



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 May 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 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 drugs managed by Carelon for Blue Cross commercial fully insured and BCN commercial members, refer to the [Oncology Value Management program prior authorization list for Blue Cross and BCN commercial members](#).

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 diagnoses.

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.

Drugs that require prior authorization by Carelon

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
J9035	Avastin®	bevacizumab	1/1/2019
J9023	Bavelcico®	avelumab	1/1/2019



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HCPCS code	Brand name	Generic name	Effective date
J9286	Columvi™	glofitamab-gxbm	7/1/2024
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
J9063	Elahere™	mirvetuximab soravtansine-gynx	3/7/2024
J9176	Empliciti®	elotuzumab	1/1/2019
J9358	Enhertu®	fam-trastuzumab deruxtecan-nxki	1/3/2022
J9055	Erbix®	cetuximab	1/1/2019
Q5108	Fulphila®	pegfilgrastim-jmdb	1/1/2023
J9331	Fyarro™	sirolimus protein-bound particles	8/16/2022
J1447	Granix®	tbo-filgrastim	1/1/2023
J9355	Herceptin®	trastuzumab	11/20/2020
J9356	Herceptin Hylecta™	trastuzumab and hyaluronidase-oysk	5/24/2021
Q5113	Herzuma®	trastuzumab- pkrb	5/24/2021
J9173	Imfinzi®	durvalumab	11/20/2020
J9347	Imjudo®	tremelimumab-actl	3/7/2024
J9281	Jelmyto®	mitomycin	1/3/2022
J9272	Jemperli™	dostarlimab-gxly	1/27/2022
J9354	Kadcyla®	ado-trastuzumab emtansine	1/1/2019
Q5117	Kanjinti™	trastuzumab-anns	4/15/2021



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HCPCS code	Brand name	Generic name	Effective date
J9271	Keytruda®	pembrolizumab	1/1/2019
J0642	Khapzory™	levoleucovorin	2/21/2022
J9274	Kimtrak®	tebentafusp-tebn	11/1/2022
J2820	Leukine®	sargramostin	1/1/2023
J9119	Libtayo®	cemiplimab-rwic	11/1/2021
J9350	Lunsumio™	mosunetuzumab-axgb	3/7/2024
J9353	Margenza®	margetuximab-cmkb	6/30/2022
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
J9298	Opdualag™	nivolumab and relatlimab-rmbw	12/1/2022
J9177	Padcev®	enfortumab vedotin-ejfv	1/3/2022
J9259, J9258	paclitaxel protein-bound particles, generic	paclitaxel protein-bound particles, not therapeutically equivalent to J9264	7/1/2023



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J9294, J9296, J9297, J9314, J9322, J9323	pemetrexed, generic	pemetrexed, not therapeutically equivalent to J9305	1/1/2023
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
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
Q5125	Releuko®	filgrastim-ayow	1/1/2023
J9311	Rituxan Hycela®	rituximab-hyaluronidase human	1/1/2019
J1449	Rolvedon™	eflapegrastim-xnst	5/31/2023
J9061	Rybrevant™	amivantamab-vmjw	5/16/2022
J9227	Sarclisa®	isatuximab-irfc	1/3/2022
J9022	Tecentriq®	atezolizumab	1/1/2019
J9380	Tecvayli™	teclistamab-cqyv	3/7/2024
J9273	Tivdak®	tisotumab vedotin-tftv	8/16/2022



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Q5116	Trazimera™	trastuzumab-qqyp	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
J9303	Vectibix®	panitumumab	1/1/2019
Q5129	Vegzelma®	bevacizumab-adcd	3/7/2024
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
Q5118	Zirabev™	bevacizumab-bvzr	6/24/2021
J9359	Zynlonta®	loncastuximab tesirine-lpyl	1/27/2022

Drugs that no longer require prior authorization by Carelon

HCPCS code	Drug	Prior authorization, or PA, requirement		Reason
		Start date	End date	
J9042	Adcetris® (brentuximab vedotin)	1/1/2019	12/31/2022	PA requirement removed
J9057	Aliqopa™ (copanlisib hcl)	1/1/2019	12/31/2023	Market withdrawal
J9302	Arzerra® (ofatumumab)	1/1/2019	12/31/2022	PA requirement removed
J9118	Asparlas™ (calaspargase pegol-mknl)	11/1/2021	12/31/2022	PA requirement removed
J9036	Belrapzo™ (bendamustine hcl)	11/20/2020	12/31/2022	PA requirement removed



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J9034	Bendeka® (bendamustine hcl)	1/1/2019	12/31/2022	PA requirement removed
J9229	Besponsa® (inotuzumab ozogamicin)	1/1/2019	12/31/2022	PA requirement removed
J9037	Blenrep™ (belantamab mafodotin-blmf)	1/27/2022	12/31/2022	Market withdrawal
J9039	Blinicyto® (blinatumomab)	1/1/2019	12/31/2022	PA requirement removed
J9308	Cyramza® (ramucirumab)	1/1/2019	12/31/2022	PA requirement removed
Q2050	Doxil® (doxorubicin liposomal)	11/20/2020	12/31/2022	PA requirement removed
J9245	Evomela® (melphalan)	1/1/2019	6/30/2020	HCPCS code changed to J9246 on 7/1/2020
J9246	Evomela® (melphalan)	1/1/2019	12/31/2022	PA requirement removed
J0641	Fusilev® (levoleucovorin)	1/1/2019	8/16/2022	Market withdrawal
J9301	Gazyva® (obinutuzumab)	1/1/2019	12/31/2022	PA requirement removed
J9179	Halaven® (eribulin)	1/1/2019	12/31/2022	PA requirement removed
J9325	Imlygic® (talimogene laherparepvec)	11/20/2020	12/31/2022	PA requirement removed
J9319, J9318	Istodax® (romidepsin)	1/1/2019	12/31/2022	PA requirement removed
J9207	Ixempra® (ixabepilone)	1/1/2019	12/31/2022	PA requirement removed
J9043	Jevtana® (cabazitaxel)	1/1/2019	12/31/2022	PA requirement removed
J9047	Kyprolis® (carfilzomib)	1/1/2019	12/31/2022	PA requirement removed
J9285	Lartruvo™ (olaratumab)	1/1/2019	11/20/2020	Manufacturer access program
Q2049	Lipodox® (doxorubicin liposomal)	11/20/2020	12/31/2022	PA requirement removed
J9313	Lumoxiti® (moxetumomab pasudotox-tdfk)	1/3/2022	9/30/2023	Market withdrawal



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J2562	Mozobil® (plerixafor)	1/1/2019	12/31/2022	PA requirement removed
J9203	Mylotarg™ (gemtuzumab ozogamicin)	1/1/2019	12/31/2022	PA requirement removed
J2505	Neulasta® (pegfilgrastim)	7/1/2019	12/31/2021	HCPCS code changed to J2506 on 1/1/2022
J9295	Portrazza® (necitumumab)	1/1/2019	12/31/2022	PA requirement removed
Q2043	Provenge® (sipuleucel-t)	1/1/2019	12/31/2022	PA requirement removed
J2860	Sylvant® (siltuximab)	1/1/2019	12/31/2022	PA requirement removed
J9033	Treanda® (bendamustine hcl)	1/1/2019	12/31/2022	PA requirement removed
J3490, J3590, J9999, C9399	Unituxin® (dinutuximab)	1/1/2019	12/31/2022	PA requirement removed
J9400	Zaltrap® (ziv-aflibercept)	1/1/2019	12/31/2022	PA requirement removed
J9223	Zepzelca™ (lurbinectedin)	1/3/2022	12/31/2022	PA requirement removed

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 referrals.bcbsm.com website.