

Commercial Health Plans: Preferred Medical Drug Program

Updated: April 1, 2024

Blue Cross and Blue Shield of Minnesota (Blue Cross) is charged with helping members receive the highest quality, effective, and affordable health care. One way we do this with medical drug products that are infused or injected by a healthcare professional is through a preferred medical drug program.

Preferred Medical Drug: When many versions or types of a drug exist to treat the same condition and the drugs are the same in safety and effectiveness, but vary how they are branded, packaged or priced, Blue Cross may choose (prefer) to cover some drugs over others.

Medical Drugs: Drugs covered under a member’s medical plan that are infused or injected by a healthcare professional to treat specific conditions approved by the U.S. Food and Drug Administration (FDA). They do not include drugs that process under the pharmacy benefit, such as self-administered drugs or oral pills.

Preferred Medical Drug Program*

- This program identifies brand-name drugs (products) preferred by Blue Cross, as outlined in medical drug policies noted below.
- The program applies to members who have coverage through a Blue Cross commercial health plan who are new to therapy or have not used a certain drug product in the last 365 days, excluding Federal Employee Program (FEP) and Coupe Health plans which have separate requirements.
- Members must use the preferred lower-priced drug(s) below before a higher-priced non-preferred drug or product can be covered.
- Certain drugs may require prior authorization to ensure safe and effective use.
- The drug dose, frequency, and duration of use may not exceed the safety and efficacy data supporting the medical condition.
- Blue Cross encourages providers to prescribe preferred drugs to help keep our member’s medical costs and benefit affordable. Members using one of the non-preferred drugs below, are encouraged to ask their doctor to consider switching them to one of the preferred alternative drugs below or discuss alternative drug options for their medical condition.

Blue Cross Medical Policy	Brand Drug Name	HCPCS Code	Preferred Drugs	Non-Preferred Drugs	Effective
II- 29: Intra-Articular Hyaluronan Injections for Osteoarthritis	Durolane	J7318		✓	3/12/18
	Euflexxa	J7323	✓		7/5/21
	Gel-One	J7326		✓	12/1/17
	Gelsyn-3	J7328		✓	12/1/17
	GenVisc 850	J7320		✓	12/1/17
	Hyalgan	J7321		✓	12/1/17
	Hymovis	J7322		✓	12/1/17
	Movovisc	J7327		✓	12/1/17
	Orthovisc	J7324		✓	12/1/17
	Supartz FX	J7321		✓	12/1/2017

Blue Cross Medical Policy	Brand Drug Name	HCPCS Code	Preferred Drugs	Non-Preferred Drugs	Effective
	Synjojoynt	J7331		✓	7/16/2018
	Synvisc	J7325	✓		12/1/2017
	SynviscOne	J7325	✓		12/1/2017
	Triluron	J7332		✓	11/13/2019
	TriVisc	J7329		✓	3/12/2018
	Visco-3	J7321		✓	3/12/2018
II- 47: Rituximab (non-oncology indications)	Riabni	Q5123	✓		12/17/2020
	Rituxan	J9312		✓	10/10/2016
	Ruxience	Q5119	✓		7/23/2019
	Truxima	Q5115	✓		11/28/2018
II- 71: Intravitreal Angiogenesis Inhibitors for Treatment of Retinal and Choroidal Vascular Conditions	Avastin (bevacizumab)	C9257	✓		8/5/2019
	Byooviz (<i>ranibizumab-nuna</i>)	Q5124		✓	7/4/2022
	Beovu (<i>brolocizumab</i>)	J0179		✓	4/6/2020
	Cimerli (<i>ranibizumab-eqrn</i>)	Q5128			1/30/2023
	Eylea (<i>aflibercept</i>)	J0178		✓	8/5/2019
	Lucentis (<i>ranibizumab</i>)	J2778		✓	8/5/2019
	Macugen (<i>pegaptanib</i>)	J2503		✓	8/5/2019
	Susvimo (<i>ranibizumab</i>)	J2779		✓	7/4/2022
	Vabysmo (<i>faricimab</i>)	J2777		✓	7/4/2022
II- 97: Infliximab	Avsola (<i>infliximab-axxq</i>)	Q5121		✓	1/22/2020
	Inflectra (infliximab-dyyb)	Q5103	✓		1/3/2022
	Ixifi (<i>infliximab-qbtx</i>)	Q5109		✓	3/12/2018
	Remicade (infliximab)	J1745	✓		12/1/2017
	Infliximab, unbranded				5/1/2022
	Renflexis (infliximab-abda)	Q5104	✓		1/3/2022
II-196: Eculizumab – for generalized myasthenia gravis (gMG)	Soliris (<i>eculizumab</i>)	J1300		✓	04/03/23
	Rystiggo (rozanolixizumab)	J3590	✓		02/05/24
	Ultomiris (ravulizumab)	J1303	✓		04/03/23
	Vyvgart (efgartigimod alfa)		✓		04/03/23
	Vyvgart Hytrulo (efgartigimod alfa & hyaluronidase)	J9332	✓		02/05/24
II-214: Intravenous Enzyme Replacement Therapy for Gaucher Disease	Cerezyme	J1786		✓	11/2/2020
	Elelyso	J3060		✓	11/2/2020
	Vpriv	J3385	✓		11/2/2020

* This list is subject to change. Note: NA denotes no code was available at the time the document was published.

*Notes

- The preferred medical drug program is subject to change. Members and providers are encouraged to review this document periodically for updates. Blue Cross reserves the right to revise, update, and/or add/remove drugs to the program at any time without notice as new drugs are approved by the FDA and become available for use.
- Requests for an exception from the plan's preferred drug requirement to access a non-preferred covered drug, will be reviewed through our organization's prior authorization process.
- The table above does not guarantee a drug is covered under a member's benefit plan. Member benefit plans vary in coverage and some plans may not provide coverage for services discussed in medical policies. Coverage is based upon and subject to a member's benefit plan and Blue Cross policy medical necessity criteria.

- To access Blue Cross medical policies:
 - Go to providers.bluecrossmn.com
 - Under the "Medical Management" section, select the "Medical and Behavioral health policies" option.
 - Select the "Search Medical and Behavioral Health Policies" option.

- To identify which medical drugs require authorization prior to administration:
 - Go to providers.bluecrossmn.com
 - Under the "Medical Management" section, select the "Prior Authorization Lookup" option.
OR
 - Under the "Medical Management" section, select the "Medical and Behavioral health policies" option.
 - In the prior authorization box, select "See prior authorization information".
 - In the "Commercial and Medicare plans" section, select plan specific prior authorization lists.

Questions?

If members have questions, they can call Customer Service at the number on the back of their member ID card.

Providers can contact provider services at **(651) 662-5200** or **1-800-262-0820**.