

Enoby and Xtrenbo will be the preferred denosumab biosimilar products for Medicare Advantage members starting Oct. 1

Starting Oct. 1, 2026, the following two drugs will be the preferred denosumab biosimilar products for Medicare Plus Blue and BCN Advantage members. These drugs are a part of members' medical benefits, **not** their pharmacy benefits.

Preferred product	Generic name	HCPCS code	Reference product (original drug)
Enoby TM	denosumab-qbde	Q5167	Prolia [®] †
Xtrenbo TM	denosumab-qbde	Q5167	Xgeva [®] †

†Prolia and Xgeva will continue to be nonpreferred biosimilar products, as shown in the table below.

For dates of service before Oct. 1, 2026, the preferred product for Prolia is Stoboclo and the preferred product for Xgeva is Osenvelt.

We're making this change to help meet our goal of promoting safe, effective treatment while responsibly managing healthcare costs. This change supports clinically appropriate, cost-effective care and helps ensure medical benefit drugs are used safely and effectively.

Note: For dates of service on or after Oct. 1, 2026, the preferred medications **won't** require prior authorization.

Healthcare providers will have to provide documentation that members have tried and failed the preferred denosumab biosimilar products when submitting prior authorization requests for the following non-preferred products:

Members must try and fail...	Brand name	Generic name	HCPCS code
Enoby (reference product Prolia)	Bildyos [®]	denosumab-nxxp	Q5162
	Boncresa	denosumab-mobz	Q5171
	Bosaya TM	denosumab-kyqq	Q5161
	Conexxence [®]	denosumab-bnht	Q5158
	Jubbonti [®]	denosumab-bbdz	Q5136
	Ospomyv TM	denosumab-dssb	Q5159
	Osvyrti [®]	denosumab-desu	Q5166
	Ponlimsi [®]	denosumab-adet	Q5173 ⁺⁺
	Prolia [®]	denosumab	J0897
	Stoboclo [®]	denosumab-bmwo	Q5157

Members must try and fail...	Brand name	Generic name	HCPSC code
Xtrenbo (reference product Xgeva)	Aukelso TM	denosumab-kyqq	Q5161
	Bilprevda [®]	denosumab-nxxp	Q5162
	Bomyntra [®]	denosumab-bnht	Q5158
	Jubereq [®]	denosumab-desu	Q5166
	Osenvelt [®]	denosumab-bmwo	Q5157
	Oziltus [®]	denosumab-mobz	Q5165
	Wyost [®]	denosumab-bbdz	Q5136
	Xbryk TM	denosumab-dssb	Q5159
	Xgeva [®]	denosumab	J0897

**The HCPSC code for Ponlimsi is J3590 until Sept. 30, 2026.

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

The process for submitting prior authorization requests varies based on the reference product.

Reference product	How to submit requests
Prolia	Submit requests through the Medical and Pharmacy Drug PA Portal by clicking the <i>Medical and Pharmacy Benefit Drug Prior Auth</i> tile in our payer space. (Learn how to access our provider portal payer space.)
Xgeva	Submit requests to OncoHealth by clicking the <i>OncoHealth Provider Portal</i> tile in our payer space. (Learn how to access our provider portal payer space.) You can also call OncoHealth at 1-888-916-2616.

Note: If you need to request access to our provider portal, follow the instructions on the [Register for Web Tools](#) 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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Availity[®] is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.

OncoHealth is an independent company that provides an online prescription drug prior authorization tool for Blue Cross Blue Shield of Michigan and Blue Care Network.