

Akynzeo, Cinvanti, Focinvez and Sustol to require prior authorization for most members starting Jan. 1

For dates of service on or after Jan. 1, 2026, the following drugs will require prior authorization through the Oncology Value Management program, administered by OncoHealth:

- Akynzeo[®] (netupitant/palonosetron), HCPCS code J1454
- Cinvanti[®] (aprepitant), HCPCS code J0185
- Focinvez[™] (fosaprepitant), HCPCS code J1434
- Sustol[®] (granisetron), HCPCS code J1627

This drug is part of the members' medical benefits, not their pharmacy benefits.

These requirements apply when the drug is 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 ([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

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.



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Provider alert

Blue Cross commercial, Medicare Plus BlueSM,
BCN commercial and BCN AdvantageSM

Categories: Authorizations/referrals, Pharmacy

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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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