

Additional medical benefit drugs to require prior authorization for Blue Cross commercial URMBT members starting July 1

For dates of service on or after July 1, 2026, the following drugs will require prior authorization for Blue Cross commercial UAW Retiree Medical Benefits Trust members:

Drug	Submit requests through
Inlexzo™ (gemcitabine intravesical system), HCPCS code J9183	Carelon Medical Benefits Management provider portal
Keytruda Qlex™ (pembrolizumab and berahyaluronidase alfapmph), HCPCS code J9277	
Kyxata™ (carboplatin), HCPCS code J9278	
Lynozyfic™ (linvoseltamab-gcpt), HCPCS code J9601	
Onapgo™ (apomorphine hydrochloride), NOC codes	Medical and Pharmacy Drug PA Portal
Vyalev™ (foscarbidopa/foslevodopa) – HCPCS code J7356	

Submit requests as indicated above when these drugs will be billed as a medical benefit.

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

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:

- *Carelon ProviderPortal*
- *Medical and Pharmacy Benefit Drug Prior Auth*

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 URMBT 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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