

We're adding requirements for additional medical oncology drugs for most members starting Aug. 12

For dates of service on or after Aug. 12, 2026, we're adding requirements for the following drugs managed through the Oncology Value Management program.

Site of care requirements apply only to commercial members. These drugs are part of the members' medical benefits, not their pharmacy benefits.

Brand name	Generic name	HCPCS code	-Requirement		
			Prior authorization	Site of care	Step therapy
Armlupeg [®]	pegfilgrastim-unne	Q5169 ¹	✓		✓
Blenrep	belantamab mafodotin-blmf	J9053 ¹	✓		
Cyramza [®]	ramucirumab	J9308	✓	✓	✓
Frindovyx [™]	cyclophosphamide	J9072	✓		✓
Rybrevant Faspro [™]	amivantamab and hyaluronidase-lpuj	J9062 ¹	✓		
Yartemlea [®]	narsoplimab-wuug	J1289	✓ ²		
Yondelis [®]	trabectedin	J9352	✓		✓ ³

¹HCPCS code will be effective July 1, 2026.

²Yartemlea currently requires prior authorization for both commercial and Medicare Advantage members through the Medical and Pharmacy Benefit PA Portal. For dates of service on or after Aug. 12, providers will need to submit prior authorization requests for Yartemlea to OncoHealth because the drug will be managed under the Oncology Value Management program.

³Yondelis already requires prior authorization under the Oncology Value Management program. For the treatment of liposarcoma, members must try and fail Halaven[®] (eribulin mesylate), HCPCS J9179, before Yondelis will be considered medically necessary for dates of service on or after Aug. 12. Halaven does not require prior authorization.

When these requirements apply

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 opt-out list for self-funded groups](#) for groups that do not participate.

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:

- Within our payer space, click on the *OncoHealth Provider Portal* tile in the Applications tab. ([Learn how to access our provider portal payer space.](#))
- By calling OncoHealth at 1-888-916-2616

Submit prior authorization requests to Blue Cross or BCN by clicking on *Medical and Pharmacy Benefit Drug Prior Auth* tile in our payer space. ([Learn how to access our provider portal payer space.](#))

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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