

Step therapy required for Keytruda and Opdivo for nasopharyngeal cancer for most members starting June 18

For dates of service on or after June 18, 2025, the following drugs will have a step therapy requirement through the Oncology Value Management program, administered by OncoHealth, when used for nasopharyngeal cancer:

- Keytruda[®] (pembrolizumab), HCPCS code J9271
- Opdivo[®] (nivolumab), HCPCS code J9299

Members will have to try and fail Loqtorzi[®] (toripalimab-tpzi), HCPCS code J3263, before Keytruda or Opdivo will be considered medically necessary.

These drugs are part of members' medical benefits, not their pharmacy benefits.

This step therapy requirement applies when the drugs are administered in outpatient settings for:

- Blue Cross Blue Shield of Michigan and Blue Care Network commercial members —
 - All fully insured members (group and individual), with the exception of MESSA members
 - Most self-funded members who have coverage through [groups that participate in the Oncology Value Management program](#).

Note: This requirement doesn't apply to Blue Cross commercial members who have coverage through the Blue Cross and Blue Shield Federal Employee Program[®] or Blue Cross commercial UAW Retiree Medical Benefits Trust plans.

- Medicare Plus Blue and BCN Advantage members

How to submit authorization requests

Submit prior authorization requests to OncoHealth, using one of the following methods:

- Through the OncoHealth OneUM[™] portal, which you can access by 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 *OncoHealth Provider Portal* tile.
- By calling OncoHealth at 1-888-916-2616



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Provider alert

Blue Cross commercial, Medicare Plus BlueSM

BCN commercial and BCN AdvantageSM

Categories: Authorizations/referrals, Pharmacy

Date posted: March 20, 2025

More about prior authorization requirements

Prior 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 members: [Medical oncology prior authorization list for Blue Cross commercial fully insured and BCN commercial 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.

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