

## Changes to the management of oncology medical benefit drugs starting June 1

For dates of service on or after June 1, 2025, we're adding more oncology medical benefit drugs to the Oncology Value Management program, which is administered by OncoHealth.

Some of these changes affect both commercial and Medicare Advantage members; other changes affect only commercial members. These changes apply only to members who have requirements under the Oncology Value Management program.

Health care providers will be able to submit prior authorization requests for these drugs to OncoHealth starting June 1.

### Requirements for new drugs — for commercial and Medicare Advantage members

For dates of service on or after June 1, the drugs in the following table will have requirements for Blue Cross Blue Shield of Michigan commercial, Medicare Plus Blue, Blue Care Network commercial and BCN Advantage members.

Note: Site-of-care requirements apply only to commercial members.

Brand name	Generic name	HCPCS code	Requirement	
			Prior authorization	Site of care*
Tecentriq Hybreza™	atezolizumab hyaluronidase-tqjs	J9024	✓	✓
Lymphir™	denileukin diftitox-cxdl	J9161	✓	
Anktiva®	ogapendekin alfa inbakicept-pmln	J9028	✓	
Imdelltra™	tarlatamab-dlle	J9026	✓	

### Changes to requirements

For dates of service on or after June 1, providers will need to submit prior authorization requests through OncoHealth for the drugs in the section below because the drugs will be managed under the Oncology Value Management program.

Unless otherwise noted, these drugs currently require prior authorization through the NovoLogix<sup>®</sup> online tool.

### For commercial and Medicare Advantage members

Starting June 1, prior authorization requests for the following drugs will be managed by OncoHealth for both commercial and Medicare Advantage members.

Drug	Requirements
Hercessi™ (trastuzumab-strf), HCPCS code Q5146	<b>Commercial:</b> Hercessi continues to require prior authorization. We're adding a site-of-care requirement.
	<b>Medicare Advantage:</b> We're adding a prior authorization requirement.
Niktimvo™ (axatilimab-csfr), HCPCS code J9038	Already requires prior authorization for both commercial and Medicare Advantage members.
Nypozi™ (filgrastim-txid), HCPCS code Q5148	<b>Commercial:</b> Already has a prior authorization requirement.
	<b>Medicare Advantage:</b> We're adding a prior authorization requirement.
Rytelo™ (imemetstat), HCPCS code J0870	Already requires prior authorization for both commercial and Medicare Advantage members.

### For commercial members only

Starting June 1, prior authorizations for the following drugs will be managed by OncoHealth for commercial members. (Currently, providers submit prior authorization requests for these drugs through the NovoLogix® online tool.)

Note: For Medicare Advantage members, these drugs are already managed by OncoHealth.

Brand name	Generic name	HCPCS code	Requirement	
			Prior authorization	Site of care*
Avastin®	bevacizumab	J9035	✓	✓
Vegzelma®	bevacizumab-adcd	Q5129	✓	✓
Alymsys®	bevacizumab-maly	Q5126	✓	✓
Ryzneuta®	efbemalenograstim alfa-vuxw	J9361	✓	
Rolvedon®	eflapegrastim-xnst	J1449	✓	
Neupogen®	filgrastim	J1442	✓	
Releuko®	filgrastim-ayow	Q5125	✓	
Neulasta®	pegfilgrastim	J2506	✓	
Ziextenzo®	pegfilgrastim-bmez	Q5120	✓	
Stimufend®	pegfilgrastim-fpgk	Q5127	✓	
Fynetra®	pegfilgrastim-pbbk	Q5130	✓	
Granix®	tbo-filgrastim	J1447	✓	
Herceptin®	trastuzumab	J9355	✓	✓
Ontruzant®	trastuzumab-dttb	Q5112	✓	✓

Brand name	Generic name	HCPCS code	Requirement	
			Prior authorization	Site of care*
Trazimera™	trastuzumab-gyyp	Q5116	✓	✓
Herzuma®	trastuzumab-pkrb	Q5113	✓	✓

### Courses of treatment that start before June 1 and continue beyond June 1

Commercial members who have authorizations that were approved before June 1 for the drugs discussed above can continue to receive therapy until their authorizations expire.

Prior authorization is required through OncoHealth only if there's a change to the treatment plan on or after June 1 or if treatment with the drug extends beyond the authorization end date.

### Removal of prior authorization requirement — for commercial members only

For dates of service on or after June 1, Avzivi® (bevacizumab-tbjn), won't require prior authorization for Blue Cross commercial or BCN commercial members.

Note: To determine the requirement for Avzivi for Medicare Advantage members, see the document titled [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members](#).

### Additional information

For more information about the Oncology Value Management program, including information about the members who have requirements under the program and how to submit requests to OncoHealth, see the document titled [Oncology Value Management program through OncoHealth: FAQs for providers](#) and the following pages on [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com):

- [Blue Cross Medical Benefit Drugs](#)
- [BCN Medical Benefit Drugs](#)

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\*For commercial members, drugs may be covered only when administered at the following sites of care: doctor's or other health care provider's office; the member's home, administered by a home infusion therapy provider; or an ambulatory infusion center. Site-of-care requirements don't apply to Medicare Advantage members.

NovoLogix is an independent company that provides an online prescription drug prior authorization tool for Blue Cross Blue Shield of Michigan and Blue Care Network.

OncoHealth is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing cancer support services.