

Oncology Value Management program prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members

Medications that require authorization by Carelon

Revised August 2026

Prior authorization for medical oncology and supportive care drugs is required through the Oncology Value Management program, which is administered by Carelon Medical Benefits Management for UAW Retiree Medical Benefits Trust members with Blue Cross non-Medicare plans.

Notes:

- This requirement doesn't apply to the UAW Retiree Health Care Trust (group number 70605) or the UAW International Union (group number 71714).
- For information on medical oncology and supportive care drugs that require prior authorization for other Blue Cross and BCN commercial members, refer to the [Oncology Value Management program prior authorization list for Blue Cross and BCN commercial members](#).

To be eligible for payment, you must submit authorization requests to Carelon prior to administering any of the drugs on this list.

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

HCPCS code	Brand name	Generic name	Effective date
J9264	Abraxane®	paclitaxel protein-bound particles	1/1/2019
J9305	Alimta®	pemetrexed disodium	1/1/2019
Q5126	Alymsys®	bevacizumab-maly	1/1/2023
J9028	Anktiva®	nogapendekin alfa inbakicept-pmln	7/30/2025
J9035	Avastin®	bevacizumab	1/1/2019
J9023	Bavencio®	avelumab	1/1/2019
J9382	Bizengri®	zenocutuzumab-zbco	11/12/2025
J9053	Blenrep	belantamab mafodotin-blmf	10/7/2026
J9054	Boruzu®	bortezomib	9/9/2026
J9286	Columvi™	glofitamab-gxbm	7/1/2024



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Oncology Value Management program prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members

Medications that require authorization by Carelon

Revised August 2026

HCPCS code	Brand name	Generic name	Effective date
J1448	Cosela™	trilaciclib	11/1/2021
J9348	Danyelza	naxitamab-gqgk	6/30/2022
J9145	Darzalex®	daratumumab	1/1/2019
J9144	Darzalex Faspro™	daratumumab and hyaluronidase-fihj	12/3/2021
J9011	Datroway®	datopotamab deruxtecan-dlnk	12/31/2025
J9063	Elahere™	mirvetuximab soravtansine-gynx	3/7/2024
J1323	Elrexio™	elranatamab-bcmm	3/13/2025
J9176	Empliciti®	elotuzumab	1/1/2019
J9326	Emrelis™	telisotuzumab vedotin-tllv	3/4/2026
J9358	Enhertu®	fam-trastuzumab deruxtecan-nxki	1/3/2022
J9321	Epkinly™	epcoritamab-bysp	4/16/2025
J9055	Erbix®	cetuximab	1/1/2019
Q5108	Fulphila®	pegfilgrastim-jmdb	1/1/2023
J9331	Fyarro™	sirolimus protein-bound particles	8/16/2022
Q5130	Fynetra®	pegfilgrastim-pbbk	4/16/2025
J9301	Gazyva®	obinutuzumab	3/4/2026
J1447	Granix®	tbo-filgrastim	1/1/2023
J9355	Herceptin®	trastuzumab	11/20/2020
J9356	Herceptin Hylecta™	trastuzumab and hyaluronidase-oysk	5/24/2021
Q5146	Hercessi™	trastuzumab-strf	7/30/2025
Q5113	Herzuma®	trastuzumab-pkrb	5/24/2021



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Oncology Value Management program prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members

Medications that require authorization by Carelon

Revised August 2026

HCPCS code	Brand name	Generic name	Effective date
J9026	Imdelltra™	tarlatamab-dlle	7/30/2025
J9173	Imfinzi®	durvalumab	11/20/2020
J9347	Imjudo®	tremelimumab-actl	3/7/2024
J9183	Inlexzo™	gemcitabine intravesical system	7/1/2026
J9281	Jelmyto®	mitomycin	1/3/2022
J9272	Jemperli™	dostarlimab-gxly	1/27/2022
Q5160	Jobevne™	bevacizumab-nwgd	3/4/2026
J9354	Kadcyla®	ado-trastuzumab emtansine	1/1/2019
Q5117	Kanjinti™	trastuzumab-anns	4/15/2021
J9271	Keytruda®	pembrolizumab	1/1/2019
J9277	Keytruda Qlex™	pembrolizumab and berahyaluronidase alfa-pmph	7/1/2026
J0642	Khapzory™	levoleucovorin	2/21/2022
J9274	Kimmtrak®	tebentafusp-tebn	11/1/2022
J9278	Kyxata™	Carboplatin	7/1/2026
J2820	Leukine®	sargramostin	1/1/2023
J9119	Libtayo®	cemiplimab-rwic	11/1/2021
J3263	Loqtorzi®	toripalimab-tpz	6/1/2025
J9350	Lunsumio™	mosunetuzumab-axgb	3/7/2024
J9161	Lymphir™	denileukin diftitox-cxdl	10/8/2025
J9601	Lynozyfic™	linvoseltamab-gcpt	7/1/2026
J9353	Margenza®	margetuximab-cmkb	6/30/2022



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Oncology Value Management program prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members

Medications that require authorization by Carelon

Revised August 2026

HCPCS code	Brand name	Generic name	Effective date
J9349	Monjuvi®	tafasitamab-cxix	1/27/2022
Q5107	Mvasi™	bevacizumab-awwb	11/20/2020
J2506	Neulasta®; Neulasta® Onpro®	pegfilgrastim	7/1/2019
J1442	Neupogen®	filgrastim	2/21/2022
Q5110	Nivestym®	filgrastim-aafi	6/24/2021 – 2/21/2022, 1/1/2023
Q5122	Nyvepria™	pegfilgrastim-apgf	5/16/2022
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
J9289	Opdivo Qvantig™	nivolumab and hyaluronidase-nvhy	12/31/2025
J9298	Opdualag™	nivolumab and relatlimab-rmbw	12/1/2022
J9177	Padcev®	enfortumab vedotin-ejfv	1/3/2022
J9314	pemetrexed, generic	pemetrexed, not therapeutically equivalent to J9305	1/1/2023
J9294, J9296, J9297	pemetrexed, generic	pemetrexed, not therapeutically equivalent to J9305	4/1/2023
J9322, J9323	pemetrexed, generic	pemetrexed, not therapeutically equivalent to J9305	7/1/2023



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Oncology Value Management program prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members

Medications that require authorization by Carelon

Revised August 2026

HCPCS code	Brand name	Generic name	Effective date
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
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
J9306	Perjeta®	pertuzumab	1/1/2019
J9316	Phesgo™	pertuzumab, trastuzumab and hyaluronidase–zzxf	1/3/2022
J9309	Polivy™	polatuzumab vedotin-piiq	12/3/2021
J9204	Poteligeo®	mogamulizumab-kpkc	9/7/2021
J0896	Reblozyl®	luspatercept-aamt	8/20/2025*
Q5125	Releuko®	filgrastim-ayow	1/1/2023
J9311	Rituxan Hycela®	rituximab-hyaluronidase human	1/1/2019
J1449	Rolvedon™	eflapregastim-xnst	5/31/2023
J9061	Rybrevant™	amivantamab-vmjw	5/16/2022
J9062	Rybrevant Faspro™	amivantamab and hyaluronidase-lpuj	11/4/2026
J0870	Rytelo™	imetelstat	8/20/2025
J9361	Ryzneuta®	efbemalenograstim alfa-vuxw	4/16/2025
J9227	Sarclisa®	isatuximab-irfc	1/3/2022
Q5127	Stimufend®	pegfilgrastim-fpgk	4/16/2025



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Oncology Value Management program prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members

Medications that require authorization by Carelon

Revised August 2026

HCPCS code	Brand name	Generic name	Effective date
J3055	Talvey™	talquetamab-tgvs	11/21/2024
J9022	Tecentriq®	atezolizumab	1/1/2019
J9024	Tecentriq Hybreza™	atezolizumab hyaluronidase-tqjs	10/8/2025
J9380	Tecvayli™	teclistamab-cqyv	3/7/2024
J9329	Tevimbra®	tislelizumab-jsgr	7/30/2025
J9273	Tivdak®	tisotumab vedotin-tftv	8/16/2022
Q5116	Trazimera™	trastuzumab-qyyp	5/24/2021
J9317	Trodely™	sacituzumab govitecan-hziy	12/3/2021
Q5111	Udenyca®/Udenyca Onbody™	pegfilgrastim-cbqv	6/24/2021 – 2/21/2022, 1/1/2023
J9275	Unloxcyt™	cosibelimab-ipdl	11/12/2025
J9303	Vectibix®	panitumumab	1/1/2019
Q5129	Vegzelma®	bevacizumab-adcd	3/7/2024
J1326	Vyloy®	zolbetuximab-clzb	10/8/2025
J9228	Yervoy®	ipilimumab	1/1/2019
J9352	Yondelis®	trabectedin	1/1/2019
Q5101	Zarxio®	filgrastim-sndz	1/1/2023
Q5120	Ziextenzo®	pegfilgrastim-bmez	6/24/2021 – 2/21/2022, 1/1/2023
J9276	Ziihera®	zanidatamab-hrii	11/12/2025
Q5118	Zirabev™	bevacizumab-bvzr	6/24/2021
J9282	Zusduri™	mitomycin	4/15/2026



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Oncology Value Management program prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members

Medications that require authorization by Carelon

Revised August 2026

HCPCS code	Brand name	Generic name	Effective date
J9359	Zynlonta®	loncastuximab tesirine-lpyl	1/27/2022
J9345	Zynyz™	retifanlimab-dlwr	11/21/2024

*Dates of service 3/10/2022 - 8/19/2025 reviewed in Medical/Pharmacy Drug PA Portal

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 authorizations.bcbsm.com website.