

Additional drugs to require prior authorization for Blue Cross commercial URMBS members starting July 30

For dates of service on or after July 30, 2025, the drugs listed below will require prior authorization for Blue Cross commercial UAW Retiree Medical Benefits Trust members. Submit requests as follows.

Drug	Submit requests through
Anktiva® (nogapendekin alfa inbakicept-pmln), HCPCS code J9028	Carelton Medical Benefits Management provider portal
Hercessi™ (trastuzumab-strf), HCPCS code Q5146	
Imdelltra™ (tarlatamab-dlle), HCPCS code J9026	
Tevimbra® (tislelizumab-jsgr), HCPCS code J9329	
Opuziv™ (aflibercept-yszy), HCPCS code J3590	Medical and Pharmacy Drug PA Portal
Wyost® (denosumab-bbdz), HCPCS code Q5136	

These requirements apply only when these drugs are administered in an outpatient setting.

Submit prior authorization requests through the Carelon provider portal or the Medical and Pharmacy Drug PA Portal when these drugs will be billed as a medical benefit.

Note: The requirements don'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

To submit requests, log in to our provider portal (availability.com*), click on Payer Spaces and then click on the BCBSM and BCN logo. Click the appropriate tile in the Applications tab:

- *Medical/Pharm Drug Benefit Prior Auth (Commercial)* to open the Medical and Pharmacy Drug PA Portal
- *Carelton ProviderPortal*

Note: If you need to request access to our provider portal, see the [Register for web tools](#) webpage on bcbsm.com.

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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