



## 2024 Service Benefit Plan High-Cost Drug Prior Approval Drug List

The Blue Cross and Blue Shield Service Benefit Plan requires prior approval for select drugs when utilizing your medical benefits. To ensure seamless processing, your provider must submit the prior approval request to your local Plan.

**Please note:** The Blue Cross and Blue Shield Service Benefit Plan's coverage of, and out-of-pocket costs for drugs on this list may be different under Standard Option, Basic Option, and FEP Blue Focus.

The High-Cost Drug Prior Approval list, effective January 1, 2024, is provided in the table below. Please be advised that the drug list may be updated quarterly and is subject to change without notice.

Alymsys	Neupogen	Tegsedi
Amvuttra	Nivestym	Trazimera
Avastin	Nyvepria	Truxima
Avsola	Ocrevus	Udenyca
Beovu	Ogivri	Ultomiris
Byooviz	Onpattro	Unbranded Infliximab
Cimerli	Ontruzant	Vabysmo
Epogen	Oxlumo	Vegzelma
Eylea	Procrit	Vyvgart
Eylea HD	Releuko	Vyvgart Hytrulo
Fulphila	Remicade	Zarxio
Fylmetra	Renflexis	Ziextenzo
Givlaari	Retacrit	Zirabev
Granix	Riabni	
Herceptin	Rituxan	
Herceptin Hylecta	Rituxan Hycela	
Herzuma	Rolvedon	
Inflectra	Ruxience	
Ixifi*	Simponi Aria	
Kanjinti	Skyrizi	
Lucentis	Soliris	
Mvasi	Stelara IV	
Neulasta	Stelara SQ	
Neulasta Onpro	Stimufend	

\*This medication is still included on the policy but is not available on the market.