

Medical Benefit Prior Approval Drug List

The Blue Cross and Blue Shield Service Benefit Plan (FEP) requires prior approval for certain drugs covered under the medical benefit. If a drug is on the Medical Benefit Prior Approval Drug List, your health care provider should request approval from your local Blue Cross and/or Blue Shield company before you receive the drug.

Benefit coverage and out-of-pocket costs may vary based on your FEP plan option, including FEP Blue Standard, FEP Blue Basic, and FEP Blue Focus.

If you have questions about your coverage, please contact your local Blue Cross and/or Blue Shield company or call the National Information Center at **1-800-411-BLUE (2583)**, weekdays from 8:00 a.m. to 8:00 p.m. Eastern Time, excluding holidays.

You can find the Medical Benefit Prior Approval Drug List starting on page 2.



Medical Benefit Prior Approval Drug List

Abecma	Cuvitru	Herceptin Hylecta
Adcetris	Darzalex	Hercessi
Adstiladrin	Darzalex Faspro	Herzuma
Ahzantive	Durolane	Hizentra
Alyglo	Elevidys	Hyalgan
Alymsys	Encelto	Hymovis
Amtagvi	Enhertu	Hyqvia
Amvuttra	Enzeevu	Imaavy
Aranesp	Epogen	Imlygic
Asceniv	Epysqli	Imuldosa
Aucatzyl	Euflexxa	Inflectra
Avastin	Eylea	Infliximab (unbranded)
Avsola	Eylea HD	Jobevne
Avzivi	Flebogamma	Jubbonti
Beovu	Fulphila	Kadcyla
Beqvez	Fylnetra	Kanjinti
Bildyos	GamaSTAN	Kebilidi
Bilprevda	Gammagard	Keytruda
Bivigam	Gammagard S/D	Kymriah
Bkemv	Gammaked	Lantidra
Bomynta	Gammaplex	Lenmeldy
Breyanzi	Gamunex-C	Lucentis
Briumvi	Gel-ONE	Luxturna
Byooviz	GelSyn-3	Lyfgenia
Carvykti	GenVisc 850	Monovisc
Casgevvy	Givlaari	Mvasi
Cimerli	Granix	Neulasta/Neulasta Onpro
Conexence	Hemgenix	Neupogen
Cutaquig	Herceptin	Nivestym

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Nypozi	Riabni	Tyruko
Nyvepria	Rituxan	Tysabri
Ocrevus	Rituxan Hycela	Udenyca
Ocrevus Zunovo	Roctavian	Ultomiris
Octagam	Rolvedon	Vabysmo
Ogivri	Ruxience	Vegzelma
Omisirge	Rystiggo	Visco-3
Onpattro	Selarsdi	Vyjuvek
Ontruzant	Simponi Aria	Vyvgart
Opdivo	Skyrizi	Vyvgart Hytrulo
Opuviz	Skysona	Wezlana IV*/SC^
Orthovisc	Soliris	Wyost
Osenvelt	Spinraza	Xbryk
Ospomyv	Stelara IV*/SC^	Xembify
Otulfli	Steqeyma	Xgeva
Oxlumo	Stimufend	Yesafili
Panzyga	Stoboclo	Yescarta
Pavblu	Supartz/Supartz FX	Yesintek
Perjeta	Synjoynt	Zarxio
Privigen	Synvisc/Synvisc One	Zevaskyn
Prolia	Tecartus	Ziextenzo
Provenge	Tecelra	Zilbrisoq
Pyzchiva IV*/SC^	Tegsedi	Zirabev
Releuko	Trazimera	Zolgensma
Remicade	Trepezza	Zymfentra SC^
Renflexis	Triluron	Zynteglo
Retacrit	Trivisc	
Rethymic	Truxima	