

Stoboclo and Osenvelt to be preferred denosumab products for Medicare Advantage members starting Dec. 1

For dates of service on or after Dec. 1, 2025, the following drugs will be the preferred denosumab products for Medicare Plus Blue and BCN Advantage members:

- Stoboclo[®] (denosumab-bmwo), HCPCS code J3590 (Q5157 effective Oct. 1, 2025) — requires prior authorization
- Osenvelt[®] (denosumab-bnwo), HCPCS code J3590 (Q5157 effective Oct. 1, 2025) — requires prior authorization for dates of service on or after Dec. 1, 2025

Health care providers will have to show that our Medicare Advantage members have tried and failed Stoboclo and Osenvelt before submitting requests for the following drugs for the specified diagnoses:

Diagnosis	Members must try and fail...
Osteoporosis	<p>One of the following drugs:</p> <ul style="list-style-type: none"> • Prolia[®] (denosumab), HCPCS code J0897 — requires prior authorization • Jubbonti[®] (denosumab-bbdz), HCPCS code Q5136 — requires prior authorization • Conexence[®] (denosumab-bnht), HCPCS code Q5158 — requires prior authorization for dates of service on or after Oct. 1, 2025 • Ospomyv[™] (denosumab-dssb), HCPCS code Q5159 — requires prior authorization for dates of service on or after Oct. 1, 2025 <p>Reminder: In addition to the drugs listed above, the member must also try and fail an oral or IV bisphosphonate (for example, Fosamax[®], Reclast[®] or Boniva[®]). IV bisphosphonates don't require prior authorization.</p>
<ul style="list-style-type: none"> • Skeletal related events due to multiple myeloma • Bone metastases • Hypercalcemia of malignancy in cancer patients • Other bone health conditions 	<p>One of the following drugs:</p> <p>Note: For dates of service on or after Dec. 1, 2025, these drugs require prior authorization.</p> <ul style="list-style-type: none"> • Xgeva[®] (denosumab), HCPCS code J0897 • Bomynta[®] (denosumab-bnht), HCPCS code Q5158 • Wyost[®] (denosumab-bbdz), HCPCS code Q5136 • Xbryk[™] (denosumab-dssb), HCPCS code Q5159 <p>Reminder: In addition to the drugs listed above, the member must also try and fail a bisphosphonate (for example, Zometa[®]). IV bisphosphonates don't require prior authorization.</p>

These drugs are a part of members' medical benefits, not their pharmacy benefits.

Submit prior authorization requests through the Medical and Pharmacy Drug PA Portal.

When prior authorization is required

Prior authorization requirements apply when drugs are administered by a health care provider in sites of care such as outpatient facilities or physician offices and is billed in one of the following ways:

- Electronically through an 837P transaction or on a professional CMS-1500 claim form
- Electronically through an 837I transaction or using the UB04 claim form for a hospital outpatient type of bill 013x

How to submit prior authorization requests

To access the Medical and Pharmacy Drug PA Portal, log in to our provider portal (availability.com*), click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo. In the Applications tab, click the *Medical and Pharmacy Benefit Drug Prior Auth* tile.

Note: If you need to request access to our provider portal, follow the instructions on the [Register for Web Tools](https://bcbsm.com/providers) webpage at bcbsm.com/providers.

List of requirements

For a list of requirements related to drugs covered under the medical benefit, see the [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members](#).

We'll update this list prior to the effective date.

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