



A nonprofit corporation and independent licensee
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 May 2021

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 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		
J0584	Crysvita®	burosumab-twza	9/7/2021	9/7/2021	9/7/2021
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	



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			Prior authorization	Site-of-care requirement	Quantity limits (benefit period dosage limit)
J2507	Krystexxa®	pegloticase	1/1/2019	1/1/2019	
Q2042	Kymriah®	tisagenlecleucel-t	1/1/2019		
J0202	Lemtrada®	alemtuzumab	10/1/2019		
J2778	Lucentis®	ranibizumab	1/1/2020		1/1/2020
J3398	Luxturna®	voretigene neparvovec-rzyl	9/7/2021		
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	
J1599	Panzyga®	immune globulin	7/12/2021	7/12/2021	7/12/2021
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		
S0013	Spravato®	esketamine	7/12/2021		



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			Prior authorization	Site-of-care requirement	Quantity limits (benefit period dosage limit)
J3358	Stelara® IV	ustekinumab	1/1/2019	1/1/2019	
J2323	Tysabri®	natalizumab	10/1/2019		
J1303	Ultomiris®	ravulizumab-cwvz	9/7/2021	9/7/2021	9/7/2021
Q2041	Yescarta®	axicabtagene ciloleucel	1/1/2019		
J3304	Zilretta®	triamcinolone acetonide, extended release	1/1/2019		
J0565	Zinplava™	bezlotoxumab	1/1/2019		