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

Medications that require authorization by AIM Specialty Health®

Revised May 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 commercial fully insured and BCN commercial members, refer to the [Medical oncology prior authorization list for Blue Cross commercial fully insured and BCN 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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|--------------|--------------------|------------------------------------|----------------|
| 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        | Erbitux®           | 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       |
| Q5110      | Nivestym®                   | filgrastim-aafi               | 6/24/2021      |
| Q5114      | Ogivri™                     | trastuzumab-dkst              | 5/24/2021      |
| J9205      | Onivyde®                    | irinotecan hcl liposome       | 1/1/2019       |
| Q5112      | Ontruzant®                  | trastuzumab-dttb              | 6/24/2021      |
| J9299      | Opdivo®                     | nivolumab                     | 1/1/2019       |
| J9306      | Perjeta®                    | pertuzumab                    | 1/1/2019       |
| J9204      | Poteligeo®                  | mogamulizumab-kpkc            | 9/7/2021       |
| 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       |



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|------------|------------|--------------------|----------------|
| Q5111      | Udenyca®   | pegfilgrastim-cbqv | 6/24/2021      |
| J9999      | Unituxin®  | dinutuximab        | 1/1/2019       |
| J9303      | Vectibix®  | panitumumab        | 1/1/2019       |
| J9228      | Yervoy®    | ipilimumab         | 1/1/2019       |
| J9352      | Yondelis®  | trabectedin        | 1/1/2019       |
| J9400      | Zaltrap®   | ziv-aflibercept    | 1/1/2019       |
| Q5120      | Ziextenzo® | pegfilgrastim-bmez | 6/24/2021      |
| Q5118      | Zirabev™   | bevacizumab-bvzr   | 6/24/2021      |

### 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      | olaratumab (Lartruvo™) | 1/1/2019                                      | 11/20/2020                                  | Manufacturer access program |
| J9245      | melphalan (Evomela)    | 1/1/2019                                      | 6/30/2020                                   | HCPCS code change           |