

## AIM won't require prior authorization for 29 medical oncology drugs for most members starting Jan. 1

For dates of service on or after Jan. 1, 2023, we'll no longer require prior authorization from AIM Specialty Health<sup>®</sup> for the 29 medical oncology drugs listed later in this alert. These drugs are part of members' medical benefits, not their pharmacy benefits.

This change applies to:

- Blue Cross and Blue Shield of Michigan commercial
  - Members who have coverage through fully insured groups
  - Members who have coverage through self-funded groups that have opted in to the medical oncology program. Refer to the [AIM medical oncology prior authorization program opt-in list for Blue Cross commercial self-funded groups](#).
  - Members with individual coverage
- Medicare Plus Blue members
- Blue Care Network commercial members
- BCN Advantage members

### Which drugs will be affected by this change?

The following drugs will be affected by this change.

HCPCS code	Brand name	Generic name
J9042	Adcetris <sup>®</sup>	brentuximab vedotin
J9302	Arzerra <sup>®</sup>	ofatumumab
J9118	Asparlas <sup>™</sup>	calaspargase pegol-mknl
J9036	Belrapzo <sup>™</sup>	bendamustine hcl
J9034	Bendeka <sup>®</sup>	bendamustine hcl
J9229	Besponsa <sup>®</sup>	inotuzumab ozogamicin
J9037	Blenrep <sup>™*</sup>	belantamab mafodotin-blmf
J9039	Blincyto <sup>®</sup>	blinatumomab

HCPCS code	Brand name	Generic name
J9308	Cyramza <sup>®</sup>	ramucirumab
Q2050	Doxil <sup>®</sup>	doxorubicin liposomal
J9246	Evomela <sup>®</sup>	melphalan
J9301	Gazyva <sup>®</sup>	obinutuzumab
J9179	Halaven <sup>®</sup>	eribulin
J9325	Imlygic <sup>®</sup>	talimogene laherparepvec
J9318, J9319	Istodax <sup>®</sup>	romidepsin
J9207	Ixempra <sup>®</sup>	ixabepilone
J9043	Jevtana <sup>®</sup>	cabazitaxel
J9047	Kyprolis <sup>®</sup>	carfilzomib
Q2049	Lipodox <sup>®</sup>	doxorubicin liposomal
J2562	Mozobil <sup>®</sup>	plerixafor
J9203	Mylotarg <sup>™</sup>	gemtuzumab ozogamicin
J9295	Portrazza <sup>®</sup>	necitumumab
Q2043	Provenge <sup>®</sup>	sipuleucel-t
J2860	Sylvant <sup>®</sup>	siltuximab
J9033	Treanda <sup>®</sup>	bendamustine hcl
C9399	Unituxin <sup>®</sup>	dinutuximab
J0897	Xgeva <sup>®**</sup>	denosumab
J9400	Zaltrap <sup>®</sup>	ziv-aflibercept
J9223	Zepzelca <sup>™</sup>	lurbinectedin

\*The manufacturer is withdrawing this drug from the market.

\*\*Requires prior authorization by AIM for Medicare Advantage members only, for dates of service through Dec. 31, 2022.

For additional information on requirements related to drugs covered under the medical benefit, refer to the following drug lists:

- Blue Cross and BCN commercial members:
  - [Medical oncology prior authorization list for Blue Cross commercial fully insured and BCN commercial members](#)
  - [Blue Cross and BCN utilization management medical drug list](#)
- URMBT members with Blue Cross non-Medicare plans:
  - [Medical oncology prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members](#)
  - [Medical Drug Management with Blue Cross for UAW Retiree Medical Benefit Trust PPO non-Medicare Members](#)
- Medicare Plus Blue and BCN Advantage members: [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members](#)

We'll update the pertinent drug lists to reflect the information in this message prior to the effective date.