

Oncology Value Management program prior authorization list for Blue Cross and BCN commercial members

Medications that require authorization by OncoHealth

November 2024

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Prior authorization for medical oncology and supportive care drugs is required through the Oncology Value Management program, which is administered by OncoHealth for dates of service on or after Jan. 1, 2025.

The following Blue Cross Blue Shield of Michigan and Blue Care Network commercial members have requirements under this program:

- All fully insured members and all members with individual coverage
- Most self-funded groups — To determine which groups participate, see the document titled [Oncology Value Management program participation list for commercial self-funded groups](#).

Note: For Blue Cross commercial UAW Retiree Medical Benefits Trust members, Carelon Medical Benefits Management manages prior authorizations for medical oncology and supportive care drugs. See the [Oncology Value Management program prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members](#).

To be eligible for payment, you must submit prior authorization requests to OncoHealth prior to administering drugs on this list.

For additional information, see the document titled [Oncology Value Management program through OncoHealth: FAQs for providers](#).

Note: When prescribing these drugs **for non-oncology diagnoses**, don't submit prior authorization requests to OncoHealth. Instead, fax all clinical documentation to the Pharmacy Clinical Help Desk at 1-877-325-5979.

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Drugs that require prior authorization by OncoHealth

HCPCS code	Brand name	Generic name	BCN commercial effective dates		Blue Cross commercial effective date	
			Prior authorization	Site of care	Prior authorization	Site of care
J9264	Abraxane® Effective 1/1/2025, must try and fail generic paclitaxel	paclitaxel protein-bound particles	8/1/2019		12/1/2020	
J9305	Alimta®	pemetrexed disodium	8/1/2019		12/1/2020	
J9023	Bavencio®	avelumab	8/1/2019	9/1/2022	12/1/2020	3/15/2024
J9286	Columvi™	glofitamab-gxbm	3/1/2024		3/1/2024	
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	8/1/2024	12/1/2020	8/1/2024
J9063	Elahere™	mirvetuximab soravtansine-gynx	8/23/2023		8/23/2023	
J1323	Elrexfio™	elranatamab-bcmm	6/20/2024		6/20/2024	
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	
J9321	Epkinly™	epcoritamab-bysp	3/1/2024		3/1/2024	
J9055	Erbitux®	cetuximab	8/1/2019		12/1/2020	
Q5108	Fulphila®	pegfilgrastim-jmdb	1/1/2025		1/1/2025	
J9331	Fyarro™	sirolimus protein-bound particles	8/16/2022		8/16/2022	
J9356	Herceptin Hylecta™	trastuzumab and hyaluronidase-oysk	11/1/2019	8/1/2024	12/1/2020	8/1/2024



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

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			Prior authorization	Site of care	Prior authorization	Site of care
J9173	Imfinzi®	durvalumab	8/1/2019	9/1/2022	12/1/2020	3/15/2024
J9347	Imjudo®	tremelimumab-actl	8/23/2023	3/1/2024	8/23/2023	3/15/2024
J9281	Jelmyto™	mitomycin	7/24/2020		12/1/2020	
J9272	Jemperli™	dostarlimab-gxly	7/26/2021	7/1/2023	7/26/2021	3/15/2024
J9354	Kadcyla®	ado-trastuzumab	8/1/2019		12/1/2020	
Q5117	Kanjinti™	trastuzumab-anns	11/1/2019	8/1/2024	12/1/2020	8/1/2024
J9271	Keytruda®	pembrolizumab	8/1/2019	9/1/2022	12/1/2020	3/15/2024
J0642	Khapzory™	levoleucovorin	8/1/2019		12/1/2020	
J9274	Kimmtrak®	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	3/15/2024
J3263	Loqtorzi®	toripalimab-tpzi	8/15/2024	8/15/2024	8/15/2024	8/15/2024
J9350	Lunsumio™	mosunetuzumab-axgb	8/23/2023		8/23/2023	
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	8/1/2024	12/1/2020	8/1/2024
Q5110	Nivestym®	filgrastim-aafi	8/1/2019		4/1/2021	
Q5122	Nyvepria™	pegfilgrastim-apgf	1/1/2024		1/1/2024	
Q5114	Ogivri®	trastuzumab-dkst	1/1/2024	8/1/2024	1/1/2024	8/1/2024
J9205	Onivyde®	irinotecan liposome	8/1/2019		12/1/2020	
J9299	Opdivo®	nivolumab	8/1/2019	9/1/2022	12/1/2020	3/15/2024



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J9298	Opdualag™	nivolumab and relatlimab-rmbw	12/1/2022	7/1/2023	12/1/2022	3/15/2024
J9177	Padcev™	enfortumab vedotin-ejfv	3/2/2020		12/1/2020	
J9259	paclitaxel protein-bound particles, generic	paclitaxel protein-bound particles, not therapeutically equivalent to J9264	7/1/2023		7/1/2023	
J9258	paclitaxel protein-bound particles, generic	paclitaxel protein-bound particles, not therapeutically equivalent to J9264	1/1/2024		1/1/2024	
J9314	pemetrexed, generic	pemetrexed, not therapeutically equivalent to J9305	1/1/2023		1/1/2023	
J9294, J9296, J9297	pemetrexed, generic	pemetrexed, not therapeutically equivalent to J9305	4/1/2023		4/1/2023	
J9322, J9323	pemetrexed, generic	pemetrexed, not therapeutically equivalent to J9305	7/1/2023		7/1/2023	
J9304	Pemfexy® — Effective 4/26/2024, this drug is nonpreferred. Must try and fail at least two of the following: Alimta or pemetrexed generics	pemetrexed	2/9/2023		2/9/2023	
J9324	Pemrydi RTU® — Effective 8/1/2024, this drug is nonpreferred. Must try and fail at least two of the following: Alimta or pemetrexed generics	pemetrexed	1/1/2024		1/1/2024	
J9306	Perjeta®	pertuzumab	8/1/2019	8/1/2024	12/1/2020	8/1/2024



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J9316	Phesgo™	pertuzumab, trastuzumab and hyaluronidase–zxxf	9/25/2020	8/1/2024	12/1/2020	8/1/2024
J9309	Polivy™	polatuzumab vedotin-piiq	11/1/2019		12/1/2020	
J9204	Poteligeo®	mogamulizumab-kpkc	8/1/2019		12/1/2020	
J0896	Reblozyl®	luspatercept-aamt	1/1/2025	1/1/2025	1/1/2025	1/1/2025
J9311	Rituxan Hycela®	rituximab-hyaluronidase human	8/1/2019	8/1/2024	12/1/2020	8/1/2024
J9061	Rybrevant™	amivantamab-vmjw	9/27/2021		9/27/2021	
J9227	Sarclisa®	isatuximab-irfc	5/15/2020		12/1/2020	
J3055	Talvey™	talquetamab-tgvs	6/20/2024		6/20/2024	
J9022	Tecentriq®	atezolizumab	8/1/2019	9/1/2022	12/1/2020	3/15/2024
J9380	Tecvayli™	teclistamab-cqyv	8/23/2023		8/23/2023	
J9329	Tevimbra®	tislelizumab-jsgr	1/1/2025	1/1/2025	1/1/2025	1/1/2025
J9273	Tivdak®	tisotumab vedotin-tftv	5/23/2022		5/23/2022	
J9317	Trodelyv™	sacituzumab govitecan-hziy	7/24/2020		12/1/2020	
Q5111	Udenyca®/Udenyca Onbody™	pegfilgrastim-cbqv	1/1/2025		1/1/2025	
J9303	Vectibix®	panitumumab	8/1/2019		12/1/2020	
J9228	Yervoy®	ipilimumab	8/1/2019	9/1/2022	12/1/2020	3/15/2024
J9352	Yondelis®	trabectedin	8/1/2019		12/1/2020	
Q5101	Zarxio®	filgrastim-sndz	8/1/2019		4/1/2021	
Q5118	Zirabev™	bevacizumab-bvzr	1/1/2025	1/1/2025	1/1/2025	1/1/2025
J9359	Zynlonta™	loncastuximab tesirine-lpyl	7/26/2021		7/26/2021	



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J9345	Zynyz™	retifanlimab-dlwr	12/10/2023	3/1/2024	12/10/2023	3/15/2024

Blue Cross and BCN commercial biosimilar drug preferences

HCPCS code	Drug	Preferred product	Nonpreferred product	Start date	Requirement		Submit request through
					Authorization	Site of care	
Q5107	bevacizumab-awwb (Mvasi™)	X		4/1/2021	X	X	OncoHealth
Q5118	bevacizumab-bvzr (Zirabev™)	X		1/1/2025	X	X	OncoHealth
J9035	bevacizumab (Avastin®)		X	4/1/2021	X		NovoLogix
Q5126	bevacizumab-maly (Alymsys®)		X	8/25/2022	X		NovoLogix
Q5129	bevacizumab-adcd (Vegzelma®)		X	3/9/2023	X		NovoLogix
NOC*	bevacizumab-tnjn (Avzivi®)		X	1/1/2024	X		NovoLogix
Q5117	trastuzumab-anns (Kanjinti™)	X		4/1/2021	X	X	OncoHealth
Q5114	trastuzumab-dkst (Ogivri®)	X		1/1/2024	X	X	OncoHealth
Q5116	trastuzumab-gyyp (Trazimera™)		X	1/1/2024	X		NovoLogix
J9355	trastuzumab (Herceptin®)		X	4/1/2021	X		NovoLogix
Q5113	trastuzumab-pkrb (Herzuma®)		X	4/1/2021	X		NovoLogix
Q5112	trastuzumab-dttb (Ontruzant®)		X	4/1/2021	X		NovoLogix
NOC*	trastuzumab-strf (Hercessi™)		X	5/16/2024	X		NovoLogix
Q5108	pegfilgrastim-jmdb (Fulphila®)	X		1/1/2025	X		OncoHealth
Q5122	pegfilgrastim-apgf (Nyvepria™)	X		1/1/2024	X		OncoHealth



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Q5111	pegfilgrastim-cbqv (Udenyca®/Udenyca Onbody™)	X		1/1/2025	X		OncoHealth
J2506	pegfilgrastim (Neulasta®/Neulasta® Onpro®)		X	1/1/2025	X		NovoLogix
Q5120	pegfilgrastim-bmez (Ziextenzo®)		X	1/1/2024	X		NovoLogix
Q5127	pegfilgrastim-fpgk (Stimufend®)		X	2/2/2023	X		NovoLogix
Q5130	pegfilgrastim-pbbk (Fylnetra®)		X	3/13/2023	X		NovoLogix
J1449	eflapegrastim-xnst (Rolvedon™)		X	3/13/2023	X		NovoLogix
J9361	efbemalenograstim alfa-vuxw (Ryzneuta®)		X	1/1/2024	X		NovoLogix
Q5123	rituximab-arrx (Riabni™)	X		1/1/2025			Not applicable — Drug doesn't require prior authorization
Q5119	rituximab-pvvr (Ruxience®)	X		4/1/2021			Not applicable — Drug doesn't require prior authorization
Q5115	rituximab-abbs (Truxima®)		X	1/1/2025			NovoLogix
J9312	rituximab (Rituxan®)		X	4/1/2021	X		NovoLogix
Q5101	filgrastim-sndz (Zarxio®)	X		10/1/2020	X		OncoHealth
Q5110	filgrastim-aafi (Nivestym®)	X		10/1/2020	X		OncoHealth
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



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					Authorization	Site of care	
NOC*	filgrastim-txid (Nypozi™)		X	7/18/2024	X		NovoLogix

*NOC indicates the following codes: J3490, J3590, J9999, and C9399

Carelon Medical Benefits Management is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage prior authorizations for select services. For more information, go to our ereferrals.bcbsm.com website.

NovoLogix is an independent company that provides an online prescription drug prior authorization tool for Blue Cross Blue Shield of Michigan and Blue Care Network.

OncoHealth is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing cancer support services.