

## Enoby and Xtrenbo will be the preferred denosumab biosimilar products for most commercial members starting Jan. 1

Starting Jan. 1, 2027, 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.

| Preferred product | Generic name   | HCPSC code | Reference drug (original drug) |
|-------------------|----------------|------------|--------------------------------|
| Enoby™            | denosumab-qbde | Q5167      | Prolia®†                       |
| Xtrenbo™          | 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 Jan. 1, 2027, the preferred products for Prolia are Stoboclo and Enoby and the preferred products for Xgeva are Osenvelt and Xtrenbo.

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.

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

| Members must try and fail...     | Brand name of nonpreferred product | Generic name of nonpreferred product | HCPSC code |
|----------------------------------|------------------------------------|--------------------------------------|------------|
| Enoby (reference product Prolia) | Bildyos®                           | denosumab-nxxp                       | Q5162      |
|                                  | Boncrea                            | denosumab-mobz                       | Q5171      |
|                                  | Bosaya™                            | denosumab-kyqq                       | Q5161      |
|                                  | Conexxence®                        | denosumab-bnht                       | Q5158      |
|                                  | Jubbonti®                          | denosumab-bbdz                       | Q5136      |
|                                  | Ospomyv™                           | denosumab-dssb                       | Q5159      |
|                                  | Osvyrti®                           | denosumab-desu                       | Q5166      |
|                                  | Ponlimsi®                          | denosumab-adet                       | Q5173††    |
|                                  | Prolia®                            | denosumab                            | J0897      |
|                                  | Stoboclo®                          | denosumab-bmwo                       | Q5157      |
|                                  | Aukelso™                           | denosumab-kyqq                       | Q5161      |

| Members must try and fail...      | Brand name of nonpreferred product | Generic name of nonpreferred product | HCPSC code |
|-----------------------------------|------------------------------------|--------------------------------------|------------|
| Xtrenbo (reference product Xgeva) | 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™                             | denosumab-dssb                       | Q5159      |
|                                   | Xgeva®                             | denosumab                            | J0897      |

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

These drugs already have prior authorization and site-of-care requirements.

### 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 (Enoby or Xtrenbo) as of Jan. 1, 2027, 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. 31, 2026. We'll automatically issue an authorization for Enoby or Xtrenbo from Jan. 1, 2027, until Dec. 31, 2027, 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](#) page 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](#).

Prior authorization isn't a guarantee of payment. Healthcare practitioners need to verify eligibility and benefits for members.

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