Blue Cross Blue Shield Blue Care Network of Michigan

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

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

Medical benefit drugs that require prior authorization by OncoHealth

Revised Aug. 28, 2025

The following Blue Cross Blue Shield of Michigan and Blue Care Network commercial members have requirements under the Oncology Value Management program, which is administered by OncoHealth:

- Most fully insured members and all members will individual coverage – **Exception:** MESSA members don't have requirements under this program.
- Most self-funded groups. To determine which groups participate, see the document titled Oncology Value Management program participation list for self-funded groups.

  Note: Carelon manages prior authorizations for medical oncology and supportive care drugs for UAW Retiree Medical Benefits Trust; see the Oncology Value Management program prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members.

You must submit prior authorization requests to OncoHealth prior to administering the drugs on this list for those drugs to be eligible for payment. For more information, see the Blue Cross Medical Benefit Drugs page and the BCN Medical Benefit Drugs page on **ereferrals.bcbsm.com**.

The Oncology Value Management program applies only to drugs prescribed for oncology diagnoses. 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.

Note: For dates of service on or after April 1, 2025, oncology pharmacy benefit drugs are also managed through the Oncology Value Management program. Starting April 1, the pharmacy benefit drugs that require prior authorization through OncoHealth are marked as "OVM" in the drug lists on the For Providers: Drug lists page on **bcbsm.com**.

Medical benefit drugs that require prior authorization by OncoHealth

HCPCS code	Brand name	Generic name	Step therapy requirement	BCN commercial effective dates		Blue Cross commercial effective dates	
				Prior authorization	Site of care	Prior authorization	Site of care
J9264	Abraxane®	paclitaxel protein-bound particles	✓ For use in metastatic breast cancer and non-small cell lung cancer, must first try and fail **generic paclitaxel**	8/1/2019		12/1/2020	
J9305	Alimta®	pemetrexed disodium		8/1/2019		12/1/2020	
Q5126	Alymsys®	bevacizumab-maly	✓ Must first try and fail both preferred biosimilar products **Mvasi** and **Zirabev**	6/1/2025*	6/1/2025*	6/1/2025*	6/1/2025*
J9028	Anktiva®	ogapendekin alfa inbakicept-pmln		6/1/2025		6/1/2025	
J9035	Avastin®	bevacizumab	✓ Must first try and fail both preferred biosimilar products **Mvasi** and **Zirabev**	6/1/2025*	6/1/2025*	6/1/2025*	6/1/2025*
J9023	Bavencio®	avelumab		8/1/2019	9/1/2022	12/1/2020	3/15/2024
J9382	Bizengri®	zenocutuzumab-zbco		8/20/2025		8/20/2025	
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	

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				Prior authorization	Site of care	Prior authorization	Site of care
J9144	Darzalex Faspro™	daratumumab and hyaluronidase-fihj		7/24/2020	8/1/2024	12/1/2020	8/1/2024
J9011	Datroway®	datopotamab deruxtecan-dlnk		12/1/2025		12/1/2025	
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	
Q5130	Fylnetra®	pegfilgrastim-pbbk	✓ Must first try and fail all preferred biosimilar products: **Fulphila**, **Nyvepria**, and **Udenyca/Udenyca Onbody**	6/1/2025*		6/1/2025*	
J1447	Granix®	tbo-filgrastim	✓ Must first try and fail both preferred biosimilar products **Nivestym** and **Zarxio**	6/1/2025*		6/1/2025*	

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				Prior authorization	Site of care	Prior authorization	Site of care
J9355	Herceptin®	trastuzumab	✓ Must first try and fail both preferred biosimilar products **Kanjinti** and **Ogivri**	6/1/2025*	6/1/2025*	6/1/2025*	6/1/2025*
J9356	Herceptin Hylecta™	trastuzumab and hyaluronidase-oysk		11/1/2019	8/1/2024	12/1/2020	8/1/2024
Q5146	Hercessi™	trastuzumab-strf	✓ Must first try and fail both preferred biosimilar products **Kanjinti** and **Ogivri**	6/1/2025*	6/1/2025*	6/1/2025*	6/1/2025*
Q5113	Herzuma®	trastuzumab-pkrb	✓ Must first try and fail both preferred biosimilar products **Kanjinti** and **Ogivri**	6/1/2025*	6/1/2025*	6/1/2025*	6/1/2025*
J9026	Imdelltra™	tarlatamab-dlle		6/1/2025		6/1/2025	
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	✓ For use in nasopharyngeal cancer, must first try and fail **Loqtorzi**	8/1/2019	9/1/2022	12/1/2020	3/15/2024
J0642	Khapzory™	levoleucovorin		8/1/2019		12/1/2020	

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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	
J9161	Lymphir™	denileukin diftitox-cxdl		6/1/2025		6/1/2025	
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
J2506	Neulasta®/Neulasta® Onpro®	pegfilgrastim	✓ Must first try and fail all preferred biosimilar products: **Fulphila**, **Nyvepria**, and **Udenyca/Udenyca Onbody**	6/1/2025*		6/1/2025*	
J1442	Neupogen®	filgrastim	✓ Must first try and fail both preferred biosimilar products **Nivestym** and **Zarxio**	6/1/2025*		6/1/2025*	
J9038	Niktimvo™	axatilimab-csfr		9/5/2024		9/5/2024	
Q5110	Nivestym®	filgrastim-aafi		8/1/2019		4/1/2021	
Q5148	Nypozi™	filgrastim-txid	✓ Must first try and fail both preferred biosimilar products **Nivestym** and **Zarxio**	6/1/2025*		6/1/2025*	

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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	
Q5112	Ontruzant®	trastuzumab-dttb	✓ Must first try and fail both preferred biosimilar products **Kanjinti** and **Ogivri**	6/1/2025*	6/1/2025*	6/1/2025*	6/1/2025*
J9299	Opdivo®	nivolumab	✓ For use in nasopharyngeal cancer, must first try and fail **Loqtorzi**	8/1/2019	9/1/2022	12/1/2020	3/15/2024
J9289	Opdivo Qvantig™	nivolumab and hyaluronidase-nvhy	✓ For use in nasopharyngeal cancer, must first try and fail **Loqtorzi**	8/20/2025	8/20/2025	8/20/2025	8/20/2025
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	
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	

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J9292	pemetrexed, generic	pemetrexed, not therapeutically equivalent to J9305		1/1/2025		1/1/2025	
J9304	Pemfexy®	pemetrexed	✓ Trial and failure of both of the following: **Alimta** and **generic pemetrexed**	2/9/2023		2/9/2023	
J9324	Pemrydi RTU®	pemetrexed	✓ Trial and failure of both of the following: **Alimta** and **generic pemetrexed**	1/1/2024		1/1/2024	
J9306	Perjeta®	pertuzumab		8/1/2019	8/1/2024	12/1/2020	8/1/2024
J9316	Phesgo™	pertuzumab, trastuzumab and hyaluronidase–zzxf		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
Q5125	Releuko®	filgrastim-ayow	✓ Must first try and fail both preferred biosimilar products **Nivestym** and **Zarxio**	6/1/2025*		6/1/2025*	

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J9311	Rituxan Hycela®	rituximab-hyaluronidase human	✓ Trial and failure of both of the following preferred rituximab biosimilars: **Riabni** and **Ruxience**. These preferred drugs don't require prior authorization.	8/1/2019	8/1/2024	12/1/2020	8/1/2024
J1449	Rolvedon™	eflapegrastim-xnst	✓ Must first try and fail all preferred biosimilar products: **Fulphila**, **Nyvepria**, and **Udenyca/Udenyca Onbody**	6/1/2025*		6/1/2025*	
J9061	Rybrevant™	amivantamab-vmjw		9/27/2021		9/27/2021	
J0870	Rytelo™	imetelstat		8/8/2024		8/8/2024	
J9361	Ryzneuta®	efbemalenograstim alfa-vuxw	✓ Must first try and fail all preferred biosimilar products: **Fulphila**, **Nyvepria**, and **Udenyca/Udenyca Onbody**	6/1/2025*		6/1/2025*	
J9227	Sarclisa®	isatuximab-irfc		5/15/2020		12/1/2020	
Q5127	Stimufend®	pegfilgrastim-fpgk	✓ Must first try and fail all preferred biosimilar products: **Fulphila**, **Nyvepria**, and **Udenyca/Udenyca Onbody**	6/1/2025*		6/1/2025*	
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

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J9024	Tecentriq Hybreza™	atezolizumab hyaluronidase-tqjs		6/1/2025	6/1/2025	6/1/2025	6/1/2025
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	
Q5116	Trazimera™	trastuzumab-gyyp	✓ Must first try and fail both preferred biosimilar products **Kanjinti** and **Ogivri**	6/1/2025*	6/1/2025*	6/1/2025*	6/1/2025*
J9317	Trodelvy™	sacituzumab govitecan-hziy		7/24/2020		12/1/2020	
Q5111	Udenyca®/Udenyca Onbody™	pegfilgrastim-cbqv		1/1/2025		1/1/2025	
J9275	Unloxcyt™	cosibelimab-ipdl		8/20/2025	8/20/2025	8/20/2025	8/20/2025
J9303	Vectibix®	panitumumab		8/1/2019		12/1/2020	
Q5129	Vegzelma®	bevacizumab-adcd	✓ Must first try and fail both preferred biosimilar products **Mvasi** and **Zirabev**	6/1/2025*	6/1/2025*	6/1/2025*	6/1/2025*
J1326	Vyloy®	zolbetuximab-clzb		8/20/2025		8/20/2025	
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	

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Q5120	Ziextenzo®	pegfilgrastim-bmez	✓ Must first try and fail all preferred biosimilar products: **Fulphila**, **Nyvepria**, and **Udenyca/Udenyca Onbody**	6/1/2025*		6/1/2025*	
Q5118	Zirabev®	bevacizumab-bvzr		1/1/2025	1/1/2025	1/1/2025	1/1/2025
J9276	Ziihera®	zanidatamab-hrii		8/20/2025	8/20/2025	8/20/2025	8/20/2025
J9359	Zynlonta™	loncastuximab tesirine-lpyl		7/26/2021		7/26/2021	
J9345	Zynyz™	retifanlimab-dlwr		12/10/2023	3/1/2024	12/10/2023	3/15/2024

*For dates of service prior to June 1, 2025, submit requests through the Medical and Pharmacy Drug PA Portal. To access the Medical and Pharmacy Drug PA Portal, log in to our provider portal (availity.com**), click on *Payer Spaces* and then click on the BCBSM and BCN logo. Click the *Medical and Pharmacy Benefit Drug Prior Auth* tile on the Applications tab.

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