta®	belimumab	12/1/2020	12/1/2020
J0179	Beovu®	brovacizumab-dbl	12/1/2020	
J0597	Beriner®	c1 esterase inhibitor	12/1/2020	12/1/2020
J1556	Bivigam®	immune globulin	12/1/2020	12/1/2020
J0585	Botox®	onabotulinumtoxin	12/1/2020	
J0567	Brineura®	cerliponase alfa	12/1/2020	
J1566	Carimune® NF	immune globulin	12/1/2020	12/1/2020
J1786	Cerezyme®	imiglucerase	12/1/2020	12/1/2020
J0717	Cimzia®	certolizumab pegol	12/1/2020	12/1/2020
J2786	Cinqair®	reslizumab	12/1/2020	12/1/2020
J0598	Cinryze®	c1 esterase inhibitor	12/1/2020	



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J0584	Crysvita®	burosumab-twza	12/1/2020	12/1/2020
J1599	Cutaquig®	immune globulin	12/1/2020	12/1/2020
J1555	Cuvitru®	immune globulin	12/1/2020	12/1/2020
J0586	Dysport®	abobotulinumtoxina	12/1/2020	
J1743	Elaprase®	idursulfase	12/1/2020	12/1/2020
J3060	Elelyso®	taliglucerase alfa	12/1/2020	12/1/2020
J3380	Entyvio®	vedolizumab	12/1/2020	12/1/2020
J3111	Evenity®	romosozumab-aqqg	12/1/2020	12/1/2020
J1428	Exondys® 51	eteplirsen	12/1/2020	
J0178	Eylea®	aflibercept	12/1/2020	
J0180	Fabrazyme®	agalsidase beta	12/1/2020	12/1/2020
J0517	Fasenra®	benralizumab	12/1/2020	12/1/2020
J1572	Flebogamma® DIF	immune globulin	12/1/2020	12/1/2020
J0641	Fusilev®	levoleucovorin	12/1/2020	
J1569	Gammagard®	immune globulin	12/1/2020	12/1/2020
J1566	Gammagard®S/D Less IgA	immune globulin	12/1/2020	12/1/2020
J1561	Gammaked®	immune globulin	12/1/2020	12/1/2020
J1557	Gammaplex®	immune globulin	12/1/2020	12/1/2020
J1561	Gamunex-C®	immune globulin	12/1/2020	12/1/2020
J0257	Glassia®	alpha 1 proteinase inhibitor	12/1/2020	12/1/2020
J7170	Hemlibra®	emicizumab-kxwh	12/1/2020	12/1/2020
J1559	Hizentra®	immune globulin	12/1/2020	12/1/2020



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J1726	Hydroxyprogesterone Caproate	hydroxyprogesterone caproate	12/1/2020	
J1729	Hydroxyprogesterone Caproate	hydroxyprogesterone caproate	12/1/2020	
J1575	Hyqvia®	immune globulin	12/1/2020	12/1/2020
J0638	Ilaris®	canakinumab	12/1/2020	12/1/2020
J3245	Ilumya®	tildrakizumab-asmn	12/1/2020	12/1/2020
Q5103	Inflectra®	infliximab-dyyb	12/1/2020	12/1/2020
J1290	Kalbitor®	ecallantide	12/1/2020	12/1/2020
J2840	Kanuma®	sebelipase alfa	12/1/2020	12/1/2020
J0642	Khapzory®	levoleucovorin	12/1/2020	
J2507	Krystexxa®	pegloticase	12/1/2020	12/1/2020
Q2042	Kymriah®	tisagenlecleucel	12/1/2020	
J0202	Lemtrada®	alemtuzumab	12/1/2020	12/1/2020
J0641	Levoleucovorin Calcium® PF	levoleucovorin	12/1/2020	
J2778	Lucentis®	ranibizumab	12/1/2020	
J0221	Lumizyme®	alglucosidase alfa	12/1/2020	12/1/2020
J3398	Luxturna®	voretigene neparvovec-rzyl	12/1/2020	
J2503	Macugen®	pegaptanib	12/1/2020	
J1726	Makena®	hydroxyprogesterone caproate	12/1/2020	
J3397	Mepsevii®	vestronidase alfa-vjvk	12/1/2020	12/1/2020
J0587	Myobloc®	rimabotulinumtoxinb	12/1/2020	
J1458	Naglazyme®	galsulfase	12/1/2020	12/1/2020



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J2796	Nplate®	romiplostim	12/1/2020	
J2182	Nucala®	mepolizumab	12/1/2020	12/1/2020
J2350	Ocrevus®	ocrelizumab	12/1/2020	12/1/2020
J1568	Octagam®	immune globulin	12/1/2020	12/1/2020
J0222	Onpattro®	patisiran	12/1/2020	12/1/2020
J0129	Orencia®	abatacept	12/1/2020	12/1/2020
J1599	Panzyga®	immune globulin, human - ifas	12/1/2020	12/1/2020
J1459	Privigen®	immune globulin	12/1/2020	12/1/2020
J0256	Prolastin®-C	alpha 1 proteinase inhibitor	12/1/2020	12/1/2020
J0897	Prolia®	denosumab	12/1/2020	12/1/2020
J1301	Radicava®	edaravone	12/1/2020	12/1/2020
J1745	Remicade®	infliximab	12/1/2020	12/1/2020
Q5104	Renflexis®	infliximab-abda	12/1/2020	12/1/2020
J0596	Ruconest®	c1 esterase inhibitor recombinant	12/1/2020	12/1/2020
J2502	Signifor® LAR	pasireotide long acting	12/1/2020	
J1602	Simponi Aria®	golimumab	12/1/2020	12/1/2020
J1300	Soliris®	eculizumab	12/1/2020	12/1/2020
J2326	Spinraza®	nusinersen	12/1/2020	
J3358	Stelara®	ustekinumab	12/1/2020	12/1/2020
90378	Synagis®	palivizumab	12/1/2020	
S0189	Testopel®	testosterone pellets	12/1/2020	
J1746	Trogarzo®	ibalizumab-uiyk	12/1/2020	12/1/2020



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J2323	Tysabri®	natalizumab	12/1/2020	12/1/2020
J1303	Ultomiris®	ravulizumab-cwvz	12/1/2020	12/1/2020
J1322	Vimizim®	elosulfase alfa	12/1/2020	12/1/2020
J3385	Vpriv®	velaglucerase alfa	12/1/2020	12/1/2020
J1558	Xembify®	immune globulin, human-klhw	12/1/2020	12/1/2020
J0588	Xeomin®	incobotulinumtoxina	12/1/2020	
J0897	Xgeva®	denosumab	12/1/2020	12/1/2020
J0775	Xiaflex®	collagenase clostridium histolyticum	12/1/2020	
J2357	Xolair®	omalizumab	12/1/2020	12/1/2020
Q2041	Yescarta®	axicabtagene ciloleucel	12/1/2020	
J0256	Zemaira®	alpha 1 proteinase inhibitor	12/1/2020	12/1/2020
J3304	Zilretta®	triamcinolone acetone extended-release	12/1/2020	
J3399	Zolgensma®	onasemnogene abeparvovec-xioi	12/1/2020	