

Update: Additional medical oncology drugs to have requirements for most members

We updated an earlier communication to correct the generic name for *Imjudo*[®].

As part of the Oncology value management program, we're adding a prior authorization requirement or a site-of-care requirement for the drugs shown below:

Drug name	New requirement / effective date	Members
Generic paclitaxel protein-bound particles, HCPCS code J9258	Prior authorization requirement applies to dates of service on or after Jan. 1, 2024.	<ul style="list-style-type: none"> Blue Cross commercial BCN commercial Medicare Plus Blue BCN Advantage
Pemrydi RTU [®] (pemetrexed injection), HCPCS code J9324		
Columvi [™] (glofitamab-gxbm), HCPCS code J9286	Prior authorization requirement applies to dates of service on or after March 1, 2024.	
Epkinly [™] (epcoritamab-bysp), HCPCS code J9321		
Imjudo [®] (tremelimumab-actl), HCPCS code J9347	Site-of-care requirement applies to dates of service on or after March 1, 2024. (Prior authorization is already required.)	BCN commercial
Zynyz [™] (retifanlimab-dlwr), HCPCS code J9345		

The Oncology value management program is administered by Carelon Medical Benefits Management. These drugs are part of members' medical benefits, not their pharmacy benefits.

Submit prior authorization requests to Carelon. For drugs that have a site-of-care requirement, the Carelon ProviderPortal will prompt you to select a site of care when you submit prior authorization requests for this drug. If the request meets clinical criteria for the drug and is for one of the following sites of care, it will be approved automatically:

- Doctor's or other health care provider's office
- Ambulatory infusion center
- The member's home, from a home infusion therapy provider

How to submit prior authorization requests

Submit prior 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.

Note: If you need to request access to our provider portal, see the [Register for web tools](#) webpage on bcbsm.com.
 - Logging in directly to the Carelon ProviderPortal at providerportal.com*.
- By calling the Carelon Contact Center at 1-844-377-1278

More information about the requirements

The above 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 Oncology value management 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

Drug lists

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 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 Benefits 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.

As a reminder, authorization isn't a guarantee of payment. Health care practitioners need to verify eligibility and benefits for members.

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*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 prior authorizations for select services.