



# Medical oncology prior authorization list for Blue Cross commercial fully insured and BCN commercial 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 commercial fully insured members who are not part of the UAW Retiree Medical Benefits Trust or Michigan Education Special Services Association, 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.



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

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### 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
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
J9037	Blenrep	belantamab mafodotin-blmf	11/20/2020	1/18/2021
J9039	Blinicyto®	blinatumomab	8/1/2019	12/1/2020
J3490, J3590, J9999, C9399	Cosela™	trilaciclib	5/24/2021	5/24/2021
J9308	Cyramza®	ramucirumab	8/1/2019	12/1/2020
J3490, J3590, J9999, C9399	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
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



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J9055	Erbitux®	cetuximab	8/1/2019	12/1/2020
J9246	Evomela®	melphalan	7/1/2020	12/1/2020
J0641	Fusilev®	levoleucovorin	8/1/2019	12/1/2020 <sup>(1)</sup>
J9301	Gazyva®	obinutuzumab	8/1/2019	12/1/2020
J9179	Halaven®	eribulin	8/1/2019	12/1/2020
J9356	Herceptin Hylecta™	trastuzumab and hyaluronidase-oysk	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
J3490, J3590, J9999, C9399	Jemperli™	dostarlimab-gxly	7/26/2021	7/26/2021
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 <sup>(1)</sup>
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



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J3490, J3590, J9999, C9399	Margenza™	margetuximab-cmkb	4/22/2021	4/22/2021
J9349	Monjuvi®	tafasitamab-cxix	11/20/2020	1/18/2021
J2562	Mozobil®	plerixafor	8/1/2019	12/1/2020
Q5107	Mvasi™	bevacizumab-awwb	8/1/2019	12/1/2020
J9203	Mylotarg™	gemtuzumab ozogamicin	8/1/2019	12/1/2020
J2505	Neulasta®; Neulasta® OnPro®	pegfilgrastim	8/1/2019	12/1/2020
Q5110	Nivestym®	filgrastim-aafi	8/1/2019	4/1/2021
Q5122	Nyvepria™	pegfilgrastim-apgf	9/25/2020	12/1/2020
J9205	Onivyde®	irinotecan liposome	8/1/2019	12/1/2020
J9299	Opdivo®	nivolumab	8/1/2019	12/1/2020
J9177	Padcev™	enfortumab vedotin-ejfv	3/2/2020	12/1/2020
J3490, J3590, J9999, C9399	Pepaxto®	melphalan flufenamide	5/24/2021	5/24/2021
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
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	4/1/2021
J9223	Zepzelca™	lurbinectedin	9/25/2020	12/1/2020
Q5118	Zirabev™	bevacizumab-bvzr	11/1/2019	12/1/2020
J3490, J3590, J9999, C9399	Zynlonta™	loncastuximab tesirine-lpyl	7/26/2021	7/26/2021

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



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### Drugs that no longer require prior authorization by AIM

HCPCS code	Drug	Commercial plan	Prior authorization requirement		Reason
			Start date	End date	
J9035	bevacizumab (Avastin®)	BCN	8/1/2019	4/1/2021	Non-preferred bevacizumab product. See the "Blue Cross and BCN commercial preferred oncology drugs" section below.
J9035	bevacizumab (Avastin®)	Blue Cross	12/1/2020	4/1/2021	
J1442	filgrastim (Neupogen®)	BCN	8/1/2019	4/1/2021	Non-preferred filgrastim product. See the "Blue Cross and BCN commercial preferred oncology drugs" section below.
J1447	tbo-filgrastim (Granix®)	BCN	8/1/2019	4/1/2021	
Q5108	pegfilgrastim-jmdb (Fulphila®)	BCN	8/1/2019	4/1/2021	Non-preferred pegfilgrastim product. See the "Blue Cross and BCN commercial preferred oncology drugs" section below.
Q5108	pegfilgrastim-jmdb (Fulphila®)	Blue Cross	12/1/2020	4/1/2021	
Q5111	pegfilgrastim-cbqv (Udenyca®)	BCN	8/1/2019	4/1/2021	
Q5111	pegfilgrastim-cbqv (Udenyca®)	Blue Cross	12/1/2020	4/1/2021	
Q5120	pegfilgrastim-bmez (Ziextenzo®)	BCN	2/5/2020	4/1/2021	
Q5120	pegfilgrastim-bmez (Ziextenzo®)	Blue Cross	12/1/2020	4/1/2021	
J9355	trastuzumab (Herceptin®)	BCN	8/1/2019	4/1/2021	Non-preferred trastuzumab product. See the "Blue Cross and BCN commercial preferred oncology drugs" section below.
J9355	trastuzumab (Herceptin®)	Blue Cross	12/1/2020	4/1/2021	
Q5113	trastuzumab-pkrb (Herzuma®)	BCN	11/1/2019	4/1/2021	
Q5113	trastuzumab-pkrb (Herzuma®)	Blue Cross	12/1/2020	4/1/2021	
Q5114	trastuzumab-dkst (Ogivri®)	BCN	11/1/2019	4/1/2021	
Q5114	trastuzumab-dkst (Ogivri®)	Blue Cross	12/1/2020	4/1/2021	
Q5112	trastuzumab-dttb (Ontruzant®)	BCN	11/1/2019	4/1/2021	
Q5112	trastuzumab-dttb (Ontruzant®)	Blue Cross	12/1/2020	4/1/2021	
J9245	melphalan (Evomela®)	BCN	8/1/2019	6/30/2020	HCPCS code change



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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
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
J2505	pegfilgrastim (Neulasta®/Neulasta® Onpro®)	X		4/1/2021	X	AIM
Q5122	pegfilgrastim-apgf (Nyvepria™)	X		4/1/2021	X	AIM
Q5111	pegfilgrastim-cbqv (Udenyca®)		X	4/1/2021	X	NovoLogix
Q5108	pegfilgrastim-jmdb (Fulphila®)		X	4/1/2021	X	NovoLogix
Q5120	pegfilgrastim-bmez (Ziextenzo®)		X	4/1/2021	X	NovoLogix
Q5119	rituximab-pvvr (Ruxience®)	X		4/1/2021		
J3590	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