



2023 SPECIALTY DRUGS PRIOR AUTHORIZATION LIST
Updated January 2023 to reference changes through April 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 Specialty 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.

Table with columns: Code, Category, Drug Product Name* Brand (generic), Medical Policy Number, Medical Policy Title, Reason for Prior Authorization, Update History / Delegation Notes***. Includes rows for various drugs like sunitinib, enicunab, inclisiran, etc.

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_(Darbeoetin alfa)	AIM RX501.069	AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Provider Administered Drug Therapy	Medical Oncology & Supportive Care 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.
J0882	Medical Infusion / Specialty Drug	ESRD, Aranesp_(Darbeoetin alfa)	AIM RX501.069	AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care	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.
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 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.
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	Reblytyl (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 Prior Authorization required through AIM. 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	Flofan, Veletri (epoprostenol)	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Epoprostenol	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	Granx (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	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 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.
J1555	Medical Infusion / Specialty Drug	Cuvitra (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 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.
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 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.
J1557	Medical Infusion / Specialty Drug	(Gammaflex (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 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.
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 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.
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 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.

J3145	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.
J3241	Medical Infusion / Specialty Drug	Tepezza (teprotumumab-trbw)	RX501.096 RX501.110	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J3245	Medical Infusion / Specialty Drug	Ilumya (tildrakizumab-asmn)	RX501.096 RX501.123	Teprotumumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J3262	Medical Infusion / Specialty Drug	Actemra (tocilizumab)	RX501.096 RX501.115	Tildrakizumab-asmn Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J3285	Medical Infusion / Specialty Drug	Remodulin (treprostinil)	RX501.056	Tocilizumab Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J3315	Medical Infusion / Specialty Drug	Trelstar (triptorelin pamoate)	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Analogists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J3358	Medical Infusion / Specialty Drug	Stelara (ustekinumab for intravenous use)	RX501.096 RX501.114	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J3380	Medical Infusion / Specialty Drug	Entyvio (vedolizumab)	RX501.096 RX501.117	Ustekinumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J3385	Medical Infusion / Specialty Drug	Vpriv (velaglucerase alfa)	RX501.067 RX501.096	Vedolizumab Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBS.
J3397	Medical Infusion / Specialty Drug	Mepesvi (vestronidase alfa-vjkb)	RX501.067 RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J3398	Medical Infusion / Specialty Drug	Luxturna (voretigene neparvovec-rzyl)	RX501.098	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J3399	Medical Infusion / Specialty Drug	Zolgensma (onasemnogene abeparvovec-xioi)	RX501.104	Gene Therapy for inherited Retinal Dystrophy	Provider Administered Drug Therapy	Prior Authorization required through 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 RX501.049	AIM Clinical Guidelines Aducanumab-awwa Allergy Management Casimersen Compounded Drug Products Cosmetic and Reconstructive Procedures Enzyme-Replacement Therapy for Lysosomal Storage Disorders Esketamine Nasal Spray Evinacumab-dgnb 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 Abeparvovec-xioi Rituximab and Biosimilars for Non-Oncologic Indications Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy Treatment of Hyperhidrosis Vekury Vilnarsen	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 Aducanumab-awwa Casimersen Clostridial Collagenase for Fibroproliferative Disorders Compounded Drug Products Enzyme-Replacement Therapy for Lysosomal Storage Disorders Evinacumab-dgnb FDA-Approved Drugs and Biologicals Ibalizumab-uiyk Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Infliximab and Associated Biosimilars Mepolizumab Ocrelizumab Onasemnogene Abeparvovec-xioi	Medical Oncology & Supportive Care	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly) - Alymsys will be removed 4/1/23 replaced by Q5126; 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.
J7178	Medical Infusion / Specialty Drug	RiaSTAP (human fibrinogen concentrate)	RX501.072	Human Fibrinogen Concentrate (RiaSTAP and Fibrvga)	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)-rywm)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
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.
J9032	Medical Infusion / Specialty Drug	Beleodaq (belinostat)	AIM RX502.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive Care	Effective 01/01/2023, Prior Authorization move from BCBS to AIM. Prior Authorization required through BCBS.
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 Effective 01/01/2023, Prior Authorization required through BCBS. Add new drug Avastin_ (Bevacizumab) 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.
J9037	Medical Infusion / Specialty Drug	Blenrep (Belantamab mafodotin-blmf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9039	Medical Infusion / Specialty Drug	Blincyto (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	Erlbitux (Cetuximab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9057	Medical Infusion / Specialty Drug	Allopa (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	Prior Authorization required through AIM.

J9118	Medical Infusion / Specialty Drug	Asparlas (calaspargase pegol-mknl)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
J9119	Medical Infusion / Specialty Drug	Libtayo (Cemiplimab-rwlc)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9144	Medical Infusion / Specialty Drug	Darzalex-Faspro_(Daratumumab-hyaluronidase-fjfh)	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.
J9153	Medical Infusion / Specialty Drug	Vyxeos (daunorubicin and cytarabine)	AIM RX502.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive Care	Effective 01/01/2023, Prior Authorization move from BCBS to AIM. Prior Authorization required through BCBS.
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	Paclitax_(Fam-trastuzumab deruxtecan-rxkl)	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_(Mogamulzumab- 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	Ixmpra_(Ixabepilone)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9217	Medical Infusion / Specialty Drug	Elgard, 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.
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.
J9269	Medical Infusion / Specialty Drug	Elzonris_(Tafaxofusp-erz)	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-ggly	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9273	Medical Infusion / Specialty Drug	Tisotumab vedotin-ffv	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	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)
J9281	Medical Infusion / Specialty Drug	Jelmtyo_(Mitomycin Gel)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9295	Medical Infusion / Specialty Drug	Portrazza (necitumumab)	AIM RX502.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive Care	Effective 01/01/2023, Prior Authorization move from BCBS to AIM. Prior Authorization required through BCBS.
J9298	Medical Infusion / Specialty Drug	Opdulag (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 Drug	Opdivo_(Nivolumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9301	Medical Infusion / Specialty Drug	Gazyva_(Obinutuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9302	Medical Infusion / Specialty Drug	Azerra_(Ofatumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9303	Medical Infusion / Specialty Drug	Verzibix_(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-pila)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	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	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.
J9312	Medical Infusion / Specialty Drug	Rituxan*__(Rituximab)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Provider Administered Drug Therapy	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.
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	Trodedyv_(Sacituzumab-govitecan)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9325	Medical Infusion / Specialty Drug	Imlygic (talimogene laherparepvec)	AIM RX502.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive Care	Effective 01/01/2023, Prior Authorization move from BCBS to AIM. Prior Authorization required through BCBS.
J9331	Medical Infusion / Specialty Drug	Fyarro (sirolimus albumin bound nanoparticles)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9348	Medical Infusion / Specialty Drug	Danyeiza_(Naxitamab-ggqk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9349	Medical Infusion / Specialty Drug	Monjuvi_(Tafasitamab-cxik)	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-ovsk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9358	Medical Infusion / Specialty Drug	Enhertu_(Fam-trastuzumab deruxtecan-rxkl)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9359	Medical Infusion / Specialty Drug	Loncastumab Tesirine-lpyl	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9999	Medical Infusion / Specialty Drug	Cutaquig_(Immune Globulin (Human)-hlgp)	AIM MED203.002	AIM Clinical Guidelines Antineoplasia Cancer Therapy	Medical Oncology & Supportive Care	Effective 01/01/2023, add new drug Unitnix (dinutuximab) and Alymlys (bevacizumab-maly). Alymlys will be replaced by Code Q5126 4/1/23; New Medical Oncology drug Kimtrak added into existing PA code and drug Cutaquig 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.
		Kimtrak (tebentafusp-tebn)	RX501.063	Compounded Drug Products		
		Unitnix (dinutuximab)	RX501.087	FDA-Approved Drugs and Biologicals		
		Alymlys (bevacizumab-maly)	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])		
			RX501.085	Ocrelizumab		
			RX501.057	Cellular Immunotherapy		
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 (tisagenlecleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Q2043	Medical Infusion / Specialty Drug	Provenge_(Sipuleucel-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	Prior Authorization required through BCBS.
Q2054	Medical Infusion / Specialty Drug	Tecartus (brexucabtagene autoleuce)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Q2055	Medical Infusion / Specialty Drug	Abecma (idecabtagene vicleuce)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	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	Infliximab and Associated Biosimilars	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	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-qvyp)	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-apgf)	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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