

## We're adding requirements for additional medical oncology drugs for most members starting Oct. 1

For dates of service on or after Oct. 1, 2026, we're adding requirements for the following drugs managed through the Oncology Value Management program.

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

| Brand name            | Generic name       | HCPCS code | Requirement         |              |
|-----------------------|--------------------|------------|---------------------|--------------|
|                       |                    |            | Prior authorization | Step therapy |
| Aphexda <sup>®</sup>  | motixafortide      | J2277      | ✓                   |              |
| Avopef <sup>TM</sup>  | etoposide          | J9999      | ✓                   | ✓            |
| Axtle <sup>TM</sup>   | pemetrexed         | J9292      | ✓ <sup>1</sup>      | ✓            |
| Evdi                  | trabectedin        | J9999      | ✓                   | ✓            |
| Favlyxa <sup>TM</sup> | fluorouracil       | J9999      | ✓                   | ✓            |
| Vykoura <sup>TM</sup> | leucovorin calcium | J3490      | ✓                   | ✓            |

<sup>1</sup>Axtle already requires prior authorization under the Oncology Value Management program. Before Axtle will be considered medically necessary for dates of service on or after Oct. 1, members must try and fail all of the following pemetrexed products: HCPCS codes J9305, J9314, J9294, J9297 and J9322.

### 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<sup>®</sup> 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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