

BlueCross BlueShield of Illinois

2022 Commercial Specialty Pharmacy Prior Authorization Drug List

Updated December 2022 to reference changes through January 2023

General Information:

The list below includes Specialty Pharmacy (infusion site of-care or provider administered drug therapies, including cellular immunotherapy, gene therapy and other medical benefit drug therapies) for which benefit prior authorization through Blue Cross and Blue Shield of Illinois (BCBSIL) may be required prior to administration of these drugs for some of our commercial, non-HMO members.

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 BCBSIL (provider Administered drug therapy or infusion site of care) or AIM Specially Health SM (AIM) (requests for oncology drugs that are supported by an oncology diagnosis).

This is not an exhaustive listing of all codes. Codes may change, and this list may be updated throughout the year. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract.

Member benefit plans differ in their benefits. Consult the member benefit booklet or contact the number on the member ID card to determine coverage for a specific drug code. Always check eligibility and benefits first through the Availity Provider Portal[®] (availity.com) or other preferred vendor portal to confirm coverage and other important details; this step may help determine if prior authorization is required.

EXCEPT AS OTHERWISE NOTED IN THE UPDATE HISTORY COLUMN, THESE PRIOR AUTHORIZATION REQUIREMENTS ARE EFFECTIVE ON JANUARY 1, 2023

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

Code		Drug Product Name*				Update History / Delegation Notes***
		Brand (generic)				(Highlighted = Multiple Indications)
	Category		Medical Policy Number	Medical Policy Title	Reason for Prior Authorization Requir	***Some drugs / codes on this PA list have multiple indications. AIM will only review requests that are supported by an oncology diagnosis.
		*Trademarks are the property of their				
		respective owners.				See details provided on this list for each drug/code.
C9098	Medical Infusion / Specialty Drug	Carvykti (ciltacabtagene autoleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Retire code C9098 effective 12/31/2022, replaced by code Q2056.
Q2056	Medical Infusion / Specialty	Ciltacabtagene car pos t	RX502.060	Oncologic Medications	Provider Administered Drug Therapy	Add effective 01/01/2023
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	SCIG	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
90378	Drug Medical Infusion / Specialty	Synagis (palivizumab)	RX504.009	Respiratory Syncytial Virus (RSV) Immunoprophylaxis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
C9095	Drug Medical Infusion / Specialty Drug	Kimmtrak (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	Alymsys (bevacizumab-maly)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
C9257	Drug Medical Infusion / Specialty	Avastin (bevacizumab)	OTH903.027	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
	Drug		OTH903.020 OTH903.015	Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)		
C9399	Medical Infusion / Specialty Drug	Cutaquig_(Immune Globulin (Human)- hipp);	AIM RX501.137	AIM Clinical Guidelines Aducanumab-avwa	Medical Oncology & Supportive Care	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); New Medical Oncology drug Kimmtrak added into
	0	Kimmtrak (tebentafusp-tebn)	RX501.135	Casimersen		existing PA code and drug Catuquig remove effective 10/01/2022; AIM will
		Unituxin (dinutuximab) Alymsys (bevacizumab-maly)	RX501.136 RX501.087	Evinacumab-dgnb FDA-Approved Drugs and Biologicals		review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis,
			RX501.099	Ibalizumab-uiyk		it will be reviewed by BCBS.
			RX504.003 RX501.130	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Veklury		
			RX501.129	Viltolarsen		
J0129	Medical Infusion / Specialty	Orencia (abatacept)	RX501.113	Abatacept	Infusion Site of Care	Prior Authorization required through BCBS.
J0180	Drug Medical Infusion / Specialty	Fabrazyme (agalsidase beta)	RX501.096 RX501.067	Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBS.
10202	Drug Medical Infusion / Specialty	Lemtrada (alemtuzumab)	RX501.096 RX501.077	Specialty Medication Administration Site of Care Alemtuzumab	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0221	Drug Medical Infusion / Specialty	Lumizyme (alglucosidase alfa)	RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBS.
10222	Drug Medical Infusion / Specialty	Onpattro (patisiran)	RX501.096 RX501.096	Specialty Medication Administration Site of Care Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
	Drug		RX501.102	Patisiran (Onpattro)		
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.
10490	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	Zinplava (bezlotoxumab)	RX501.093	Bezlotoxumab	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0567	Drug Medical Infusion / Specialty Drug	Brineura (cerliponase alfa)	RX501.092	Cerliponase alfa	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0584	Medical Infusion / Specialty	Crysvita (burosumab-twza)	RX502.058	Burosumab-twza	Infusion Site of Care	Prior Authorization required through BCBS.
10585	Drug Medical Infusion / Specialty	Botox (onabotulinumtoxinA)	RX501.096 RX501.019	Specialty Medication Administration Site of Care Botulinum Toxin	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
10586	Drug Medical Infusion / Specialty	Dysport (abobotulinumtoxinA)	MED201.014 RX501.019	Treatment of Hyperhidrosis Botulinum Toxin	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
10587	Drug Medical Infusion / Specialty	Myobloc (rimabotulinumtoxinB)	MED201.014 RX501.019	Treatment of Hyperhidrosis Botulinum Toxin	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
	Drug		MED201.014	Treatment of Hyperhidrosis		
10588	Medical Infusion / Specialty Drug	Xeomin (incobotulinumtoxinA)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
10598	Medical Infusion / Specialty Drug	Cinryze (C1 esterase inhibitor)	RX504.013 RX501.096	Management of Hereditary Angloedema (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	Ilaris (canakinumab)	RX501.119 RX501.096	Canakinumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0641	Drug Medical Infusion / Specialty	Fusilev_(Levoleucovorin Calcium)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J0642	Drug Medical Infusion / Specialty	Khapzory_(Levoleucovorin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J0717	Drug Medical Infusion / Specialty	Cimzia (certolizumab pegol)	RX501.111	Certolizumab Pegol	Infusion Site of Care	Prior Authorization required through BCBS.
J0775	Drug Medical Infusion / Specialty	Xiaflex (collagenase, clostridium	RX501.096 RX501.073	Specialty Medication Administration Site of Care Clostridial Collagenase for Fibroproliferative Disorders	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0791	Drug Medical Infusion / Specialty	histolyticum) Adakveo (crizanlizumab-tmca)	RX501.126	Crizanlizumab-tmca	Infusion Site of Care	Prior Authorization required through BCBS.
	Drug		RX501.096	Specialty Medication Administration Site of Care		
J0881	Medical Infusion / Specialty Drug	Non-ESRD, Aranesp_(Darbepoetin alfa)	AIM RX501.069	AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Provider Administered Drug TherapyMedical Oncolog	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 Erythropolesis-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 Erythropolesis-Stimulating Agents (ESAs)	Provider Administered Drug TherapyMedical Oncolog	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.
88801	Medical Infusion / Specialty	Mircera (pegylated-epoetin beta)	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
10896	Drug Medical Infusion / Specialty	Reblozyl_(Luspatercept-aamt)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J0897	Drug Medical Infusion / Specialty Drug	Injection, denosumab, 1 mg Prolia/Xgeva_(Denosumab)	RX501.140 AIM	Denosumab (Prolia & Xgeva) AIM Clinical Guidelines	Provider Administered Drug TherapyMedical Oncolog	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
J1290	Medical Infusion / Specialty Drug	Kalbitor (ecallantide)	RX504.013 RX501.096	Management of Hereditary Angloedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide	Infusion Site of Care	BCBS Prior Authorization required through BCBS.
J1300	Medical Infusion / Specialty	Soliris (eculizumab)	RX501.066	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
	Drug		RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	
J1301	Medical Infusion / Specialty Drug	Radicava (edaravone)	RX501.095 RX501.096	Edaravone Specialty Medication Administration Site of Care		Prior Authorization required through BCBS.
	Medical Infusion / Specialty	Ultomiris (ravulizumab-cwvz)	RX501.107	Ravulizumab-cwvz	Infusion Site of Care	Prior Authorization required through BCBS.
J1303	Drug		RX501.096	Specialty Medication Administration Site of Care		

J1325	Medical Infusion / Specialty Drug	Flolan, 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.
11447	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 CareMedical Oncology & Supportive	CAIM 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)-	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
J1554	Medical Infusion / Specialty Drug	hipp) Asceniv_(Immune Globulin (Human)- slra)	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.
11555	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 CareMedical Oncology & Supportive	All 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 CareMedical Oncology & Supportive	CAIM 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	(Gammaplex_(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 CareMedical Oncology & Supportive	CAIM 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 CareMedical Oncology & Supportive (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.
11559	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 CareMedical Oncology & Supportive	CAIM 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),	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 CareMedical Oncology & Supportive (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	slobulin, , noniyophilized (e.g., liquid), 500 mg) Vivaglobin (immune globulin	RX501.100	Specialty Medication Administration Site of Care Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therany	alagnosis, it will be reviewed by BLBs. Prior Authorization required through BCBS.
11566	Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	subcutaneous) Injection, immune globulin, intravenous lyophilized (e.g., powder), not otherwise	s, AIM e RX504.003	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])		CAIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology
J1568	Medical Infusion / Specialty	specified, 500 mg Octagam_(Injection, immune globulin,	RX501.101	Specialty Medication Administration Site of Care AIM Clinical Guidelines	Infusion Site of CareMedical Oncology & Supportive	diagnosis, it will be reviewed by BCBS.
11569	Drug Medical Infusion / Specialty	intravenous, nonlyophilized (e.g., liquid), 500 mg) Gammagard liquid_(Injection, immune	RX504.003 RX501.102	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AIM Clinical Guidelines	Infusion Site of CaraMadical Oncolony & Supportion	oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
	Drug	globulin,, intravenous, nonlyophilized, (e.g., liquid), 500 mg)	RX504.003 RX501.103	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care		oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
11572	Medical Infusion / Specialty Drug	Flebogamma/Flebogamma Dif_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.104	AIM Clinical Guidelines Immunoglobulin (Jg) Therapy (Including Intravenous [IVIG] and Subcutaneous Jg [SCIG]) Specialty Medication Administration Site of Care		CAIM 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	Hyqvia_(Injection, immune globulin/hyaluronidase, , 100 mg immuneglobulin)	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 CareMedical Oncology & Supportive	CAIM 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	s, AIM RX504.003	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug TherapyMedical Oncolog	3 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.
J1602	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.
J1675	Medical Infusion / Specialty Drug	histrelin acetate	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J1726	Medical Infusion / Specialty	Makena (hydroxyprogesterone	RX501.062	Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J1743	Drug Medical Infusion / Specialty	caproate) Elaprase (idursulfase)	RX501.067 RX501.096	Pregnancies Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J1745	Drug Medical Infusion / Specialty Drug	Remicade (infliximab)	THE801.096 RX501.051 RX501.096	Specially webcauton Administration Site of Care Acne Management Infliximab and Associated Biosimilars Specially Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J1746	Medical Infusion / Specialty Drug	Trogarzo (ibalizumab-uiyk)	RX501.099 RX501.096	Ibalizumab-ulyk Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J1786	Medical Infusion / Specialty	Cerezyme (imiglucerase)	RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBS.
J1931	Drug Medical Infusion / Specialty	Aldurazyme (laronidase)	RX501.096 RX501.067	Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBS.
J1950	Drug Medical Infusion / Specialty	Lupron Depot, Lupron Depot-Ped	RX501.096 RX501.041	Specialty Medication Administration Site of Care Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
10.00	Drug	(leuprolide acetate, for depot suspension, per 3.75 mg)	01/001 000			
12278	Medical Infusion / Specialty Drug		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		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.
J2505	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 Onpro Kit_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 04/01/2022. Prior Authorization required through AIM.
J2507	Medical Infusion / Specialty	Krystexxa (pegloticase)	RX501.120 RX501.096	Pegloticase Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
12562	Drug	Mozobil (plerixafor)	RX501.096 RX502.061	Specialty Medication Administration Site of Care Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
	Medical Infusion / Specialty	Mozobii (picitkalor)				
J2786	Drug Medical Infusion / Specialty	Cinqair (reslizumab)	RX501.083	Reslizumab	Infusion Site of Care	Prior Authorization required through BCBS.
J2786 J2820	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty		RX501.083 RX501.096 AIM	Reslizumab Specialty Medication Administration Site of Care AIM Clinical Guidelines	Infusion Site of Care Medical Oncology & Supportive Care	Prior Authorization required through BCBS. Prior Authorization required through AIM.
	Drug Medical Infusion / Specialty Drug	Cinqair (reslizumab)	RX501.096 AIM RX501.067	Specialty Medication Administration Site of Care AIM Clinical Guidelines Enzyme-Replacement Therapy for Lysosomal Storage Disorders		
J2820	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Cinqair (reslizumab) Leukine_(Sargramostim)	RX501.096 AIM	Specialty Medication Administration Site of Care AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J2820 J2840	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Cinqair (reslizumab) Leukine_(Sargramostim) Kanuma (sebelipase alfa) Sylvant_(Siltuximab)	RX501.096 AIM RX501.067 RX501.096	Specially Medication Administration Site of Care AIM Clinical Guidelines Enzyme-Replacement Therapy for Lyosomal Storage Disorders Specially Medication Administration Site of Care	Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through AIM.
J2820 J2840 J2860 J2941	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Cinqair (reslizumab) Leukine (Sargramostim) Kanuma (sebelipase alfa) Sylvant_(Siltuximab) Humatrope, Salzen (somatropin)	RX501.096 AIM RX501.067 RX501.096 AIM RX501.040	Specially Medication Administration Site of Care AIM Clinical Guidelines Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specially Medication Administration Site of Care AIM Clinical Guidelines Human Growth Hormone (GH)	Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Provider Administered Drug Therapy	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS.
12820 12840 12860 12941 13032	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Cinqair (resitumab) Leukine_[Sargramostim) Kanuma (ebelipase alfa) Sylvant_[Situximab) Humatrope, Saizen (somatropin) Vvepti (eptinezumab-jimr)	RX501.096 AIM RX501.097 AIM RX501.096 AIM RX501.040 RX501.124 RX501.966	Specially Medication Administration Site of Care AM Clinical Guidelines Express Reglacement Therapy for Lysosomal Storage Disorders Specially Medication Administration Site of Care AM Clinical Guidelines Human Growth Hormone (GH) Eptinezumab-jimr Specially Medication Administration Site of Care	Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
12820 12840 12860 12941 13032 13060	Drug Medical Infusion / Speciality Drug Medical Infusion / Speciality Drug	Cinqair (resitumab) Leukine [Sargramostim) Kanuma (debelpase alfa) Sylvant_(Situximab) Humatrope, Salten (somatropin) Vvepti (eptinezumab-jimr) Elelyso (taliglucerase alfa)	RXS01.096 AIM RXS01.067 RXS01.096 AIM RXS01.040 RXS01.124 RXS01.96 RXS01.067 RXS01.067	Specially Medication Administration Site of Care AM Clinical Guidelines Express Replacement Therapy for Lysosomal Storage Disorders Specially Medication Administration Site of Care AM Clinical Guidelines Human Growth Hormone (GH) Eptinezumab-jimr Specially Medication Administration Site of Care Express Replacement Therapy for Lysosomal Storage Disorders Specially Medication Administration Site of Care	Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Provider Administered Drug Therapy Infusion Site of Care Infusion Site of Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through MIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
12820 12840 12950 12941 13032 13060	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Cinqair (resilturnab) Leukine_[Sargramostim) Kanuma (rebelipase alfa) Sylvant_[Siltuximab) Humatrope, Salten (somatropin) Vvepti (eptineaumab-jimr) Elelyso (taliglucerase alfa) testosterone enanthate	RXS01.0996 AM RXS01.067 RXS01.096 AM RXS01.040 RXS01.040 RXS01.040 RXS01.056 RXS01.096 RXS01.096 SUR717.001 RXS01.076	Specialty Medication Administration Site of Care AM Clinical Quidelines Enzyme-Replacement Therapy for Lysosonial Storage Disorders Specialty Medication Administration Site of Care AM Clinical Quidelines Human Growth Hormone (GH) Eptinezumab-jinr Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosonial Storage Disorders Specialty Medication Administration Site of Care Gender Assignment Surgery and Gender Reasignment Surgery with Related Services Textosterone Replacement Therapies	Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Provider Administered Drug Therapy Infusion Site of Care Infusion Site of Care Provider Administered Drug Therapy	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
12220 12840 12860 13032 13060 13121 13145	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Criqair (resitumab) Criqair (resitumab) Karuma (sebelpase afa) Sylvant_(Situximab) Humatrope, Saizen (somatropin) Vyepti (eptinezumab-jimr) Elelyso (taliglucerase affa) Eletsosterone enanthate Aveed (testosterone undecanoate)	RX501.0696 AM RX501.067 RX501.067 RX501.040 RX501.040 RX501.040 RX501.057 RX501.067 RX501.067 RX501.076 SUR717.001 RX501.076	Specialty Medication Administration Site of Care AM Clinical Guidelines Enzyme Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care AM Clinical Guidelines Human Growth Hormone (GH) Eptinezumab-jimr Specialty Medication Administration Site of Care Enzyme Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Provider Administered Drug Therapy Infusion Site of Care Infusion Site of Care Provider Administered Drug Therapy	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
12220 12840 12860 13032 13060 13121 13145 13145	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Criqair (resiturnab) Ciquir (resiturnab) Karuma (sebelpase alfa) Sylvant_(Situximab) Humatrope, Saizen (somatropin) Vyepti (eptinezumab-jimr) Elelyso (taliglucerase alfa) Eletyso (taliglucerase alfa) Lestosterone enanthate Aveed (testosterone undecanoate) Tepezza (teprotumumab-trbw)	RXS01.069 AM RXS01.067 RXS01.066 RXS01.040 RXS01.040 RXS01.057 RXS01.066 RXS01.067 RXS01.076 SURV71.001 RXS01.076 RXS01.076 RXS01.076 RXS01.076 RXS01.076 RXS01.076 RXS01.076	Specially Medication Administration Site of Care AM Clinical Guidelines Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specially Medication Administration Site of Care AM Clinical Guidelines Human Growth Hormone (GH) Eptinezumab-jimr Specially Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specially Medication Administration Site of Care Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosteroon: Replacement Therapies Specially Medication Administration Site of Care Specially Medication Administration Site of Care Testosteroon: Replacement Therapies Specially Medication Administration Site of Care Testosteroon: Replacement Therapies	Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Provider Administered Drug Therapy Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care Infusion Site of Care	Prior Authorization required through BCBS.
12220 12840 12860 13032 13060 13121 13145	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Criqair (resitumab) Criqair (resitumab) Karuma (sebelpase afa) Sylvant_(Situximab) Humatrope, Saizen (somatropin) Vyepti (eptinezumab-jimr) Elelyso (taliglucerase affa) Eletsosterone enanthate Aveed (testosterone undecanoate)	RXS01.0996 AM RXS01.067 RXS01.067 RXS01.0996 AM RXS01.040 RXS01.040 RXS01.057 RXS01.067 RXS01.067 RXS01.067 RXS01.067 RXS01.076 SUR717.001 RXS01.076 RXS01.076 RXS01.096	Specialty Medication Administration Site of Care AM Clinical Guidelines Enzyme-Replacement Therapy for Lysosonal Storage Disorders Specialty Medication Administration Site of Care AM Clinical Guidelines Human Growth Hormone (GH) Eptinezumab-jinr Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosonal Storage Disorders Specialty Medication Administration Site of Care Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies Specialty Medication Administration Site of Care	Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Provider Administered Drug Therapy Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through AIM. Prior Authorization required through BCBS.

J3285	Medical Infusion / Specialty	Remodulin (treprostinil)	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
13315	Drug Medical Infusion / Specialty	Trelstar (triptorelin pamoate)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
	Drug	Stelara (ustekinumab for intravenous	RX501.041 RX501.096	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
13380	Drug	use) Entyvio (vedolizumab)	RX501.114 RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
	Drug Medical Infusion / Specialty	Vpriv (velaglucerase alfa)	RX501.057	Vedolizunab Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBS.
13397	Drug Medical Infusion / Specialty	Mepsevii (vestronidase alfa-vjbk)	RX501.096 RX501.067	Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBS.
13398	Drug	Luxturna (voretigene neparvovec-rzyl)	RX501.096	Specialty Medication Administration Site of Care Gene Therapy for Inherited Retinal Dystrophy		Prior Authorization required through BCBS.
13399	Medical Infusion / Specialty Drug Medical Infusion / Specialty	Zolgensma (onasemnogene	RX501.098 RX501.104	Onasemnogene Abeparvovec-xioi	Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through BCBS.
	Drug	abeparvovec-xiol)				
13490	Medical Infusion / Specialty Drug	Cutaquig(Immune Globulin (Human)- hipp); Kimmtrak (tebentafusp-tebn) Unituxin (dinutuximab)	AIM RX501.137 MED206.001 RX501.135 RX501.063 SUR716.001	AM Clinical Guidelines Aducanumb-swava Allergy Management Compounded Drug Products Compounded Drug Products Cosmetic and Reconstructive Procedures	Medical Oncology & Supportive Care	Effective 02/01/2023, add new drug Unituxin (dinutuximab); New Medical Oncology drug Kimmtrak added into existing PA code and drug Catuquig 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.
			RX501.0667 RX501.136 RX501.136 RX501.087 RX501.040 RX501.040 RX501.099 RX504.003 OTH4903.020 OTH4903.020 GTH4903.020 RX501.080 SUR706.001 RX501.086	Enzyme-Reglacement Therapy for Lysosomal Storage Disorders Edetamine Naral Spray Evinacumab-gebb FDA-Approved Drugs and Biologicals Human Growth Hormone (GH) Ibalizumab-uly Ibalizumab-uly Immunoglobulini (kg) Therapy (Including Intravenous [VIG] and Subcutaneous kg [SCIG]) Intraviteral Angegenesis Inhibitors for Tehranal Vascular Disorders Intraviteral Angegenesis Inhibitors for Choroidal Vascular Conditions Mepolizumab Nasal and Shuus Surgery Nusieneen		
			RX501.085 RX501.104 RX502.030 MED206.006 MED201.014 RX501.130 RX501.129 RX501.049	Ocrelizumab Onsernogene Abeparovec-skol Rituxinab and Busimilars for Non-Oncologic Indications Sublingual Immounterary as a Technique of Allergen-Specific Therapy Treatment of Hyperhidrosis Veskury Vitidaisen Viscosopplementation for Osteoarthritis		
13590	Medical Infusion / Specialty Drug	Cutaquig_(Immune Globulin (Human)- hipp);	AIM RX501.137	AIM Clinical Guidelines Aducanumab-avwa	Medical Oncology & Supportive Care	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); New Medical Oncology drug Kimmtrak added into
		Kimmtrak (kebentafusp-tebn) Unitxaki (dinutxamab) Alymsys (bevacitumab-maly)	RXS01.135 RXS01.073 RXS01.063 RXS01.067 RXS01.067 RXS01.087 RXS01.087 RXS04.003 RXS01.051 RXS01.050 RXS01.085 RXS01.129	Casimeren Clastifial Collagenase for Fibroprollferative Disorders Compounded Drug Products Enzyme-Replacement Therary for Lysosomal Storage Disorders Evinacuma-Jeghe PDA-Approved Drugs and Biologicals Ibalicuma-buijki Imilixuma and Associated Biosimilars Megolizumab Ocrelizumab Ocrelizumab		existing PA code and drug Cataquiar remove effective 10/07/2022, MM 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 8CBS.
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.
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)-rywn)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
J9022	Medical Infusion / Specialty	Tecentriq_(Atezolizumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9023	Drug Medical Infusion / Specialty	Bavencio_(Avelumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19032	Drug Medical Infusion / Specialty	Beleodaq (belinostat)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive CareProvider Admini	Effective 01/01/2023, Prior Authorization move from BCBS to AIM.
J9035	Drug Medical Infusion / Specialty Drug	Avastin_(Bevacizumab)	RX502.061 AIM OTH903.027 OTH903.020 OTH903.015	Oncology Medications AIM Clinical Guidelines Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Theraoy (PDT) for Choroidal Neovacularization (CNV	Provider Administered Drug TherapyMedical Oncolog	Prior Authorization required through BCBS. 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		Blenrep (Belantamab mafodotin-blmf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19039	Drug Medical Infusion / Specialty	Blincyto_(Blinatumomab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9042	Drug Medical Infusion / Specialty	Adcetris_(Brentuximab vedotin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19043	Drug Medical Infusion / Specialty	Jevtana_(Cabazitaxel)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Drug Medical Infusion / Specialty	Kyprolis (Carfilzomib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19055	Drug Medical Infusion / Specialty		AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Drug					
19051	Medical Infusion / Specialty Drug		AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9061 J9118	Medical Infusion / Specialty Drug Medical Infusion / Specialty	Amivantamab-vmjw Asparlas (calaspargase pegol-mknl)	AIM	AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM. Add effective 01/01/2023. Prior Authorization required through AIM.
J9118 J9119	Drug		AIM	AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM. Prior Authorization required through AIM.
J9119 J9144	Medical Infusion / Specialty Drug Medical Infusion / Specialty	Libtayo (Cemiplimab-rwlc) Darzalex-Faspro (Daratumumab-	AIM	AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through AIM.
	Drug Medical Infusion / Specialty	hyaluronidase-fijh) Darzalex_(Daratumumab)	AIM	All Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19145	Drug Medical Infusion / Specialty	Vyxeos (daunorubicin and cytarabine)	AIM	AIM Clinical Guidelines		Effective 01/01/2023, Prior Authorization move from BCBS to AIM.
	Drug	Firmagon (degarelix)	RX502.061 RX502.061	AIM Linical Guidelines Oncology Medications Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS. Prior Authorization required through BCBS.
J9155 J9173	Drug Medical Infusion / Specialty Medical Infusion / Specialty	Firmagon (degareiix)	RX502.061 RX501.041 AIM	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists AM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through BLBS.
	Drug		AIM			
J9176 J9177	Drug	Empliciti_(Elotuzumab)		AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM.
13111				Any cinical duidennes		Filor Autoorization required through AIM.
	Medical Infusion / Specialty Drug	Padcev_(Fam-trastuzumab deruxtecan- nxki)				Relax Antheological and the second seco
J9179	Drug Medical Infusion / Specialty Drug	nxki) Halaven_(Eribulin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9179 J9202	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	nxki) Halaven_(Eribulin) Zoladex (goserelin acetate implant)	AIM RX501.041	AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Prior Authorization required through BCBS.
19179 19202 19203	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	nxki) Halaven_[Eribulin) Zoladex (goserelin acetate implant) Mylotarg_(Gemtuzumab ozogamicin)	AIM RX501.041 AIM	AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care	Prior Authorization required through BCBS. Prior Authorization required through AIM.
J9179 J9202 J9203 J9204	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	nxki) Halaven _(Eribulin) Zoladex (goserelin acetate implant) Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab- kpkc)	AIM RX501.041 AIM AIM	AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through AIM.
19179 19202 19203 19204 19205	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Drug	nxki) Halaven_(Eribulin) Zoladex (goserelin acetate implant) Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome)	AIM RX501.041 AIM AIM	AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM.
19179 19202 19203 19204 19205 19207	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty	nxki) Halaven _(Eribulin) Zoladex (goserelin acetate implant) Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab- kpkc)	AIM RX501.041 AIM AIM	AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through AIM.
19179 19202 19203 19204 19205 19207 19217	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Drug	nkki) Halaven_[Erlbulin) Zoladex (goserelin acetate implant) Myclarg_(Gentruumab acogamicin) Poteligeo_(Mogamulixumab-kpkc) Onivyde_(Intotecan liposome) keenyra_(ksabepilone) Eligard, Lupron Depot, Lupron Depot- Ped (leuryoride acetate, for depot sugeension, 7.5 mc)	AIM RX501.041 AIM AIM AIM RX501.041	AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care Provider Administered Drug Therapy	Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through BCBS.
19179 19202 19203 19204 19205 19207 19217 19218	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Drug Medical Infusion / Specialty Drug Drug	nkki) Haleven_(Efriblin) n Zolakex (goserelin acetate implent) Mylotarg_(Gemtruumab acogamicin) Poteligeo_(Mogamulixumab-kpkc) Onivyde_(trinotecan liposome) keenyra_(ksabepilone) Eligard, Lupron Depot, Lupron Depot- Ped (leuryoride acetate, for depot suggension, 72 mpl leuprolide acetate, non depot	AIM RX501.041 AIM AIM AIM RX501.041 RX501.041	AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
19179 19202 19203 19204 19205 19207 19217 19218 19219	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Drug Medical Infusion / Specialty Drug	nkki) Halven_[Ehlbulin) Zoladex (goserelin acetate implant) Mylotarg_(Gemtruumab-kokc) Onivyde_(trindacan liposone) Eterginz_(Lubgron lepost- Legrinz_(Lubgron Depost- Legrinz, Lubgron Depost- Ped (leurynol de acetate, for depost suppension, 75 ma) leurpolide acetate, non depost Viadur (leurpolide acetate implant)	AIM RX501.041 AIM AIM AIM AIM RX501.041 RX501.041 RX501.041	AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Adminis	Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through BCBS.
19179 19202 19203 19204 19205 19207 19217 19218 19219 19223	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	nkki) Miklaven.[Efibluin] Klalaven.(Efibluin) Klalaven.(gentelin acetate implant) Mylotarg(Gentruzumab acoganicin) Poteligeo(Mogamulizumab-kpkc) Onivyde(Intotecan liposome) kempra(kabepilone) Eligard, Lupron Depot, Lupron Depot- Ped (leuprolide acetate, for depot suggension, 7, sm) leuprolide acetate, non depot Viadur (leuprolide acetate implant) Zepzelca(Lurbinectedin)	AIM RX501.041 AIM AIM AIM AIM RX501.041 RX501.041 RX501.041 AIM AIM AIM RX501.041 AIM	AIM Clinical Guidelines Gonaddoropin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Gonaddotropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonaddotropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonaddotropin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines AIM Clinical Gu	Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care	Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization Region Regi
19179 19202 19203 19204 19205 19207 19217 19218 19219 19223 19223	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	nkki) hkileven_(JERIblin) n Zoladex (goserelin acetate implant) Myclarg. (Gemtruumab acoganicin) Poteligeo_(Mogamuliumab-kpkc) Onivyde_(Intotecan liposome) kempra_(tuabepilone) Eligard, Lupron Depot, Lupron Depot- Ped (leuprolide acetate, for depot suggension, 75 ms) leuprolide acetate, non depot Viadur (leuprolide acetate implant) Zepzelca_(Lurbinectedin) Vantas (histrelin implant)	AIM RX591.041 AIM AIM AIM AIM RX591.041 RX591.041 RX591.041 AIM RX591.041 AIM RX592.061 RX591.041	AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Conadotropin-Releasing Hormone (GnRH) Agonists and Antagonist Conadotropin-Releasing Hormone (GnRH) Agonist Agonist Agonist Agonist Conadotropin-Releasing Hormone (GnRH) Agonist Agonist Conadotropin-Releasing Hormone (GnRH) Agonist Agonist Conadotropin-Releasing Hormone (GnRH) Agonist Conadotropin-Releasing Hormone (GnRH) Conadotropin	Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Adminis	Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through BCBS.
19179 19202 19203 19204 19205 19207 19217 19218 19219 19223	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Drug Medical Infusion / Specialty Drug Drug Medical Infusion / Specialty Drug Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty	nkki) hkileven_(JERIbluin) Zoldeke (goorenlin acetate implant) Mylotarg_(Gemtrutumaba coogamicin) Poteligeo_(Mogamulitumab-kpick) Onivyde_(Intotecan liposome) kempra_(kubepilone) Eligard, Lupron Depot, Lupron Depot- Ped [leuprolide acetate, for depot suggension, 7, sm) leuprolide acetate, non depot Viadur (leuprolide acetate implant) Zopacka_(Lurbinectedin) Vantas (histrelin implant)	AIM RX501.041 AIM AIM AIM AIM RX501.041 RX501.041 RX501.041 AIM RX501.041 AIM RX502.061	AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care	Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization Regined

	Medical Infusion / Specialty Drug	Yervoy_(Ipilimumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19229	Medical Infusion / Specialty	Besponsa_(Inotuzumab ozogamicin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9264	Drug Medical Infusion / Specialty	Abraxane_(Paclitaxel protein-bound	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19266	Drug Medical Infusion / Specialty	particles) Oncaspar (pegaspargase)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
	Drug					
	Medical Infusion / Specialty Drug	Elzonris_(Tagraxofusp-erzs)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Medical Infusion / Specialty Drug	Keytruda_(Pembrolizumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9272	Medical Infusion / Specialty	Dostarlimab-gxly	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
	Drug Medical Infusion / Specialty	Tisotumab vedotin-tftv	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
	Drug Medical Infusion / Specialty	Kimmtrak (tebentafusp-tebn)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add code effective 01/01/2023 for drug Kimmtrak (tebentafusp-tebn)
	Drug		AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	
	Medical Infusion / Specialty Drug	Jelmyto_(Mitomycin Gel)				Prior Authorization required through AIM.
	Medical Infusion / Specialty Drug	Portrazza (necitumumab)	AIM RX502.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive CareProvider Admini	is 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.
J9299	Medical Infusion / Specialty	Opdivo_(Nivolumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Drug Medical Infusion / Specialty	Gazyva (Obinutuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Drug Medical Infusion / Specialty	Arzerra (Ofatumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Drug					· · ·
	Medical Infusion / Specialty Drug	Vectibix_(Panitumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Medical Infusion / Specialty Drug	Perjeta_(Pertuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19308	Medical Infusion / Specialty	Cyramza_(Ramucirumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19309	Drug Medical Infusion / Specialty	Polivy (Polatuzumab vedotin-piiq)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Drug Medical Infusion / Specialty	Rituxan- Hycela_(Rituximab	AIM	AIM Clinical Guidelines	Provider Administered Drug TheranyMedical Oncolor	g Effective 01/01/2023, BCBS will stop review of code and AIM will continue
	Drug	Hyaluronidase)	RX502.030	Ritximab and Biosimilars for Non-Oncologic Indications	Provider Administered Drug Therapywedical Oncolog	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.
	Medical Infusion / Specialty Drug	Rituxan*_(Rituximab)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Provider Administered Drug TherapyMedical Oncolog	nAIM 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.
	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	Phesgo_(Pertuzumab-Trastuzumab-	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9317	Drug Medical Infusion / Specialty	Hyaluronidase-zzxf) Trodelvy_(Sacituzumab-govitecan)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9325	Drug Medical Infusion / Specialty	Imlygic (talimogene laherparepvec)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive CareProvider Admini	is Effective 01/01/2023, Prior Authorization move from BCBS to AIM.
	Drug Medical Infusion / Specialty	Fyarro (sirolimus albumin bound	RX502.061 AIM	Oncology Medications AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through BCBS. Add effective 10/01/2022. Prior Authorization required through AIM.
	Drug	nanoparticles)				
	Medical Infusion / Specialty Drug	Danyelza_(Naxitamab-gqgk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Medical Infusion / Specialty Drug	Monjuvi_(Tafasitamab-cxix)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9352	Medical Infusion / Specialty	Yondelis_(Trabectedin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19353	Drug Medical Infusion / Specialty	Margenza_(Margetuximab-cmkb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Drug Medical Infusion / Specialty	Kadcyla_(Ado-Trastuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Drug		AIM			
	Medical Infusion / Specialty Drug	Herceptin_(Trastuzumab)		AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Medical Infusion / Specialty Drug	Herceptin Hylecta_(Trastuzumab- hyaluronidase-oysk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Medical Infusion / Specialty	Enhertu (Fam-trastuzumab deruxtecan				and a set of the set o
			- AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Drug Medical Infusion / Specialty	nxki) Loncastuximab Tesirine-Ipyl	AIM	AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM. Add effective 10/01/2022. Prior Authorization required through AIM.
19359	Drug Medical Infusion / Specialty Drug	nxki) Loncastuximab Tesirine-Ipyl			Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
19359	Drug Medical Infusion / Specialty	nxki) Loncastuximab Tesirine-Ipyl Cutaquig_(Immune Globulin (Human)- hipp);	AIM AIM MED203.002	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Antineoplastico Aneer Therapy		Add effective 10/01/2022. Prior Authorization required through AIM. Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (kevacitumab-maly). New Medical Oncology drug Kimmtrak added into
19359	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty	nxki) Loncastuximab Tesirine-Ipyl Cutaquig_(Immune Globulin (Human)- hipp); Kimmtrak (tebentafusp-tebn) Unituxin (dinutuximab)	AIM AIM MED203.002 RX501.063 RX501.087	AIM Clinical Guidelines AIM Clinical Guidelines Antineoplaston Cancer Therapy Compounded Drug Products PDA-Approved Drugs and Biologicals	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM. Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (breacizumab-mahy): New Medical Oncology drug Kimitrak added into existing PA code and drug Catuquig remove effective 10/01/2022; AIM will review requests for oncology drugs that are supported by an oncology
19359	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty	nxki) Loncastuximab Tesirine-Ipyl Cutaquig_(Immune Globulin (Human)- hipp); Kimmtrak (tebentafusp-tebn)	AIM AIM MED203.002 RX501.063	AIM Clinical Guidelines AIM Clinical Guidelines Antineoplaston Cancer Therapy Compounded Tray Products Compounded Tray Products	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM. Effective 01/01/2023, add new drug Unituxin (qlinutuximab) and Alymsys (bevacizumab-maiy); New Medical Oncology drug Kimintrak added into existing PA code and drug Caturquig remove effective 10/01/2022; AIM will
19359	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty	nxki) Loncastuximab Tesirine-Ipyl Cutaquig_(Immune Globulin (Human)- hipp); Kimmtrak (tebentafusp-tebn) Unituxin (dinutuximab)	AIM AIM MED203.002 RX501.063 RX501.087 RX504.003	AIM Clinical Guidelines AIM Clinical Guidelines Antineoplaston Cancer Therapy Compounded Trug Products FDA-Approved Drugs and Biologicals TRDA-approved Drugs and Biologicals	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM. Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (tevacitumab-maly); New Medical Oncology drug Kimitrak added into esting PA code and drug Catuquig enove effective 10/01/2022, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is on associated with an oncology diagnosis
19359 19999 Q2041	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty	nxki) Loncastuximab Tesirine-Ipyl Cutaquig_(Immune Globulin (Human)- hipp); Kimmtrak (tebentafusp-tebn) Unituxin (dinutuximab)	AIM AIM MED203.002 RX501.063 RX501.067 RX504.003 RX504.003 RX504.05	AIM Clinical Guidelines AMI Clinical Guidelines Antineoplaston Cancer Therapy Compounded Drug Products PDA-Approved Drugs and Biologicals Immunoglobulin (Ig) Therapy (including intravenous [VKG] and Subcutaneous ig [SGG]) Occretizumab	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM. Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (tevacitumab-maly); New Medical Oncology drug Kimitrak added into esting PA code and drug Catuquig enove effective 10/01/2022, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is on associated with an oncology diagnosis
19359 19999 Q2041	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	nxki) Loncastuximab Tesirine-Ipyl Cutaquig_(Immune Globulin (Human)- hip); Kimmtrak (tebentafusp-tebn) Unitxin (dinucianab) Alymsys (bevacizumab-maly)	AIM AIM MED203.002 RX501.063 RX501.067 RX504.003 RX501.055 RX501.057	AIM Clinical Guidelines AIM Clinical Guidelines Antineoplaston Cancer Therapy Compounded Drug Products TRD-Approved Drugs and Biologicals Immunoglobulin (lg) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig (SCIG)] Occreliumab Sodium Phenylbutyrate	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AlM. Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (levacizunab-mahy): New Medical Oncology drug Kiminitrak added into existing PA code and drug Catuquig remove effective 10/01/2022, AlM 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.
19359 19999 02041 02042	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Drug	noki) Loncastuximab Tesirine-Ipyl Cutaquig (Immune Globulin (Human)- hipp): Kimmirak (Lebentafusp-tebn) Unutuni (dintutahen) Alymsys (bevacturnab-maly) Yescarta (axicabtagene ciloleucel) Kymriah (tisagenlecleucel)	AIM AIM ME0200.002 RX501.063 RX501.067 RX501.087 RX501.085 RX501.057 RX502.061 RX502.061	AM Clinical Guidelines AM Clinical Guidelines Anthreoplaston Cancer Therapy Compounded Dray Products FDA-Approved Drugs and Biologicals immunoglobulin (2) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SOIG]) Correliturabi Sodium Theraphylodyrate Oncologic Medications Oncologic Medications	Medical Oncology & Supportive Care Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through AlM. Effective 01/01/2023, add new drug Unituxiin (dinutuximab) and Alymsys (bevaciumab-maky); New Medical Oncology drug Kimmtrak added into existing PA code and drug Catuquig remove effective 10/01/2022, AIM will review requests for oncology drugs that are upported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Prior Authorization required through BCBS.
19359 19999 Q2041 Q2042 Q2043	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	nokij – Loncastudinab Teslinie-lpyl Cutaquig_(Immune Globulin (Human)- hipp); Kimmtraik (tebentafusp-tebn) Unitusin (dinutusinab) Akymsys (beracizumab-maky) Yescarta (assicabitagene ciloleucel) Kymriah (tisagenlecleucel) Provenge_(Gipuleucel-T)	AIM AIM ME0203.002 RX501.063 RX501.087 RX504.003 RX501.055 RX502.061 AIM	AM Clinical Guidelines AM Clinical Guidelines Anthreoplaston Cancer Therapy Compounded Dray Products FDA-Approved Drugs and Biologicals Immunoglobulin (2) Pricepy (Including Intravenous [IVIG] and Subcutaneous ig [SGIG]) Ocreliumab Sodium PheryPuburyate Oncologic Medications AM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM. Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (levacitumab-mahy): New Medical Oncology drug Kimitrak added into existing PA code and drug Catuquig encove effective 10/12/022; 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 ECES. Prior Authorization required through BCES. Prior Authorization required through BCES. Prior Authorization required through AIM.
19359 19999 0.2041 0.2042 0.2043 0.2049	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	nkki — Lonastukimba Tesirine-(pyl Cutaquig_(Immune Globulin (Human)- hipp); Kimmtrak (teberlafusp-tebn) Unituxin (dinutukimab) Alymsys Vescarta (akicabtagene cioleucel) Kymriah (tisagenlecleucel) Provenge_(Sipuleucel-T) Doxit/Upodox_(Doxorubicin Ilpozomal)	AIM AIM ME0203.002 RXS01.063 RXS01.087 RXS02.061 RXS02.061 AIM AIM	AM Clinical Guidelines AM Clinical Guidelines Antineoplaston Cancer Therapy Compounded Org Products FDA-Approved Drugs and Biologicals Immunoglobulin (E) Therapy (Including Intravenous [VKG] and Subcutaneous Ig (SGIG) Ocreliumab Sodium PhemyNubryate Oncologic Medications Oncologic Medications AM Clinical Guidelines AM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AlM. Effective 01/01/2023, add new drug Unituxiin (dinutuximab) and Alymsys (bevaciumab-maky); New Medical Oncology drug Kimmtrak added into existing PA code and drug Catuquig remove effective 10/01/2022, AIM will review requests for oncology drugs that are upported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Prior Authorization required through BCBS.
19359 19999 0.2041 0.2042 0.2043 0.2049	Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	nokij – Loncastudinab Teslinie-lpyl Cutaquig_(Immune Globulin (Human)- hipp); Kimmtraik (tebentafusp-tebn) Unitusin (dinutusinab) Akymsys (beracizumab-maky) Yescarta (assicabitagene ciloleucel) Kymriah (tisagenlecleucel) Provenge_(Gipuleucel-T)	AIM AIM ME0203.002 RXS01.063 RXS01.087 RXS02.061 RXS02.061 AIM AIM	AM Clinical Guidelines AM Clinical Guidelines Anthreoplaston Cancer Therapy Compounded Dray Products FDA-Approved Drugs and Biologicals Immunoglobulin (2) Pricepy (Including Intravenous [IVIG] and Subcutaneous ig [SGIG]) Ocreliumab Sodium PheryPuburyate Oncologic Medications AM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM. Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (levacitumab-mahy): New Medical Oncology drug Kimitrak added into existing PA code and drug Catuquig encove effective 10/12/022; 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 ECES. Prior Authorization required through BCES. Prior Authorization required through BCES. Prior Authorization required through AIM.
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Q5120	Medical Infusion / Specialty Ziextenzo_(Peg	ilgrastim-bmez) AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Drug				
Q5121	Medical Infusion / Specialty Avsola (inflixima	b-axxq) RX501.051	Infliximab and Associated Biosimilars	Infusion Site of Care	Prior Authorization required through BCBS.
	Drug	RX501.096	Specialty Medication Administration Site of Care		
Q5122	Medical Infusion / Specialty Nyvepria_(Pegfi	grastim-apgf) AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Drug				
Q5123	Medical Infusion / Specialty Riabni_(Rituxim	ab-arrx) AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an
	Drug	RX502.030	Rituximab and Biosimilars for Non-Oncologic Indications		oncology diagnosis. If the drug requested is not associated with an oncology
					diagnosis, it will be reviewed by BCBS.
S0157	Medical Infusion / Specialty Regranex (beca	lermin gel) RX501.034	Recombinant and Autologous Platelet-Derived Growth Factors for W	ound Healing and Provider Administered Drug Therapy	Prior Authorization required through BCBS.
	Drug		Other Non-Orthopedic Conditions		
S0189	Medical Infusion / Specialty Testopel (testos	terone pellets) SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with	Related Services Provider Administered Drug Therapy	Prior Authorization required through BCBS.
	Drug	RX501.007	Hormone Replacement Therapies (HRT) Using Implanted Pellets for N	Women and	
		RX501.076	Delayed Puberty		
			Testosterone Replacement Therapies		

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