

Zynyz and Talvey to require prior authorization for URMBS members with Blue Cross non-Medicare plans

For dates of service on or after Nov. 21, 2024, the drugs listed below will require prior authorization through Carelon Medical Benefits Management for UAW Retiree Medical Benefits Trust members with Blue Cross non-Medicare plans.

Brand name	Generic name	HCPCS code
Zynyz®	retifanlimab-dlwr	J9345
Talvey™	talquetamab-tgvs	J3055

These drugs are covered under the medical benefit.

This requirement applies only when these drugs are administered in an outpatient setting.

Note: This requirement doesn't apply to the UAW Retiree Health Care Trust (group number 70605) or the UAW International Union (group number 71714).

How to submit 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.
 - Logging in directly to the Carelon ProviderPortal at providerportal.com*.
- By calling Carelon at 1-844-377-1278

Note: If you need to request access to our provider portal, follow the instructions on the [Register for web tools](https://bcbsm.com/providers) webpage on bcbsm.com/providers.

More about requirements for medical benefit drugs

For additional information on requirements related to drugs covered under the medical benefit for URMBS members with Blue Cross non-Medicare plans, see:

- [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](#)

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

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

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