Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Cross commercial and BCN commercial Categories: Authorizations/referrals, Pharmacy

Date posted: Dec. 19, 2024

Enzyme replacement therapy drugs to have a quantity limit requirement for most commercial members

For dates of service on or after March 13, 2025, we're adding a quantity limit requirement for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members for the following drugs covered under the medical benefit. This is in addition to existing requirements, which are noted below.

			Existing utilization management requirement(s)	
HCPCS code	Brand name	Generic name	Prior authorization	Site of care
J1931	Aldurazyme [®]	laronidase	✓	✓
J2504	Adagen®	pegademase bovine	✓	✓
J0567	Brineura [®]	cerliponase alfa	✓	
J1786	Cerezyme [®]	imiglucerase	✓	✓
J1743	Elaprase®	idursulfase	✓	✓
J3060	Elelyso®	taliglucerace alfa	✓	✓
J2508	Elfabrio®	pegunigalsidase alfaiwx	✓	✓
J0180	Fabrazyme [®]	agalsidase beta	✓	✓
J2840	Kanuma [®]	sebelipase alfa	✓	✓
J0217	Lamzede®	velmanase alfa-tycv	✓	
J0221	Lumizyme®	alglucosidase alfa	✓	✓
J3397	Mepsevii™	vestronidase alfa-vjbk	✓	✓
J0220	Myozyme [®]	aglucosidase alfa injection	✓	
J1458	Naglazyme [®]	galsulfase	✓	✓
J0219	Nexviazyme [®]	avalglucosidase alfangpt	✓	✓
J1203	Pombiliti™	cipaglucosidase alfaatga	✓	
J1322	Vimizim®	elosulfase aslfa	✓	✓
J3385	Vpriv [®]	velaglucerase alfa	✓	✓
J0218	Xenpozyme [®]	olipudase alfa	✓	✓



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Some Blue Cross commercial groups aren't subject to these requirements

For Blue Cross commercial, these requirements apply only to groups that participate in the standard commercial Medical Drug Prior Authorization Program for drugs administered under the medical benefit. To determine whether a group participates in the prior authorization program, see the Specialty Pharmacy Prior Authorization Master Opt-in/out Group list.

Note: Blue Cross and Blue Shield Federal Employee Program[®] members and UAW Retiree Medical Benefits Trust members with Blue Cross non-Medicare plans don't participate in the standard prior authorization program.

List of requirements

For a full list of quantity limit requirements related to drugs covered under the medical benefit, see the document titled <u>Blue Cross and BCN quantity limits for medical drugs</u>. We'll update this list prior to the effective date.

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