

2022 SPECIALTY DRUGS PRIOR AUTHORIZATION LIST

Updated December 2022 to reference changes through January 2023

General Information:

Prior Authorization is required by BCBSMT for certain services to determine in advance the Medical Necessity or Experimental, Investigational and/or Unproven nature of certain care and services based on MCG Criteria, Medical Policy and Member benefits. The list below describes the services that require preauthorization.

Predetermination is a process used to submit requests for review of coverage decisions in accordance with Medical Policy and Member contracts for a service (i.e., procedure, supply, drug or device) used to diagnose or treat an illness or condition. A predetermination is recommended if a provider is uncertain if the service meets Medical Policy criteria. Contact provider customer service to determine if a service not on this list is subject to Medical Necessity review.

The presence of codes on this list does not necessarily indicate coverage under the Member benefits contract. Member contracts differ in their benefits. Consult the Member contract or contact a provider customer service representative to determine coverage for a specific drug code. Providers may also check eligibility and benefits through Availity® or the provider's preferred vendor to determine if a preauthorization is required. Not all requirements apply to each BCBSMT benefit plan.

Use this document to view details for a procedure code, including: 1) Drug Product Name - Brand (generic); 2) Reason for prior authorization where medical necessity review is required for both therapy and place of infusion (Infusion Site of Care) or for therapy only (Provider Administered Drug Therapy) and/or for Medical Oncology & Supportive Care and 3) Effective date for when prior authorization was implemented at BCBSMT (provider administered drug therapy or infusion site of care) or AIM Specialty HealthSM (AIM) (requests for oncology drugs that are supported by an oncology diagnosis).

EXCEPT AS OTHERWISE NOTED IN THE UPDATE HISTORY COLUMN, THESE PRIOR AUTHORIZATION REQUIREMENTS ARE EFFECTIVE ON JANUARY 1, 2022

PRESS "CTRL" AND "F" KEYS AT THE SAME TIME TO BRING UP THE SEARCH BOX. ENTER A PROCEDURE CODE OR DRUG NAME.

Code	Category	Drug Product Name* Brand (generic) <i>*Trademarks are the property of their respective owners.</i>	Medical Policy Number	Medical Policy Title	Reason for Prior Authorization Requirement	Update History / Delegation Notes*** (Highlighted = Multiple Indications) ***Some drugs / codes on this PA list have multiple indications. AIM will only review requests that are supported by an oncology diagnosis. See details provided on this list for each drug/code.
C9095	Medical Infusion / Specialty Drug	Kimtrak (tebentafusp-tebn)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	End code effective 12/31/2022, replaced by code J9274 effective 01/01/2023; Add effective 10/01/2022. Prior Authorization required through AIM.
C9142	Medical Infusion / Specialty Drug	Alymsys (bevacizumab-maly)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
C9399	Medical Infusion / Specialty Drug	Cataquig_ (Immune Globulin (Human)-hipp); Kimtrak (tebentafusp-tebn) Unituxin (dinutuximab) Alymsys (bevacizumab-maly)	AIM RX501.137 RX501.135 RX501.136 RX501.087 RX501.099 RX504.003 RX501.130 RX501.129	AIM Clinical Guidelines Aducantumab-awwa Casimersen Evinacumab-dgmb FDA-Approved Drugs and Biologicals Ibalizumab-uiyk Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Veklury Viltolarsen	Medical Oncology & Supportive Care	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); New Medical Oncology drug Kimtrak added into existing PA code and drug Cataquig remove effective 10/01/2022; AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J3490	Medical Infusion / Specialty Drug	Cataquig_ (Immune Globulin (Human)-hipp); Kimtrak (tebentafusp-tebn) Unituxin (dinutuximab)	AIM RX501.137 MED206.001 RX501.135 RX501.063 SUR716.001 RX501.067 RX501.105 RX501.136 RX501.087 RX501.040 RX501.099 RX504.003 OTH903.027 OTH903.020 RX501.080 SUR706.001 RX501.086 RX501.085 RX501.104 RX502.030 MED206.006 MED201.014 RX501.130 RX501.129	AIM Clinical Guidelines Aducantumab-awwa Allergy Management Casimersen Compounded Drug Products Cosmetic and Reconstructive Procedures Enzyme-Replacement Therapy for Lysosomal Storage Disorders Esketamine Nasal Spray Evinacumab-dgmb FDA-Approved Drugs and Biologicals Human Growth Hormone (GH) Ibalizumab-uiyk Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Mepolizumab Nasal and Sinus Surgery Nusinersen Ocrelizumab Onasemnogene Apeparovec-xioi Rituximab and Biosimilars for Non-Oncologic Indications Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy Treatment of Hyperhidrosis Veklury Viltolarsen	Medical Oncology & Supportive Care	Effective 01/01/2023, add new drug Unituxin (dinutuximab); New Medical Oncology drug Kimtrak added into existing PA code and drug Cataquig remove effective 10/01/2022; AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J3590	Medical Infusion / Specialty Drug	Cataquig_ (Immune Globulin (Human)-hipp); Kimtrak (tebentafusp-tebn) Unituxin (dinutuximab) Alymsys (bevacizumab-maly)	AIM RX501.137 RX501.135 RX501.073 RX501.063 RX501.067 RX501.136 RX501.087 RX501.099 RX504.003 RX501.051 RX501.080 RX501.085 RX501.104 RX501.129	AIM Clinical Guidelines Aducantumab-awwa Casimersen Clostridial Collagenase for Fibroproliferative Disorders Compounded Drug Products Enzyme-Replacement Therapy for Lysosomal Storage Disorders Evinacumab-dgmb FDA-Approved Drugs and Biologicals Ibalizumab-uiyk Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Infliximab and Associated Biosimilars Mepolizumab Ocrelizumab Onasemnogene Apeparovec-xioi Viltolarsen	Medical Oncology & Supportive Care	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); New Medical Oncology drug Kimtrak added into existing PA code and drug Cataquig remove effective 10/01/2022; AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J9019	Medical Infusion / Specialty Drug	Erwinaze (asparaginase Erwinia chrysanthemi)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
J9021	Medical Infusion / Specialty Drug	Rylaze (asparaginase erwinia chrysanthemi (recombinant)-rwn)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
J9032	Medical Infusion / Specialty Drug	Beleodaq (belinostat)	AIM RX502.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive Care Provider Administered Drug	Effective 01/01/2023, Prior Authorization move from BCBS to AIM. Prior Authorization required through BCBS.

J9118	Medical Infusion / Specialty Drug	Asparias (calaspargase pegol-mknl)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
J9153	Medical Infusion / Specialty Drug	Vyxeos (daunorubicin and cytarabine)	AIM RX502.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Effective 01/01/2023, Prior Authorization move from BCBS to AIM. Prior Authorization required through BCBS.
J9266	Medical Infusion / Specialty Drug	Oncaspar (pegaspargase)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
J9274	Medical Infusion / Specialty Drug	Kimtrak (tebentafusp-tebn)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add code effective 01/01/2023 for drug Kimtrak (tebentafusp-tebn)
J9295	Medical Infusion / Specialty Drug	Portrazza (necitumumab)	AIM RX502.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Effective 01/01/2023, Prior Authorization move from BCBS to AIM. Prior Authorization required through BCBS.
J9298	Medical Infusion / Specialty Drug	Opdualag (relatlimab and nivolumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
J9311	Medical Infusion / Specialty Drug	Rituxan- Hycela (Rituximab Hyaluronidase)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 01/01/2023, BCBS will stop review of code and AIM will continue review of requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J9325	Medical Infusion / Specialty Drug	Imlygic (talimogene laherparepvec)	AIM RX502.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Effective 01/01/2023, Prior Authorization move from BCBS to AIM. Prior Authorization required through BCBS.
J9999	Medical Infusion / Specialty Drug	Cutaqig (Immune Globulin (Human)-hipp); Kimtrak (tebentafusp-tebn) Unituxin (dinutuximab) Almysys (bevacizumab-maly)	AIM MED203.002 RX501.063 RX501.087 RX504.003 RX501.085 RX501.057	AIM Clinical Guidelines Antineoplastic Cancer Therapy Compounded Drug Products FDA-Approved Drugs and Biologicals Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Ocrelizumab Sodium Phenylbutyrate	Medical Oncology & Supportive Care	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Almysys (bevacizumab-maly); New Medical Oncology drug Kimtrak added into existing PA code and drug Cutaqig remove effective 10/01/2022; AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
90283	Medical Infusion / Specialty Drug	IVIG (immune globulin intravenous)	PSY301.014 RX504.003	Autism Spectrum Disorders (ASD) Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
90284	Medical Infusion / Specialty Drug	SCIG	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
90378	Medical Infusion / Specialty Drug	Synagis (palivizumab)	RX504.009	Respiratory Syncytial Virus (RSV) Immunoprophylaxis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
C9098	Medical Infusion / Specialty Drug	Carvykti (ciltaicabtagene autoleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBS.
C9257	Medical Infusion / Specialty Drug	Avastin (bevacizumab)	OTH903.027 OTH903.020 OTH903.015	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0129	Medical Infusion / Specialty Drug	Orencia (abatacept)	RX501.113 RX501.096	Abatacept Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0180	Medical Infusion / Specialty Drug	Fabrazyme (agalsidase beta)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0202	Medical Infusion / Specialty Drug	Lemtrada (alemtuzumab)	RX501.077	Alemtuzumab	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0221	Medical Infusion / Specialty Drug	Lumizyme (alglucosidase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0222	Medical Infusion / Specialty Drug	Onpatro (patisiran)	RX501.096 RX501.102	Specialty Medication Administration Site of Care Patisiran (Onpatro)	Infusion Site of Care	Prior Authorization required through BCBS.
J0223	Medical Infusion / Specialty Drug	Givlaari (givosiran)	RX501.125 RX501.096	Givosiran Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0490	Medical Infusion / Specialty Drug	Benlysta (belimumab)	RX501.116 RX501.096	Belimumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0517	Medical Infusion / Specialty Drug	Fasenra (benralizumab)	RX501.100 RX501.096	Benralizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0565	Medical Infusion / Specialty Drug	Zinplava (bezlotoxumab)	RX501.093	Bezlotoxumab	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0567	Medical Infusion / Specialty Drug	Brineura (cerliponase alfa)	RX501.092	Cerliponase alfa	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0584	Medical Infusion / Specialty Drug	Crysvita (burosumab-twza)	RX502.058 RX501.096	Burosumab-twza Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0585	Medical Infusion / Specialty Drug	Botox (onabotulinumtoxinA)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0586	Medical Infusion / Specialty Drug	Dysport (abobotulinumtoxinA)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0587	Medical Infusion / Specialty Drug	Myobloc (rimabotulinumtoxinB)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0588	Medical Infusion / Specialty Drug	Xeomin (incobotulinumtoxinA)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0598	Medical Infusion / Specialty Drug	Cinryze (C1 esterase inhibitor)	RX504.013 RX501.096	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0638	Medical Infusion / Specialty Drug	Ilaris (canakinumab)	RX501.119 RX501.096	Canakinumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0641	Medical Infusion / Specialty Drug	Fusilev (Levoleucovorin Calcium)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J0642	Medical Infusion / Specialty Drug	Khapzory (Levoleucovorin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J0717	Medical Infusion / Specialty Drug	Cimzia (certolizumab pegol)	RX501.111 RX501.096	Certolizumab Pegol Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0775	Medical Infusion / Specialty Drug	Xiaflex (collagenase, clostridium histolyticum)	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0791	Medical Infusion / Specialty Drug	Adakveo (crizanlizumab-tmca)	RX501.126 RX501.096	Crizanlizumab-tmca Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.

J0881	Medical Infusion / Specialty Drug	Non-ESRD, Aranesp_(Darbepoetin alfa)	AIM RX501.069	AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Provider Administered Drug Therapy	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J0882	Medical Infusion / Specialty Drug	ESRD, Aranesp_(Darbepoetin alfa)	AIM RX501.069	AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care		AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J0885	Medical Infusion / Specialty Drug	Non-ESRD, Epogen/Procrit_(Epoetin Alfa)	AIM RX501.069	AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Provider Administered Drug Therapy	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J0888	Medical Infusion / Specialty Drug	Mircera (pegylated-epoetin beta)	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	Provider Administered Drug Therapy		Prior Authorization required through BCBS.
J0896	Medical Infusion / Specialty Drug	Rebzoyl_(Luspatercept-aamt)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care		Prior Authorization required through AIM.
J0897	Medical Infusion / Specialty Drug	Injection, denosumab, 1 mg Prolia/Xgeva_(Denosumab)	RX501.140 AIM	Denosumab (Prolia & Xgeva) AIM Clinical Guidelines	Provider Administered Drug Therapy	Medical Oncology & Supportive Care	PA thru BCBS add effective 08/01/2022; AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1290	Medical Infusion / Specialty Drug	Kalbitor (ecallantide)	RX504.013 RX501.096	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide Specialty Medication Administration Site of Care	Infusion Site of Care		Prior Authorization required through BCBS.
J1300	Medical Infusion / Specialty Drug	Soliris (eculizumab)	RX501.066 RX501.096	Ecuzumab Specialty Medication Administration Site of Care	Infusion Site of Care		Prior Authorization required through BCBS.
J1301	Medical Infusion / Specialty Drug	Radicava (edaravone)	RX501.095 RX501.096	Edaravone Specialty Medication Administration Site of Care	Infusion Site of Care		Prior Authorization required through BCBS.
J1303	Medical Infusion / Specialty Drug	Ultomiris (ravulizumab-cwvz)	RX501.107 RX501.096	Ravulizumab-cwvz Specialty Medication Administration Site of Care	Infusion Site of Care		Prior Authorization required through BCBS.
J1322	Medical Infusion / Specialty Drug	Vimizim (elosulfase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care		Prior Authorization required through BCBS.
J1325	Medical Infusion / Specialty Drug	Fiolan, Veletri (epoprostenol)	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Provider Administered Drug Therapy		Prior Authorization required through BCBS.
J1428	Medical Infusion / Specialty Drug	Exondys 51 (eteplirsen)	RX501.084	Eteplirsen	Provider Administered Drug Therapy		Prior Authorization required through BCBS.
J1442	Medical Infusion / Specialty Drug	Neupogen_(Filgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care		Prior Authorization required through AIM.
J1447	Medical Infusion / Specialty Drug	Granix_(Tbo-Filgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care		Prior Authorization required through AIM.
J1448	Medical Infusion / Specialty Drug	Cosela (trilaciclib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care		Add effective 10/01/2022. Prior Authorization required through AIM.
J1458	Medical Infusion / Specialty Drug	Naglazyme (galsulfase)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care		Prior Authorization required through BCBS.
J1459	Medical Infusion / Specialty Drug	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	AIM RX504.003 RX501.096	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1551	Medical Infusion / Specialty Drug	Cutaquig_(Immune Globulin (Human)-hipp)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care		Add effective 10/01/2022. Prior Authorization required through AIM.
J1554	Medical Infusion / Specialty Drug	Asceniv_(Immune Globulin (Human)-sira)	AIM RX504.003	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Medical Oncology & Supportive Care		AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1555	Medical Infusion / Specialty Drug	Cuvitru_(Immune Globulin (Human) Subcutaneous)	AIM RX504.003 RX501.096	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1556	Medical Infusion / Specialty Drug	Bivigam_(Injection, immune globulin, 500 mg)	AIM RX504.003 RX501.096	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1557	Medical Infusion / Specialty Drug	(Gammalex_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.097	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1558	Medical Infusion / Specialty Drug	Xembify_(Injection, immune globulin, 100 mg)	AIM RX504.003 RX501.098	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1559	Medical Infusion / Specialty Drug	Hizentra_(Injection, immune globulin, 100 mg)	AIM RX504.003 RX501.099	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1561	Medical Infusion / Specialty Drug	Gamunex/Gamunex-C/Gammaked_(Injection, immune globulin, nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.100	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1562	Medical Infusion / Specialty Drug	Vivaglobin (immune globulin subcutaneous)	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy		Prior Authorization required through BCBS.
J1566	Medical Infusion / Specialty Drug	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	AIM RX504.003 RX501.101	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1568	Medical Infusion / Specialty Drug	Octagam_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.102	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1569	Medical Infusion / Specialty Drug	Gammagard liquid_(Injection, immune globulin, intravenous, nonlyophilized, (e.g., liquid), 500 mg)	AIM RX504.003 RX501.103	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1572	Medical Infusion / Specialty Drug	Fiebogamma/Fiebogamma Dif_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.104	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1575	Medical Infusion / Specialty Drug	Hyavia_(Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin)	AIM RX504.003 RX501.105	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.

11599	Medical Infusion / Specialty Drug	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	AIM RX504.003	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous [SCIG])	Provider Administered Drug Therapy/Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
11602	Medical Infusion / Specialty Drug	Simponi Aria (golimumab)	RX501.112 RX501.096	Golimumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
11675	Medical Infusion / Specialty Drug	histrelin acetate	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
11726	Medical Infusion / Specialty Drug	Makena (hydroxyprogesterone caproate)	RX501.062	Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
11743	Medical Infusion / Specialty Drug	Elaprase (idursulfase)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
11745	Medical Infusion / Specialty Drug	Remicade (infliximab)	THE801.028 RX501.051 RX501.096	Acne Management Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
11746	Medical Infusion / Specialty Drug	Trogarzo (ibalzumab-uiyk)	RX501.099 RX501.096	ibalzumab-uiyk Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
11786	Medical Infusion / Specialty Drug	Cerezyme (imiglucerase)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
11931	Medical Infusion / Specialty Drug	Aldurazyme (laronidase)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
11950	Medical Infusion / Specialty Drug	Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, per 3.75 mg)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
12182	Medical Infusion / Specialty Drug	Nucala (mepolizumab)	RX501.080 RX501.096	Mepolizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
12278	Medical Infusion / Specialty Drug	Prialt (ziconotide)	RX501.060	Ziconotide	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
12323	Medical Infusion / Specialty Drug	Tysabri (natalizumab)	RX501.059 RX501.096	Natalizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
12326	Medical Infusion / Specialty Drug	Spinraza (nusinersen)	RX501.086	Nusinersen	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
12350	Medical Infusion / Specialty Drug	Ocrevus (ocrelizumab)	RX501.085 RX501.096	Ocrelizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
12357	Medical Infusion / Specialty Drug	Xolair (omalizumab)	RX501.058 RX501.096	Omalizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
12502	Medical Infusion / Specialty Drug	Signifor LAR (pasireotide)	RX501.079	Pasireotide	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
12505	Medical Infusion / Specialty Drug	Neulasta (Pegfilgrastim) Neulasta Onpro Kit (Pegfilgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Retire effective 04/01/2022.
12506	Medical Infusion / Specialty Drug	Neulasta (Pegfilgrastim) Neulasta Onpro Kit (Pegfilgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 04/01/2022. Prior Authorization required through AIM.
12507	Medical Infusion / Specialty Drug	Krystexxa (pegloticase)	RX501.120 RX501.096	Pegloticase Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
12562	Medical Infusion / Specialty Drug	Mozobil (plerixafor)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
12786	Medical Infusion / Specialty Drug	Cinqair (reslizumab)	RX501.083 RX501.096	Reslizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
12820	Medical Infusion / Specialty Drug	Leukine (Sargramostim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
12840	Medical Infusion / Specialty Drug	Kanuma (sebelipase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
12860	Medical Infusion / Specialty Drug	Sylvant (siltuximab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
12941	Medical Infusion / Specialty Drug	Humatrope, Saizen (somatotropin)	RX501.040	Human Growth Hormone (GH)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
13032	Medical Infusion / Specialty Drug	Vyepti (eptinezumab-jjmr)	RX501.124 RX501.096	Eptinezumab-jjmr Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
13060	Medical Infusion / Specialty Drug	Elelyso (taliglucerase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
13121	Medical Infusion / Specialty Drug	testosterone enanthate	SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
13145	Medical Infusion / Specialty Drug	Aveed (testosterone undecanoate)	SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
13241	Medical Infusion / Specialty Drug	Tepezza (teprotumumab-trbw)	RX501.096 RX501.110	Specialty Medication Administration Site of Care Teprotumumab	Infusion Site of Care	Prior Authorization required through BCBS.
13245	Medical Infusion / Specialty Drug	Ilumya (tildrakizumab-asnm)	RX501.096 RX501.123	Specialty Medication Administration Site of Care Tildrakizumab-asnm	Infusion Site of Care	Prior Authorization required through BCBS.
13262	Medical Infusion / Specialty Drug	Actemra (tocilizumab)	RX501.096 RX501.115	Specialty Medication Administration Site of Care Tocilizumab	Infusion Site of Care	Prior Authorization required through BCBS.
13285	Medical Infusion / Specialty Drug	Remodulin (treprostinil)	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
13315	Medical Infusion / Specialty Drug	Trelstar (triptorelin pamoate)	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
13358	Medical Infusion / Specialty Drug	Stelara (ustekinumab for intravenous use)	RX501.096 RX501.114	Specialty Medication Administration Site of Care Ustekinumab	Infusion Site of Care	Prior Authorization required through BCBS.
13380	Medical Infusion / Specialty Drug	Entyvio (vedolizumab)	RX501.096 RX501.117	Specialty Medication Administration Site of Care Vedolizumab	Infusion Site of Care	Prior Authorization required through BCBS.
13385	Medical Infusion / Specialty Drug	Vpriv (velaglucerase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
13397	Medical Infusion / Specialty Drug	Mepsevii (vestronidase alfa-vjbc)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.

J3398	Medical Infusion / Specialty Drug	Luxturna (voretigene neparovec-rzyl)	RX501.098	Gene Therapy for Inherited Retinal Dystrophy	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J3399	Medical Infusion / Specialty Drug	Zolgensma (onasemnogene abeparovec-xioi)	RX501.104	Onasemnogene Abeparovec-xioi	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J7178	Medical Infusion / Specialty Drug	RiaSTAP (human fibrinogen concentrate)	RX501.072	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J7340	Medical Infusion / Specialty Drug	Duopa (carbidopa/levodopa enteral suspension)	RX504.015	Levodopa-Carbidopa Enteral Suspension (e.g. Duopa) for The Treatment of Parkinson Disease.	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J9022	Medical Infusion / Specialty Drug	Tecentriq_(Atezolizumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9023	Medical Infusion / Specialty Drug	Bavencio_(Avelumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9035	Medical Infusion / Specialty Drug	Avastin_(Bevacizumab)	AIM OTH903.027 OTH903.020 OTH903.015	AIM Clinical Guidelines Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	Provider Administered Drug Therapy/Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J9037	Medical Infusion / Specialty Drug	Blenrep (Belantamab mafodotin-bimf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9039	Medical Infusion / Specialty Drug	Blinicyto_(Blinatumomab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9042	Medical Infusion / Specialty Drug	Adcetris_(Brentuximab vedotin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9043	Medical Infusion / Specialty Drug	Jevtana_(Cabazitaxel)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9047	Medical Infusion / Specialty Drug	Kyprolis_(Carfilzomib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9055	Medical Infusion / Specialty Drug	Eribitux_(Cetuximab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9057	Medical Infusion / Specialty Drug	Aliqopa_(Copanlisib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9061	Medical Infusion / Specialty Drug	Amivantamab-vmjw	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
J9119	Medical Infusion / Specialty Drug	Libtayo (Cemiplimab-rwc)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9144	Medical Infusion / Specialty Drug	Darzalex-Faspro_(Daratumumab-hyaluronidase-fjh)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9145	Medical Infusion / Specialty Drug	Darzalex_(Daratumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9155	Medical Infusion / Specialty Drug	Firmagon (degarelix)	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J9173	Medical Infusion / Specialty Drug	Imfinzi_(Durvalumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9176	Medical Infusion / Specialty Drug	Empliciti_(Elotuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9177	Medical Infusion / Specialty Drug	Padcev_(Fam-trastuzumab deruxtecan-nxki)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9179	Medical Infusion / Specialty Drug	Halaven_(Eribulin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9202	Medical Infusion / Specialty Drug	Zoladex (goserelin acetate implant)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J9203	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9204	Medical Infusion / Specialty Drug	Poteligeo_(Mogamullizumab-kpkc)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9205	Medical Infusion / Specialty Drug	Onivyde_(Irinotecan liposome)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9207	Medical Infusion / Specialty Drug	Ixempra_(ixabepilone)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9217	Medical Infusion / Specialty Drug	Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 mg)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J9218	Medical Infusion / Specialty Drug	leuprolide acetate, non depot	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J9219	Medical Infusion / Specialty Drug	Viadur (leuprolide acetate implant)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J9223	Medical Infusion / Specialty Drug	Zepzelca_(Lurbinectedin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9225	Medical Infusion / Specialty Drug	Vantas (histrelin implant)	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J9226	Medical Infusion / Specialty Drug	Supprelin LA (histrelin implant)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J9227	Medical Infusion / Specialty Drug	Sarclisa_(Isatuximab-irfc)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9228	Medical Infusion / Specialty Drug	Yervoy_(Ipilimumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9229	Medical Infusion / Specialty Drug	Besponsa_(Inotuzumab ozogamicin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9264	Medical Infusion / Specialty Drug	Abraxane_(Paclitaxel protein-bound particles)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9269	Medical Infusion / Specialty Drug	Elzonris_(Tagraxofusp-erzs)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.

J9271	Medical Infusion / Specialty Drug	Keytruda_(Pembrolizumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9272	Medical Infusion / Specialty Drug	Dostarlimab-gxly	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
J9273	Medical Infusion / Specialty Drug	Tisotumab vedotin-tftv	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
J9281	Medical Infusion / Specialty Drug	Jelmyto_(Mitomycin Gel)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9299	Medical Infusion / Specialty Drug	Opdivo_(Nivolumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9301	Medical Infusion / Specialty Drug	Gazyva_(Obinituzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9302	Medical Infusion / Specialty Drug	Arzerra_(Ofatumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9303	Medical Infusion / Specialty Drug	Vectibix_(Panitumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9306	Medical Infusion / Specialty Drug	Perjeta_(Pertuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9308	Medical Infusion / Specialty Drug	Cyramza_(Ramucirumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9309	Medical Infusion / Specialty Drug	Polivy_(Polatuzumab vedotin-pliq)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9312	Medical Infusion / Specialty Drug	Rituxan_(Rituximab)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Provider Administered Drug Therapy Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J9313	Medical Infusion / Specialty Drug	Lumoxiti_(Moxetumomab pasudotox-tdfk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9316	Medical Infusion / Specialty Drug	Phesgo_(Pertuzumab-Trastuzumab-Hyaluronidase-zzxf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9317	Medical Infusion / Specialty Drug	Trodelvy_(Sacituzumab-govitecan)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9331	Medical Infusion / Specialty Drug	Fyarro_(sirolimus albumin bound nanoparticles)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
J9348	Medical Infusion / Specialty Drug	Danyelza_(Naxitamab-gqgk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9349	Medical Infusion / Specialty Drug	Monjuvi_(Tafasitamab-cxix)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9352	Medical Infusion / Specialty Drug	Yondelis_(Trabectedin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9353	Medical Infusion / Specialty Drug	Margenza_(Margetuximab-cmkb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9354	Medical Infusion / Specialty Drug	Kadcyla_(Ado-Trastuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9355	Medical Infusion / Specialty Drug	Herceptin_(Trastuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9356	Medical Infusion / Specialty Drug	Herceptin Hylecta_(Trastuzumab-hyaluronidase-oyks)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9358	Medical Infusion / Specialty Drug	Enhertu_(Fam-trastuzumab deruxtecan-nxki)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9359	Medical Infusion / Specialty Drug	Loncastuximab Tesirine-lpyl	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Q2041	Medical Infusion / Specialty Drug	Yescarta_(axicabtagene ciloleuce)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Q2042	Medical Infusion / Specialty Drug	Kymriah_(tisagenlecleuce)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Q2043	Medical Infusion / Specialty Drug	Provenge_(Sipuleuce)-T	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q2049	Medical Infusion / Specialty Drug	Doxil/Lipodox_(Doxorubicin liposomal)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q2050	Medical Infusion / Specialty Drug	Doxil/Lipodox_(Doxorubicin liposomal)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q2053	Medical Infusion / Specialty Drug	Tecartus_(brexucabtagene autoleuce)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBS.
Q2054	Medical Infusion / Specialty Drug	Tecartus_(brexucabtagene autoleuce)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBS.
Q2056	Medical Infusion / Specialty Drug	Ciltacabtagene car post	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add (REPLACE C9098 which AMA termed 10/01/2022)
Q2055	Medical Infusion / Specialty Drug	Abecma_(idecabtagene vicleuce)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBS.
Q4081	Medical Infusion / Specialty Drug	ESRD, Epogen/Procrit_(Epoetin Alfa)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5101	Medical Infusion / Specialty Drug	Zarxio_(Filgrastim-sndz)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5103	Medical Infusion / Specialty Drug	Inflixtra_(infliximab-dyyb)	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Q5104	Medical Infusion / Specialty Drug	Renflexis_(infliximab-abda) - NON PREFERRED	NON RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.

Q5105	Medical Infusion / Specialty Drug	Retacrit_(Epoetin alfa-epbx)	AIM RX501.069	AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5106	Medical Infusion / Specialty Drug	Retacrit_(Epoetin alfa-epbx)	AIM RX501.069	AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5107	Medical Infusion / Specialty Drug	Mvasi_(Bevacizumab-awwb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5108	Medical Infusion / Specialty Drug	Fulphila_(Pegfilgrastim-jmdb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5109	Medical Infusion / Specialty Drug	Ixifi (infliximab-qbtx) - NON-PREFERRED	RX501.051	Infliximab and Associated Biosimilars	Infusion Site of Care	Prior Authorization required through BCBS.
Q5110	Medical Infusion / Specialty Drug	Nivestym_(Filgrastim-aafi)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5111	Medical Infusion / Specialty Drug	Udenyca_(Pegfilgrastim-cbqv)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5112	Medical Infusion / Specialty Drug	Ontruzant_(Trastuzumab-dttb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5113	Medical Infusion / Specialty Drug	Herzuma_(Trastuzumab-pkrb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5114	Medical Infusion / Specialty Drug	Ogivri_(Trastuzumab-dkst)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5115	Medical Infusion / Specialty Drug	Truxima_(Rituximab-abbs)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5116	Medical Infusion / Specialty Drug	Trazimera_(Trastuzumab-qyyp)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5117	Medical Infusion / Specialty Drug	Kanjinti_(Trastuzumab-anns)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5118	Medical Infusion / Specialty Drug	Zirabev_(Bevacizumab-bvzr)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5119	Medical Infusion / Specialty Drug	Ruxience_(Rituximab-pvvr)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5120	Medical Infusion / Specialty Drug	Ziextenzo_(Pegfilgrastim-bmez)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5121	Medical Infusion / Specialty Drug	Avsola (infliximab-axxq)	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Q5122	Medical Infusion / Specialty Drug	Nyvepria_(Pegfilgrastim-aggf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5123	Medical Infusion / Specialty Drug	Riabni_(Rituximab-arrx)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
S0157	Medical Infusion / Specialty Drug	Regranex (becaplermin gel)	RX501.034	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
S0189	Medical Infusion / Specialty Drug	Testopel (testosterone pellets)	SUR717.001 RX501.007 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Hormone Replacement Therapies (HRT) Using Implanted Pellets for Women and Delayed Puberty Testosterone Replacement Therapies	Provider Administered Drug Therapy	Prior Authorization required through BCBS.

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Please note that checking eligibility and benefits and/or the fact that a service has been preauthorized is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.

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