

Anktiva, Herceptin Hylecta and Onivyde will have step therapy requirements for most members starting Dec. 1

For dates of service on or after Dec. 1, 2025, the following drugs will have a step therapy requirement through the Oncology Value Management program, administered by OncoHealth.

Drug	Applies to...	Starting Dec. 1 ...
Anktiva® (nogapendekin alfa inbakicept), HCPCS code J9028	Commercial and Medicare Advantage members, as specified below	For the treatment of BCG-unresponsive non-muscle invasive bladder cancer, members must try and fail Adstiladrin® (nadofaragene firadenovec-vncg), HCPCS code J9029, before Anktiva will be considered medically necessary. Note: For dates of service on or after June 1, 2025, Anktiva requires prior authorization for most members.
Herceptin Hylecta™ (trastuzumab and hyaluronidase-oysk), HCPCS code J9356	Commercial members, as specified below Note: This step therapy requirement went into effect for Medicare Advantage members in May 2025.	Members must try and fail all preferred trastuzumab biosimilar products before Herceptin Hylecta will be considered medically necessary. For additional information on current preferred products, refer to the prior authorization lists at the end of this document.
Onivyde® (irinotecan liposome), HCPCS code J9205	Commercial and Medicare Advantage members, as specified below	For the treatment of pancreatic cancer, members must try and fail conventional irinotecan, HCPCS code J9206, before Onivyde will be considered medically necessary. Note: Conventional irinotecan doesn't require prior authorization.

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

These requirements apply when the drugs are administered in outpatient settings for:

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

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 through Blue Cross commercial UAW Retiree Medical Benefits Trust plans.

- All members with individual coverage
- Medicare Plus Blue and BCN Advantage members

How to submit prior 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 (availity.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

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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