



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Medical oncology prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members

Medications that require authorization by AIM Specialty Health®

Revised February 2021

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Prior authorization for medical oncology and supportive care drugs is required through AIM Specialty Health for Blue Cross' PPO non-Medicare members who are part of the UAW Retiree Medical Benefits Trust, effective Jan. 1, 2019

Note: For information on medical oncology drugs managed by AIM for Blue Cross' PPO fully insured and BCN HMO members, refer to the [Medical oncology prior authorization list for Blue Cross' PPO \(commercial\) fully insured members and BCN HMO \(commercial\) members](#).

You must submit authorization requests prior to administering any of the drugs on this list for those drugs to be eligible for payment.

The medical oncology drug management program applies only to drugs prescribed for oncology indications.

Drugs that require prior authorization by AIM

HCPCS code	Brand name	Generic name	Effective date
J9264	Abraxane®	paclitaxel protein-bound particles	1/1/2019
J9042	Adcetris®	brentuximab vedotin	1/1/2019
J9305	Alimta®	pemetrexed disodium	1/1/2019
J9057	Aliqopa™	copanlisib hcl	1/1/2019
J9302	Arzerra®	ofatumumab	1/1/2019
J9035	Avastin®	bevacizumab	1/1/2019
J9023	Bavencio®	avelumab	1/1/2019
J9036	Belrapzo™	bendamustine hcl	11/20/2020
J9034	Bendeka®	bendamustine hcl	1/1/2019



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HCPCS code	Brand name	Generic name	Effective date
J9229	Besponsa®	inotuzumab ozogamicin	1/1/2019
J9039	Blinicyto®	blinatumomab	1/1/2019
J9308	Cyramza®	ramucirumab	1/1/2019
J9145	Darzalex®	daratumumab	1/1/2019
Q2050	Doxil®	doxorubicin liposomal	11/20/2020
J9176	Empliciti®	elotuzumab	1/1/2019
J9055	Erbix®	cetuximab	1/1/2019
J9246	Evomela®	melphalan hcl	7/1/2020
J0641	Fusilev®	levoleucovorin calcium	1/1/2019
J9301	Gazyva®	obinutuzumab	1/1/2019
J9179	Halaven®	eribulin mesylate	1/1/2019
J9355	Herceptin®	trastuzumab	11/20/2020
J9356	Herceptin Hylecta™	trastuzumab and hyaluronidase-oysk	5/24/2021
Q5113	Herzuma®	trastuzumab- pkrb	5/24/2021
J9173	Imfinzi®	durvalumab	11/20/2020
J9325	Imlygic®	talimogene laherparepvec	11/20/2020
J9315, C9065	Istodax®	romidepsin	1/1/2019
J9207	Ixempra®	ixabepilone	1/1/2019
J9043	Jevtana®	cabazitaxel	1/1/2019
J9354	Kadcyla®	ado-trastuzumab emtansine	1/1/2019
Q5117	Kanjinti™	trastuzumab-anns	4/15/2021



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J9271	Keytruda®	pembrolizumab	1/1/2019
J9047	Kyprolis®	carfilzomib	1/1/2019
Q2049	Lipodox®	doxorubicin hcl	11/20/2020
J2562	Mozobil®	plerixafor	1/1/2019
Q5107	Mvasi™	bevacizumab-awwb	11/20/2020
J9203	Mylotarg™	gemtuzumab ozogamicin	1/1/2019
J2505	Neulasta®, Neulasta® Onpro®	pegfilgrastim	7/1/2019
Q5114	Ogivri™	trastuzumab-dkst	5/24/2021
J9205	Onivyde®	irinotecan hcl liposome	1/1/2019
J9299	Opdivo®	nivolumab	1/1/2019
J9306	Perjeta®	pertuzumab	1/1/2019
J9295	Portrazza®	necitumumab	1/1/2019
Q2043	Provenge®	sipuleucel-t	1/1/2019
J9311	Rituxan Hycela®	rituximab-hyaluronidase human	1/1/2019
J2860	Sylvant®	siltuximab	1/1/2019
J9022	Tecentriq®	atezolizumab	1/1/2019
Q5116	Trazimera™	trastuzumab-qyyp	5/24/2021
J9033	Treanda®	bendamustine hcl	1/1/2019
J9999	Unituxin®	dinutuximab	1/1/2019
J9303	Vectibix®	panitumumab	1/1/2019
J9228	Yervoy®	ipilimumab	1/1/2019



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HCPCS code	Brand name	Generic name	Effective date
J9352	Yondelis®	trabectedin	1/1/2019
J9400	Zaltrap®	ziv-aflibercept	1/1/2019

Drugs that no longer require prior authorization by AIM

HCPCS code	Drug	Start date of prior authorization requirement	End date of prior authorization requirement	Reason
J9285	olatumab (Lartruvo™)	1/1/2019	11/20/2020	Manufacturer access program
J9245	melphalan (Evomela)	1/1/2019	6/30/2020	HCPCS code change