Blue Cross Blue Shield Advantage
Part B Drug List

Drug Name or Category of	Generic Name	Applicable Code
Actemra	tocilizumab	J3262
Aldurazyme	laronidase	J1931
Aveed	testosterone undecanoate, injection 1mg	C9023
Benlysta	Injection, belimumab, 10mg	J0490
Berinert	Injection, C-1 esterase inhibitor (human), 10 units	J0597
Blood Clotting Factors	*Antihemophiliac Products require prior authorization*	
Alprolix	factor ix (antihemophiliac factor, recombinant), Alprolix per 10 i.u.	C9135
Wilate	Willebrand factor/coagulation Factor VIII complex (Human)	J7183
Alphanate VWF complex	Von Willebrand Factor complex Human ristocetin Cofactor	J7187
Corifact	Injection, factor XIII (antihemophilic factor, human), 1 IU	J7180
Xyntha	Injection, factor VIII (antihemophilic factor, recombinant) (xyntha), per I.U.	J7185
	Injection, antihemophiliac factor VIII/ Von Willebrand factor complex	J7186
	Factor VIIa (antihemophilic factor, recombinant), per 1 microgram	J7189
Monarc-M	Factor VIII (anti-hemophilic factor, human) per IU	J7190
	Factor VIII (antihemophilic factor, recombinant) Per I.U.	J7192
	Factor IX (antihemophilic factor, purified, non-	J7193
Konyne-80,	Factor IX complex, per IU	J7194
Profilnine Heat Treated, Proplex T, Proplex SX-T	Factor IX (antihemophilic factor, recombinant) oer I.U.	J7195
	Injection, antithrombin recombinant, 50 I.U.	J7196

Blue Cross Blue Shield Advantage
Part B Drug List

Drug Name or Category of	Generic Name	Applicable Code
Thrombate III	Antithrombin III (human), per IU	J7197
	Anti-inhibitor, per IU	J7198
	Hemophilia clotting factor, not otherwise classified	J7199
Aralast	Alpha 1-proteinase inhibitor-human	J0256
Botox	botulinum toxin type A	J0585, J0586, J0588
Cerezyme	injection, imiglucerase 10 units	J1786
Cidofovir	vistide 75mg	J0740
Cimzia	certolizumab	J0718
Cinryze	C1 esterase inhibitor (human)	J0598
Elaprase	idursulfase, 1mg	J1743
Entyvio	vedolizumab, injection 1mg	C9026
Erythropoiesis-Stimulating Agents (ESAs)		
Procrit or Epogen		J0885
Aranesp		J0881
Fabrazyme	agalsidase beta	J0180
Flolan	injection, epoprostenol, 0.5mg	J1325
Glassia	alpha 1 proteinase, inhibitor (human), 10 mg	J0257
Hepatitis C Injectable Therapy		
HP Acthar Gel Injection	repository Corticotropin Inj	J0800
Hyaluronan or Derivative		
Euflexxa	hyaluronan or derivative	J7323
Gel-One	hyaluronan or derivative	J7326
Hyalgan or Supartz	hyaluronan or derivative	J7321
Orthovisc	hyaluronan or derivative	J7324
Synvisc or Synvisc-One	hyaluronan or derivative	J7325
Ilaris	Injection, canakinumab, 1mg	J0638
Injectafer	Ferric Carboxymaltose	J1439
Intravenous Immune Globulin (IVIG)	*All IVIG requires prior authorization*	
Carimune/Carimune NF	Immune globulin, lyophilized (IVIG)	J1566
Flebogamma	Immune globulin, non-lyophilized (IVIG)	J1572

Blue Cross Blue Shield Advantage
Part B Drug List

Drug Name or Category of	Generic Name	Applicable Code
Gammagard/Gammagard SD	Immune globulin, lyophilized (IVIG)	J1566
Gammagard liquid injection	Immune globulin, non-lyophilized (IVIG), Gammagard liquid	J1569
Gammaplex	Immune globulin, non-lyophilized	J1557
Gammar-P	Immune globulin, lyophilized (IVIG)	J1566
Gamunex	Immune globulin, non-lyophilized (IVIG)	J1561
Hizentra	Immune globulin, (injection)	J1559
Immune Globulin NOS	Immune globulin, non-lyophilized (injection)	J1599
Iveegam EN	immune globulin, lyophilized (IVIG)	90283
Octegam	Immune globulin, non-lyophilized (IVIG)	J1568, 90283
Panglobulin/Panglobulin NF	Immune globulin, lyophilized (IVIG)	J1566
Privigen	Immune globulin, non-lyophilized (liquid) 500mg (IVIG)	90283, J1459
Jetrea	ocriplasmin 0.125mg	J7316
Kalbitor	ecallantide	J1290
Kineret	Anakinra	J3490, J3590
Krystexxa	injection, pegloticase 1mg	J2507
Makena	injection, hydroxyprogesterone caproate, 1 mg	J1725
Mozobil	injection, plerixafor 1mg	J2562
Multiple Sclerosis Injectable Therapy All Categories		
MyoBloc (Botulinum toxin type B)	MyoBloc (Botulinum toxin type B)	J0587
Myozyme	alglucosidase Alpha, 10mg	J0220, J0221
Lumizyme	alglucosidase Alpha	J0221
Naglazyme	galsulfase	J1458
Natrecor	nesiritide, 0.1mg	J2325
NPlate	injection, romiplostim, 10mcg	J2796
Nulojix	nesiritide 0.1mg	J0485

Blue Cross Blue Shield Advantage
Part B Drug List

Drug Name or Category of	Generic Name	Applicable Code
Ophthalmic Injections for Macular Degeneration		
Eylea	Aflibercept	J0178
Lucentis	Ranibizumab	J2778
Macugen	Pegaptanib Sodium	J2503
Avastin *for non-cancer use*	bevacizumab	J7999 or J9035
Orencia	abatacept	J0129
Prolastin	Alpha 1-protenase inhibitor – human	J0256
Prolia	denosumab	J0897
Remicade	infliximab	J1745
Reclast	zoledronic acid, 1mng	J3489
Remodulin	tresprostinil,inhalation solution	J7686
Retisert	fluocinolone acetonide, intravitreal implant	J7311
Rituxan	rituximab	J9310
Simponi	golimumab	J3590
Simulect	baxiliximal	J0480
Solaris	eculizumab injection	J1300
Stelara	ustekinumab	J3357
Tysabri	natalizumab	J2323
Vibativ	injection, telavancin 10 mg	J3095
Vimizim	Injection, elosulfase alfa, 1mg	C9022
Vpriv	velaglucerase alfa	J3385
Xeomin	incobotulinumtoxinA 1 unit	J0588
Xgeva	denosumab	J0897
Xiaflex	injection, collagenase clostridium histolyticum, 0.01 mg	J0775
Xolair	omalizumab	J2357
Zemaira	Alpha 1-proteinase inhibitor - human	J0256
Zometa	zoledronic acid	Q2051, J3489
Vivitrol	Naltrexone	J2315