

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

Medications that require authorization by AIM Specialty Health®

Revised January 2021

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

- For Blue Cross commercial fully insured members who are not part of the UAW Retiree Medical Benefits Trust, effective Dec. 1, 2020

Note: For information on medical oncology drugs managed by AIM for Blue Cross commercial members under the UAW Retiree Medical Benefits Trust, refer to the [Medical oncology prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members](#).

- For BCN commercial members, effective Aug. 1, 2019

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	BCN commercial effective date	Blue Cross commercial effective date
J9264	Abraxane®	paclitaxel protein-bound particles	8/1/2019	12/1/2020
J9042	Adcetris®	brentuximab vedotin	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
J9302	Arzerra®	ofatumumab	8/1/2019	12/1/2020
J9118	Asparlas™	calaspargase pegol-mknl	11/1/2019	12/1/2020
J9035	Avastin®	bevacizumab	8/1/2019	12/1/2020



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J9023	Bavencio®	avelumab	8/1/2019	12/1/2020
J9036	Belrapzo™	bendamustine hcl	11/1/2019	12/1/2020
J9034	Bendeka®	bendamustine hcl	8/1/2019	12/1/2020
J9229	Besponsa®	inotuzumab ozogamicin	8/1/2019	12/1/2020
C9069	Blenrep	belantamab mafodotin-blmf	11/20/2020	No authorization required
J9039	Blinicyto®	blinatumomab	8/1/2019	12/1/2020
J9308	Cyramza®	ramucirumab	8/1/2019	12/1/2020
J9145	Darzalex®	daratumumab	8/1/2019	12/1/2020
J9144	Darzalex Faspro™	daratumumab and hyaluronidase-fihj	7/24/2020	12/1/2020
Q2050	Doxil®	doxorubicin liposomal	8/1/2019	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
J9246	Evomela®	melphalan	7/1/2020	12/1/2020
Q5108	Fulphila®	pegfilgrastim-jmdb	8/1/2019	12/1/2020
J0641	Fusilev®	levoleucovorin	8/1/2019	12/1/2020 ⁽¹⁾
J9301	Gazyva®	obinutuzumab	8/1/2019	12/1/2020
J1447	Granix®	tbo-filgrastim	8/1/2019	Submit authorization requests using the NovoLogix® web tool, for all dates of service on or after 10/1/2020



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J9179	Halaven®	eribulin	8/1/2019	12/1/2020
J9355	Herceptin®	trastuzumab	8/1/2019	12/1/2020
J9356	Herceptin Hylecta™	trastuzumab and hyaluronidase-oysk	11/1/2019	12/1/2020
Q5113	Herzuma®	trastuzumab-pkrb	11/1/2019	12/1/2020
J9173	Imfinzi®	durvalumab	8/1/2019	12/1/2020
J9325	Imlygic®	talimogene laherparepvec	8/24/2020	12/1/2020
J9315, C9065	Istodax®	romidepsin	8/1/2019	12/1/2020
J9207	Ixempra®	ixabepilone	8/1/2019	12/1/2020
J9281	Jelmyto™	mitomycin	7/24/2020	12/1/2020
J9043	Jevtana®	cabazitaxel	8/1/2019	12/1/2020
J9354	Kadcyla®	ado-trastuzumab	8/1/2019	12/1/2020
Q5117	Kanjinti™	trastuzumab-anns	11/1/2019	12/1/2020
J9271	Keytruda®	pembrolizumab	8/1/2019	12/1/2020
J0642	Khapzory™	levoleucovorin	8/1/2019	12/1/2020 ⁽¹⁾
J9047	Kyprolis®	carfilzomib	8/1/2019	12/1/2020
J2820	Leukine®	sargramostim	8/1/2019	12/1/2020
J9119	Libtayo®	cemiplimab-rwic	10/1/2019	12/1/2020
Q2049	Lipodox®	doxorubicin liposomal	8/1/2019	12/1/2020
J9313	Lumoxiti®	moxetumomab pasudotox-tdfk	10/1/2019	12/1/2020
C9070	Monjuvi®	tafasitamab-cxix	11/20/2020	No authorization required
J2562	Mozobil®	plerixafor	8/1/2019	12/1/2020
Q5107	Mvasi™	bevacizumab-awwb	8/1/2019	12/1/2020



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J9203	Mylotarg™	gemtuzumab ozogamicin	8/1/2019	12/1/2020
J2505	Neulasta®; Neulasta® OnPro®	pegfilgrastim	8/1/2019	12/1/2020
J1442	Neupogen®	filgrastim	8/1/2019	Submit authorization requests using the NovoLogix web tool, for all dates of service on or after 10/1/2020
Q5110	Nivestym®	filgrastim-aafi	8/1/2019	No authorization required
Q5122	Nyvepria™	pegfilgrastim-apgf	9/25/2020	12/1/2020
Q5114	Ogivri®	trastuzumab-dkst	11/1/2019	12/1/2020
J9205	Onivyde®	irinotecan liposome	8/1/2019	12/1/2020
Q5112	Ontruzant®	trastuzumab-dttb	11/1/2019	12/1/2020
J9299	Opdivo®	nivolumab	8/1/2019	12/1/2020
J9177	Padcev™	enfortumab vedotin-ejfv	3/2/2020	12/1/2020
J9306	Perjeta®	pertuzumab	8/1/2019	12/1/2020
J9316	Phesgo™	pertuzumab, trastuzumab and hyaluronidase-zzxf	9/25/2020	12/1/2020
J9309	Polivy™	polatuzumab vedotin-piiq	11/1/2019	12/1/2020
J9295	Portrazza®	necitumumab	8/1/2019	12/1/2020
J9204	Poteligeo®	mogamulizumab-kpkc	8/1/2019	12/1/2020
Q2043	Provenge®	sipuleucel-t	8/1/2019	12/1/2020
J9311	Rituxan Hycela®	rituximab-hyaluronidase human	8/1/2019	12/1/2020
J9227	Sarclisa®	isatuximab-irfc	5/15/2020	12/1/2020



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J2860	Sylvant®	siltuximab	8/1/2019	12/1/2020
J9022	Tecentriq®	atezolizumab	8/1/2019	12/1/2020
Q5116	Trazimera™	trastuzumab-gyyp	11/1/2019	12/1/2020
J9033	Treanda®	bendamustine hcl	8/1/2019	12/1/2020
J9317	Trodely™	sacituzumab govitecan-hziy	7/24/2020	12/1/2020
Q5111	Udenyca®	pegfilgrastim-cbqv	8/1/2019	12/1/2020
J3490, J3590, J9999, C9399	Unituxin®	dinutuximab	8/1/2019	12/1/2020
J9303	Vectibix®	panitumumab	8/1/2019	12/1/2020
J9228	Yervoy®	ipilimumab	8/1/2019	12/1/2020
J9352	Yondelis®	trabectedin	8/1/2019	12/1/2020
J9400	Zaltrap®	ziv-aflibercept	8/1/2019	12/1/2020
Q5101	Zarxio®	filgrastim-sndz	8/1/2019	No authorization required
J9223	Zepzelca™	lurbinectedin	9/25/2020	12/1/2020
Q5120	Ziextenzo®	pegfilgrastim-bmez	2/5/2020	12/1/2020
Q5118	Zirabev™	bevacizumab-bvzr	11/1/2019	12/1/2020

(1) For dates of service prior to Dec. 1, 2020, submit authorization requests using the NovoLogix web tool.

Drugs that no longer require prior authorization by AIM

HCPCS code	Drug	Plan	Start date of prior authorization requirement	End date of prior authorization requirement	Reason
J9245	melphalan (Evomela)	BCN commercial	8/1/2019	6/30/2020	HCPCS code change