

Update: Osenvelt and Stoboclo will be the preferred denosumab biosimilar products for most commercial members starting Dec. 15

We updated an earlier version of this communication to add two nonpreferred drugs, Aukelso™ and Bosaya™, to the second table below.

Starting Dec. 15, 2025, the following two drugs will be the preferred denosumab biosimilar products for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members:

Brand name	Generic name	HCPCS code	Reference product
Osenvelt®	denosumab-bmwo	J3590 (Q5157 effective Oct. 1, 2025)	Xgeva®
Stoboclo®	denosumab-nxxp	J3590 (Q5157 effective Oct. 1, 2025)	Prolia®

Health care providers will have to show that members have tried and failed the preferred biosimilar products before submitting prior authorization requests for the following nonpreferred denosumab products:

Members must try and fail...	Brand name	Generic name	HCPCS code
Osenvelt (reference product Xgeva)	Aukelso	denosumab-kyqq	J3590
	Bilprevda®	denosumab-nxxp	J3590
	Bomynta®	denosumab-bnht	Q5158
	Wyost®	denosumab-bbdz	Q5136
	Xbryk™	denosumab-dssb	Q5159
	Xgeva	denosumab	J0897
Stoboclo (reference product Prolia)	Bildyos®	denosumab-nxxp	J3590
	Bosaya	denosumab-kyqq	J3590
	Conexence®	denosumab-bnht	Q5158
	Jubbonti®	denosumab-bbdz	Q5136
	Ospomyv™	denosumab-dssb	Q5159
	Prolia	denosumab	J0897

These drugs already require prior authorization.

How existing prior authorizations are affected by these changes

Existing prior authorizations are affected as follows:

- Members who have an active authorization for a preferred denosumab product (Osenvelt or Stoboclo) as of Dec. 15, 2025, will not be affected by this change.
- For members who have an active authorization for a nonpreferred denosumab product, authorizations will remain in effect until Dec. 14, 2025. We'll automatically issue an authorization for Osenvelt or Stoboclo from Dec. 15, 2025, until Dec. 14, 2026, so these members can continue their therapy without interruptions. Providers don't need to submit prior authorization requests for dates of service within this time frame.
- For members who will be initiating therapy for denosumab products, submit a prior authorization request.

To determine whether a group participates in the prior authorization program, see the [Specialty Pharmacy Prior Authorization Master Opt-in/out Group List](#).

How to submit prior authorization requests

Submit prior authorization requests through the Medical and Pharmacy Drug PA Portal. It offers real-time status checks and immediate approvals for certain medications.

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. Click the *Medical and Pharmacy Benefit Drug Prior Auth* tile in the Applications tab.

Note: If you need to request access to our provider portal, see the [Register for Web Tools](#) webpage on **bcbsm.com**.

List of requirements

For a full list of requirements related to drugs covered under the medical benefit, see the [Blue Cross and BCN utilization management medical drug list for Blue Cross commercial and BCN commercial members](#).

Authorization isn't a guarantee of payment. Health care practitioners need to verify eligibility and benefits for members.

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