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 January 2026

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. For a list of groups that do not participate, see the document titled Oncology Value Management program opt-out 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 Medical Benefit Drugs pages on **authorizations.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	
J1454	Akynzeo®	fosnetupitant/palonosetron		1/1/2026*		1/1/2026*	
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**	8/25/2022*	6/1/2025	8/25/2022*	6/1/2025
J9028	Anktiva®	ogapendekin alfa inbakicept-pmln	✓ For use in BCG-unresponsive non-muscle invasive bladder cancer, must first try and fail **Adstiladrin**	6/1/2025		6/1/2025	
J9035	Avastin®	bevacizumab	✓ Must first try and fail both preferred biosimilar products: **Mvasi** and **Zirabev**	8/1/2019*	6/1/2025	12/1/2020*	6/1/2025
J9023	Bavencio®	avelumab		8/1/2019	9/1/2022	12/1/2020	3/15/2024
J9174	Beizray®	docetaxel	✓ Must first try and fail **generic docetaxel**	3/4/2026		3/4/2026	

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				Prior authorization	Site of care	Prior authorization	Site of care
J9382	Bizengri®	zenocutuzumab-zbco		8/20/2025		8/20/2025	
J0185	Cinvanti®	aprepitant		1/1/2026*		1/1/2026*	
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
J9011	Datroway®	datopotamab deruxtecan-dlnk		12/1/2025		12/1/2025	
J9172	Docivyx™	docetaxel	✓ Must first try and fail **generic docetaxel**	3/4/2026		3/4/2026	
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	
J9326	Emrelis™	telisotuzumab vedotin-tllv		3/4/2026		3/4/2026	
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	

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				Prior authorization	Site of care	Prior authorization	Site of care
J1434	Focinvez™	fosaprepitant		1/1/2026*		1/1/2026*	
Q5108	Fulphila®	pegfilgrastim-jmdb		8/1/2019*		12/1/2020*	
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**, **Neulasta/Neulasta Onpro** and **Udenyca/Udenyca Onbody**	3/13/2023*		3/13/2023*	
J9301	Gazyva®	obinutuzumab		3/4/2026		3/4/2026	
J1447	Granix®	tbo-filgrastim	✓ Must first try and fail both preferred biosimilar products: **Nivestym** and **Zarxio**	8/1/2019*		12/1/2020*	
J9355	Herceptin®	trastuzumab	✓ Must first try and fail all preferred biosimilar products: **Ogivri, Ontruzant and Trazimera**	8/1/2019*	6/1/2025	12/1/2020*	6/1/2025
J9356	Herceptin Hylecta™	trastuzumab and hyaluronidase-oysk	✓ Must first try and fail all preferred biosimilar products: **Ogivri, Ontruzant and Trazimera**	11/1/2019*	8/1/2024	12/1/2020*	8/1/2024
Q5146	Hercessi™	trastuzumab-strf	✓ Must first try and fail all preferred biosimilar products: **Ogivri, Ontruzant and Trazimera**	5/16/2024*	6/1/2025	5/16/2024*	6/1/2025

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Q5113	Herzuma®	trastuzumab-pkrb	✓ Must first try and fail all preferred biosimilar products: **Ogivri, Ontruzant and Trazimera**	11/1/2019*	6/1/2025	12/1/2020*	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
Q5160	Jobevne™	bevacizumab-nwgd	✓ Must first try and fail both preferred biosimilar products: **Mvasi** and **Zirabev**	3/4/2026*	3/4/2026	3/4/2026*	3/4/2026
J9354	Kadcyla®	ado-trastuzumab		8/1/2019		12/1/2020	
Q5117	Kanjinti™	trastuzumab-anns	✓ Must first try and fail all preferred biosimilar products: **Ogivri, Ontruzant and Trazimera**	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	
J9274	Kimmtrak®	tebentafusp-tebn		5/23/2022		5/23/2022	
J2820	Leukine®	sargramostim		8/1/2019		12/1/2020	

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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		8/1/2019*		12/1/2020*	
J1442	Neupogen®	filgrastim	✓ Must first try and fail both preferred biosimilar products: **Nivestym** and **Zarxio**	8/1/2019*		12/1/2020*	
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**	7/18/2024*		7/18/2024*	
Q5122	Nyvepria™	pegfilgrastim-apgf	✓ Must first try and fail all preferred biosimilar products: **Fulphila**, **Neulasta/Neulasta Onpro** and **Udenyca/Udenyca Onbody**	8/1/2019*		12/1/2020*	

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Q5114	Ogivri®	trastuzumab-dkst		11/1/2019*	8/1/2024	12/1/2020*	8/1/2024
J9205	Onivyde®	irinotecan liposome	✓ For use in pancreatic cancer, must first try and fail **conventional irinotecan**, which does not require prior authorization.	8/1/2019		12/1/2020	
Q5112	Ontruzant®	trastuzumab-dttb		11/1/2019*	6/1/2025	12/1/2020*	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	

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J9322, J9323	pemetrexed, generic	pemetrexed, not therapeutically equivalent to J9305		7/1/2023		7/1/2023	
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		2/1/2020	2/1/2020	4/2/2020	7/1/2020
Q5125	Releuko®	filgrastim-ayow	✓ Must first try and fail both preferred biosimilar products: **Nivestym** and **Zarxio**	11/1/2022*		11/1/2022*	

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J9311	Rituxan Hycela®	rituximab-hyaluronidase human	✓ Must try and fail all preferred biosimilar products: **Riabni, Ruxience and Truxima**, which do not 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**, **Neulasta/Neulasta Onpro** and **Udenyca/Udenyca Onbody**	3/13/2023*		3/13/2023*	
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**, **Neulasta/Neulasta Onpro** and **Udenyca/Udenyca Onbody**	1/1/2024*		1/1/2024*	
J9227	Sarclisa®	isatuximab-irfc		5/15/2020		12/1/2020	
Q5127	Stimufend®	pegfilgrastim-fpgk	✓ Must first try and fail all preferred biosimilar products: **Fulphila**, **Neulasta/Neulasta Onpro** and **Udenyca/Udenyca Onbody**	2/2/2023*		2/2/2023*	
J1627	Sustol®	granisetron		1/1/2026*		1/1/2026*	
J3055	Talvey™	talquetamab-tgvs		6/20/2024		6/20/2024	

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J9022	Tecentriq®	atezolizumab		8/1/2019	9/1/2022	12/1/2020	3/15/2024
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		11/1/2019*	6/1/2025	12/1/2020*	6/1/2025
J9317	Trodelvy™	sacituzumab govitecan-hziy		7/24/2020		12/1/2020	
Q5111	Udenyca®/Udenyca Onbody™	pegfilgrastim-cbqv		8/1/2019*		12/1/2020*	
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**	3/9/2023*	6/1/2025	3/9/2023*	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**, **Neulasta/Neulasta Onpro** and **Udenyca/Udenyca Onbody**	2/5/2020*		12/1/2020*	
Q5118	Zirabev®	bevacizumab-bvzr		11/1/2019*	1/1/2025	12/1/2020*	1/1/2025
J9276	Ziihera®	zanidatamab-hrii		8/20/2025	8/20/2025	8/20/2025	8/20/2025
J9282	Zusduri™	mitomycin		3/4/2026		3/4/2026	
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

*When there are changes to preferred products, providers will be given 90 days' notice. However, members can continue with therapy until their current authorization expires. Upon renewal, providers will be directed to use the preferred product.

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.

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