

# Medical oncology prior authorization list for Blue Cross and BCN commercial members

## Medications that require authorization by AIM Specialty Health®

Revised Jan. 24, 2023

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Prior authorization for medical oncology and supportive care drugs is required through AIM Specialty Health for:

- Blue Cross commercial
  - All fully insured members. This includes MESSA members, effective Jan. 1, 2022.
  - Select self-funded groups, including UAW Retiree Medical Benefits Trust. To determine which groups have opted in and the date on which they opted in, see the document titled [AIM medical oncology prior authorization program opt-in list for Blue Cross commercial self-funded groups](#).

Note: For Blue Cross commercial members who have coverage through the UAW Retiree Medical Benefits Trust, see the [Medical oncology prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members](#).

- All BCN commercial members

For BCN commercial members, some drugs also have site-of-care requirements.

You must submit authorization requests to AIM 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 diagnoses.

Note: When prescribing these drugs **for non-oncology diagnoses**, don't submit prior authorization requests to AIM. Instead:

- **For Blue Cross commercial members:** Fax all clinical documentation to the Pharmacy Clinical Help Desk at 1-866-915-9187.
- **For BCN commercial members:** Fax all clinical documentation to the Pharmacy Clinical Help Desk at 1-877-402-7695.

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### Drugs that require prior authorization by AIM

| HCPCS code   | Brand name         | Generic name                       | BCN commercial effective dates |              | Blue Cross commercial effective date <sup>(1)</sup> |
|--------------|--------------------|------------------------------------|--------------------------------|--------------|---|
|              |                    |                                    | Prior authorization            | Site of care |   |
| J9264        | Abraxane®          | paclitaxel protein-bound particles | 8/1/2019                       |              | 12/1/2020   |
| J9305        | Alimta®            | pemetrexed disodium                | 8/1/2019                       |              | 12/1/2020   |
| J9057        | Aliqopa™           | copanlisib hcl                     | 8/1/2019                       |              | 12/1/2020   |
| J9023        | Bavencio®          | avelumab                           | 8/1/2019                       | 9/1/2022     | 12/1/2020   |
| J1448        | Cosela™            | trilaciclib                        | 5/24/2021                      |              | 5/24/2021   |
| J9348        | Danyelza®          | naxitamab-gqgk                     | 4/22/2021                      |              | 4/22/2021   |
| J9145        | Darzalex®          | daratumumab                        | 8/1/2019                       |              | 12/1/2020   |
| J9144        | Darzalex Faspro™   | daratumumab and hyaluronidase-fihj | 7/24/2020                      |              | 12/1/2020   |
| J9269        | Elzonris®          | tagraxofusp-erzs                   | 11/1/2019                      |              | 12/1/2020   |
| J9176        | Empliciti®         | elotuzumab                         | 8/1/2019                       |              | 12/1/2020   |
| J9358        | Enhertu®           | fam-trastuzumab deruxtecan-nxki    | 3/2/2020                       |              | 12/1/2020   |
| J9055        | Erbitux®           | cetuximab                          | 8/1/2019                       |              | 12/1/2020   |
| Q5108        | Fulphila®          | pegflgrastim-jmdb                  | 4/1/2022                       |              | 4/1/2022  |
| J9331        | Fyarro™            | sirolimus protein-bound particles  | 8/16/2022                      |              | 8/16/2022   |
| J3590, C9399 | Flyntra®           | pegfilgrastim-pbbk                 | 3/13/2023                      |              | 3/13/2023   |
| J9356        | Herceptin Hylecta™ | trastuzumab and hyaluronidase-oysk | 11/1/2019                      |              | 12/1/2020   |
| J9173        | Imfinzi®           | durvalumab                         | 8/1/2019                       | 9/1/2022     | 12/1/2020   |
| J9281        | Jelmyto™           | mitomycin                          | 7/24/2020                      |              | 12/1/2020   |
| J9272        | Jemperli™          | dostarlimab-gxly                   | 7/26/2021                      |              | 7/26/2021   |
| J9354        | Kadcyla®           | ado-trastuzumab                    | 8/1/2019                       |              | 12/1/2020   |

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|------------|--------------------------------|---|--------------------------------|--------------|---|
|            |                                |   | Prior authorization            | Site of care |   |
| Q5117      | Kanjinti™                      | trastuzumab-anns                                    | 11/1/2019                      |              | 12/1/2020   |
| J9271      | Keytruda®                      | pembrolizumab                                       | 8/1/2019                       | 9/1/2022     | 12/1/2020   |
| J0642      | Khapzory™                      | levoleucovorin                                      | 8/1/2019                       |              | 12/1/2020   |
| J9274      | Kimtrak®                       | tebentafusp-tebn                                    | 5/23/2022                      |              | 5/23/2022   |
| J2820      | Leukine®                       | sargramostim  | 8/1/2019                       |              | 12/1/2020   |
| J9119      | Libtayo®                       | cemiplimab-rwic                                     | 10/1/2019                      | 9/1/2022     | 12/1/2020   |
| J9313      | Lumoxiti®                      | moxetumomab pasudotox-tdfk                          | 10/1/2019                      |              | 12/1/2020   |
| J9353      | Margenza®                      | margetuximab-cmkb                                   | 4/22/2021                      |              | 4/22/2021   |
| J9349      | Monjuvi®                       | tafasitamab-cxix                                    | 11/20/2020                     |              | 1/18/2021   |
| Q5107      | Mvasi™                         | bevacizumab-awwb                                    | 8/1/2019                       |              | 12/1/2020   |
| J2506      | Neulasta®;<br>Neulasta® OnPro® | pegfilgrastim                                       | 8/1/2019                       |              | 12/1/2020   |
| Q5110      | Nivestym®                      | filgrastim-aafi                                     | 8/1/2019                       |              | 4/1/2021  |
| J9205      | Onivyde®                       | irinotecan liposome                                 | 8/1/2019                       |              | 12/1/2020   |
| J9299      | Opdivo®                        | nivolumab   | 8/1/2019                       | 9/1/2022     | 12/1/2020   |
| J9298      | Opdualag™                      | nivolumab and relatlimab-rmbw                       | 12/1/2022                      |              | 12/1/2022   |
| J9177      | Padcev™                        | enfortumab vedotin-ejfv                             | 3/2/2020                       |              | 12/1/2020   |
| J9314      | pemetrexed, generic            | pemetrexed, not therapeutically equivalent to J9305 | 1/1/2023                       |              | 1/1/2023  |
| J9304      | Pemfexy®                       | pemetrexed  | 2/9/2023                       |              | 2/9/2023  |
| J9306      | Perjeta®                       | pertuzumab  | 8/1/2019                       |              | 12/1/2020   |



Nonprofit corporations and independent licensees  
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| HCPCS code | Brand name      | Generic name                                   | BCN commercial effective dates |              | Blue Cross commercial effective date <sup>(1)</sup> |
|------------|-----------------|--|--------------------------------|--------------|---|
|            |                 |  | Prior authorization            | Site of care |   |
| J9316      | Phesgo™         | pertuzumab, trastuzumab and hyaluronidase–zzxf | 9/25/2020                      |              | 12/1/2020   |
| J9309      | Polivy™         | polatuzumab vedotin-piiq                       | 11/1/2019                      |              | 12/1/2020   |
| J9204      | Poteligeo®      | mogamulizumab-kpkc                             | 8/1/2019                       |              | 12/1/2020   |
| J9311      | Rituxan Hycela® | rituximab-hyaluronidase human                  | 8/1/2019                       |              | 12/1/2020   |
| J9061      | Rybrevant™      | amivantamab-vmjw                               | 9/27/2021                      |              | 9/27/2021   |
| J9227      | Sarclisa®       | isatuximab-irfc                                | 5/15/2020                      |              | 12/1/2020   |
| J9022      | Tecentriq®      | atezolizumab                                   | 8/1/2019                       | 9/1/2022     | 12/1/2020   |
| J9273      | Tivdak®         | tisotumab vedotin-tftv                         | 5/23/2022                      |              | 5/23/2022   |
| Q5116      | Trazimera™      | trastuzumab-gyyp                               | 11/1/2019                      |              | 12/1/2020   |
| J9317      | Trodelyv™       | sacituzumab govitecan-hziy                     | 7/24/2020                      |              | 12/1/2020   |
| J9303      | Vectibix®       | panitumumab                                    | 8/1/2019                       |              | 12/1/2020   |
| J9228      | Yervoy®         | ipilimumab                                     | 8/1/2019                       | 9/1/2022     | 12/1/2020   |
| J9352      | Yondelis®       | trabectedin                                    | 8/1/2019                       |              | 12/1/2020   |
| Q5101      | Zarxio®         | filgrastim-sndz                                | 8/1/2019                       |              | 4/1/2021  |
| Q5120      | Ziextenzo®      | pegfilgrastim-bmez                             | 4/1/2022                       |              | 4/1/2022  |
| Q5118      | Zirabev™        | bevacizumab-bvzr                               | 11/1/2019                      |              | 12/1/2020   |
| J9359      | Zynlonta™       | loncastuximab tesirine-lpyl                    | 7/26/2021                      |              | 7/26/2021   |

<sup>(1)</sup> For drugs with effective dates prior to Jan. 1, 2022, the prior authorization requirement is effective for MESSA members for dates of service on or after Jan. 1, 2022. To view a list of self-funded groups that have opted in to this program and the prior authorization effective dates for those groups, see the document titled [AIM medical oncology prior authorization program opt-in list for Blue Cross commercial self-funded groups](#).

## Medical oncology prior authorization list for Blue Cross and BCN commercial members

Medications that require authorization by AIM Specialty Health®

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### Blue Cross and BCN commercial preferred oncology drugs

| HCPCS code      | Drug  | Preferred product | Nonpreferred product | Start date | Authorization required | Submit request through |
|-----------------|---|-------------------|----------------------|------------|------------------------|------------------------|
| Q5107           | bevacizumab-awwb (Mvasi™)                     | X                 |                      | 4/1/2021   | X                      | AIM                    |
| Q5118           | bevacizumab-bvzr (Zirabev™)                   | X                 |                      | 4/1/2021   | X                      | AIM                    |
| J9035           | bevacizumab (Avastin®)                        |                   | X                    | 4/1/2021   | X                      | NovoLogix®             |
| Q5126           | bevacizumab-maly (Alymsys®)                   |                   | X                    | 8/25/2022  | X                      | NovoLogix              |
| Q5117           | trastuzumab-anns (Kanjinti™)                  | X                 |                      | 4/1/2021   | X                      | AIM                    |
| Q5116           | trastuzumab-gyyp (Trazimera™)                 | X                 |                      | 4/1/2021   | X                      | AIM                    |
| J9355           | trastuzumab (Herceptin®)                      |                   | X                    | 4/1/2021   | X                      | NovoLogix              |
| Q5113           | trastuzumab-pkrb (Herzuma®)                   |                   | X                    | 4/1/2021   | X                      | NovoLogix              |
| Q5114           | trastuzumab-dkst (Ogivri®)                    |                   | X                    | 4/1/2021   | X                      | NovoLogix              |
| Q5112           | trastuzumab-dttb (Ontruzant®)                 |                   | X                    | 4/1/2021   | X                      | NovoLogix              |
| J2506           | pegfilgrastim (Neulasta®/Neulasta®<br>Onpro®) | X                 |                      | 4/1/2021   | X                      | AIM                    |
| Q5120           | pegfilgrastim-bmez (Ziextenzo®)               | X                 |                      | 4/1/2022   | X                      | AIM                    |
| Q5108           | pegfilgrastim-jmdb (Fulphila®)                | X                 |                      | 4/1/2022   | X                      | AIM                    |
| Q5122           | pegfilgrastim-apgf (Nyvepria™)                |                   | X                    | 4/1/2022   | X                      | Novologix              |
| Q5111           | pegfilgrastim-cbqv (Udenyca®)                 |                   | X                    | 4/1/2021   | X                      | NovoLogix              |
| J3590,<br>C9399 | pegfilgrastim-fpgk (Stimufend®)               |                   | X                    | 2/2/2023   | X                      | NovoLogix              |
| J3590,<br>C9399 | pegfilgrastim-pbbk (Fylnetra®)                |                   | X                    | 3/13/2023  | X                      | NovoLogix              |
| J3590,<br>C9399 | eflapragrastim-xnst (Rolvedon™)               |                   | X                    | 3/13/2023  | X                      | NovoLogix              |

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| HCPCS code | Drug                        | Preferred product | Nonpreferred product | Start date | Authorization required | Submit request through |
|------------|-----------------------------|-------------------|----------------------|------------|------------------------|------------------------|
| Q5119      | rituximab-pvvr (Ruxience®)  | X                 |                      | 4/1/2021   |                        |                        |
| Q5123      | rituximab-arrx (Riabni™)    | X                 |                      | 4/1/2021   |                        |                        |
| J9312      | rituximab (Rituxan®)        |                   | X                    | 4/1/2021   | X                      | NovoLogix              |
| Q5115      | rituximab-abbs (Truxima®)   |                   | X                    | 4/1/2021   | X                      | NovoLogix              |
| Q5101      | filgrastim-sndz (Zarxio®)   | X                 |                      | 10/1/2020  | X                      | AIM                    |
| Q5110      | filgrastim-aafi (Nivestym®) | X                 |                      | 10/1/2020  | X                      | AIM                    |
| J1447      | tbo-filgrastim (Granix®)    |                   | X                    | 10/1/2020  | X                      | NovoLogix              |
| J1442      | filgrastim (Neupogen®)      |                   | X                    | 10/1/2020  | X                      | NovoLogix              |
| Q5125      | filgrastim-ayow (Releuko®)  |                   | X                    | 11/1/2022  | X                      | NovoLogix              |

## Drugs that no longer require prior authorization by AIM

| HCPCS code | Drug                                 | BCN commercial start date | Blue Cross commercial start date | End date   | Reason                 |
|------------|--------------------------------------|---------------------------|----------------------------------|------------|------------------------|
| J9042      | Adcetris® (brentuximab vedotin)      | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed |
| J9302      | Arzerra® (ofatumumab)                | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed |
| J9118      | Asparlas™ (calaspargase pegol-mknl)  | 11/1/2019                 | 12/1/2020                        | 12/31/2022 | PA requirement removed |
| J9036      | Belrapzo™ (bendamustine hcl)         | 11/1/2019                 | 12/1/2020                        | 12/31/2022 | PA requirement removed |
| J9034      | Bendeka® (bendamustine hcl)          | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed |
| J9229      | Besponsa® (inotuzumab ozogamicin)    | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed |
| J9037      | Blenrep™ (belantamab mafodotin-blmf) | 11/20/2020                | 1/19/2021                        | 12/31/2022 | Market withdrawal      |



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| HCPCS code      | Drug                                | BCN commercial start date | Blue Cross commercial start date | End date   | Reason                                  |
|-----------------|-------------------------------------|---------------------------|----------------------------------|------------|---|
| J9039           | Blinicyto® (blinatumomab)           | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed                  |
| J9308           | Cyramza® (ramucirumab)              | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed                  |
| Q2050           | Doxil® (doxorubicin liposomal)      | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed                  |
| J9245           | Evomela® (melphalan)                | 8/1/2019                  | 12/1/2020                        | 6/30/2020  | HCPCS code changed to J9246 on 7/1/2020 |
| J9246           | Evomela® (melphalan)                | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed                  |
| J0641           | Fusilev® (levoleucovorin)           | 8/1/2019                  | 12/1/2020                        | 5/31/2022  | Market withdrawal                       |
| J9301           | Gazyva® (obinutuzumab)              | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed                  |
| J9179           | Halaven® (eribulin)                 | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed                  |
| J9325           | Imlygic® (talimogene laherparepvec) | 8/24/2020                 | 12/1/2020                        | 12/31/2022 | PA requirement removed                  |
| J9319,<br>J9318 | Istodax® (romidepsin)               | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed                  |
| J9207           | Ixempra® (ixabepilone)              | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed                  |
| J9043           | Jevtana® (cabazitaxel)              | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed                  |
| J9047           | Kyprolis® (carfilzomib)             | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed                  |
| Q2049           | Lipodox® (doxorubicin liposomal)    | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed                  |
| J2562           | Mozobil® (plerixafor)               | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed                  |
| J9203           | Mylotarg™ (gemtuzumab ozogamicin)   | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed                  |
| J2505           | Neulasta® (pegfilgrastim)           | 8/1/2019                  | 12/1/2020                        | 12/31/2021 | HCPCS code changed to J2506 on 1/1/2022 |
| J9247           | Pepaxto® (melphalan flufenamide)    | 5/24/2021                 | 5/24/2021                        | 11/15/2021 | Market withdrawal                       |



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|-------------------------------------|-----------------------------|---------------------------|----------------------------------|------------|------------------------|
| J9295                               | Portrazza® (necitumumab)    | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed |
| Q2043                               | Provenge® (sipuleucel-t)    | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed |
| J2860                               | Sylvant® (siltuximab)       | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed |
| J9033                               | Treanda® (bendamustine hcl) | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed |
| J3490,<br>J3590,<br>J9999,<br>C9399 | Unituxin® (dinutuximab)     | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed |
| J9400                               | Zaltrap® (ziv-aflibercept)  | 8/1/2019                  | 12/1/2020                        | 12/31/2022 | PA requirement removed |
| J9223                               | Zepzelca™ (lurbinectedin)   | 9/25/2020                 | 12/1/2020                        | 12/31/2022 | PA requirement removed |

AIM Specialty Health is an independent company that manages authorizations of select services for Blue Cross Blue Shield of Michigan and Blue Care Network.