

Update: Additional drugs to require prior authorization for most members through the Oncology Value Management program starting Jan. 1

We updated this communication to show that Sarclisa EscenaTM will have both a prior authorization and a site-of-care requirement for commercial members.

For dates of service on or after Jan. 1, 2027, the following drugs will require prior authorization through the Oncology Value Management program, administered by OncoHealth. These drugs are part of the members' medical benefits, not their pharmacy benefits.

- DecnupazTM (pivekimab sunirine-pvzy), HCPCS code J9999
- FilkriTM (filgrastim-laha), HCPCS code Q5172
- NavitroxTM (fosaprepitant), HCPCS code J3490
- PosfreaTM (palonosetron), HCPCS code J2468
- Sarclisa EscenaTM (isatuximab-irfc), HCPCS code J9999 — For commercial members, this drug also has a site-of-care requirement*
- RevtorpykTM (gedatolisib), HCPCS code J9999

We're making this change to help meet our goal of promoting safe, effective treatment while responsibly managing healthcare costs. This change supports clinically appropriate, cost-effective care and helps ensure medical benefit drugs are used safely and effectively.

When these requirements apply

These requirements apply when 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), including 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

More about prior authorization requirements

Prior authorization isn't a guarantee of payment. As always, healthcare practitioners need to verify eligibility and benefits for members.

For additional information on requirements related to oncology drugs covered under the medical benefit, refer to the following drug lists:

- [Oncology Value Management program prior authorization list for Blue Cross 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 these drug lists to reflect the information in this message prior to the effective date.

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*For commercial members, drugs may be covered only when administered at the following sites of care: doctor's or other health care provider's office; the member's home, administered by a home infusion therapy provider; or an ambulatory infusion center. Site-of-care requirements don't apply to Medicare Advantage members.

OncoHealth is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing cancer support services.