

ElahereTM, Imjudo[®], TecvayliTM, LunsumioTM to require prior authorization for most members starting Aug. 23

For dates of service on or after Aug. 23, 2023, the following drugs will require prior authorization through Carelon Medical Benefits Management (formerly known as AIM Specialty Health[®]) for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members:

- Elahere (mirvetuximab soravtansine-gynx), HCPCS code J9063
- Imjudo (tremelimumab-actl), HCPCS code J9347
- Tecvayli (teclistamab-cqyv), HCPCS code J9380
- Lunsumio (mosunetuzumab-axgb), HCPCS code J9350

These drugs are covered under the members' medical benefits, not their pharmacy benefits.

Prior authorization requirements apply when these drugs are administered in outpatient settings for:

- Blue Cross Blue Shield of Michigan commercial —
 - All fully insured members (group and individual)
 - Members who have coverage through [self-funded groups that have opted in to the Carelon medical oncology program](#). (Although UAW Retiree Medical Benefits Trust non-Medicare plans have opted into this program, these requirements may not apply; refer to their medical oncology drug list, which is linked below.)

Note: This requirement doesn't apply to members who have coverage through the Blue Cross and Blue Shield Federal Employee Program[®].

- Medicare Plus Blue members
- Blue Care Network commercial members
- BCN Advantage members

How to submit authorization requests

Submit authorization requests to Carelon using one of the following methods:

- Through the Carelon ProviderPortal, which you can access by doing one of the following:

- Logging in to our provider portal (availability.com*), clicking *Payer Spaces* and then clicking the BCBSM and BCN logo. This takes you to the Blue Cross and BCN payer space where you'll click the *Carelon ProviderPortal* tile.
- Logging in directly to the Carelon ProviderPortal at providerportal.com*.
- By calling the Carelon Contact Center at 1-844-377-1278

More about the authorization requirements

Authorization isn't a guarantee of payment. As always, health care practitioners need to verify eligibility and benefits for members.

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

- Blue Cross commercial and BCN commercial:
 - [Medical oncology prior authorization list for Blue Cross commercial fully insured and BCN commercial members](#)
 - [Blue Cross and BCN utilization management medical drug list](#)
- URMBS 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.

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

Carelon Medical Benefits Management is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage authorizations for select services.

Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.