



**2024 Commercial Outpatient Specialty Pharmacy Prior Authorization Codes
Effective 1/1/2024
(Updated April 2024)**

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 Carelon Medical Benefits Management (requests for oncology drugs that are supported by an oncology diagnosis).

Utilization Management Process

This file is a searchable PDF.
Press "CTRL" and "F" keys at the same time to bring up the search box. Enter a procedure code or description of the service.

[For Medical Policy information, please access the BCBSIL Medical Policy Website](#)

Carelon Medical Benefits Management = Med Oncology & Supportive Care
BCBSIL = Provider Administered Therapy Or Infusion Site Of Care

Send PA requests to BCBSIL for Provider Administered Therapy or Infusion Site of Care.

Send PA requests to Carelon for Medical Oncology and Supportive care unless drug requested has multiple indications. Carelon will only review requests for oncology drugs that are supported by an oncology diagnosis. Refer to the Update History / Prior Authorization Delegation Notes for details.

Procedure Code	Service Category	Code Description	Managed By	Updates
C9163	Medical Oncology & Supportive Care	Talvey (Talquetamab-Tgvs)	Carelon	Add Effective 04/01/2024, to be replaced by code J3055 7/1/24. Prior Authorization required through Carelon.
C9165	Medical Oncology & Supportive Care	Elrexio (Elranatamab-Bcmm)	Carelon	Add Effective 07/01/2024, replaced code C9165 7/1/24. Prior Authorization required through Carelon.
J1323	Medical Oncology & Supportive Care	Inj, Elranatamab-Bcmm, 1 Mg	Carelon	Add Effective 04/01/2024, to be replaced by code J1323 7/1/24. Prior Authorization required through Carelon.

J3055	Medical Oncology & Supportive Care	Inj Talquetamab-Tgvs 0.25 Mg	Carelon	Add Effective 07/01/2024, replaced code C9163 7/1/24. Prior Authorization required through Carelon.
J0741	Provider Administered Drug Therapy	Inj, Cabote Rilpivir 2Mg 3Mg	BCBSIL	Add Effective 07/01/2024. Prior Authorization required through BCBS.
J1961	Provider Administered Drug Therapy	Inj, Lenacapavir, 1 Mg	BCBSIL	Add Effective 07/01/2024. Prior Authorization required through BCBS.
J0219	Infusion Site of Care	Inj Aval Alfa-Nqpt 4Mg	BCBSIL	Prior Authorization required through BCBS.
J0223	Infusion Site of Care	Inj Givosiran 0.5 Mg	BCBSIL	Prior Authorization required through BCBS.
J0224	Infusion Site of Care	Inj. Lumasiran 0.5 Mg	BCBSIL	Prior Authorization required through BCBS.
J0485	Infusion Site of Care	Belatacept Injection	BCBSIL	Add Effective 04/01/2024. Prior Authorization required through BCBS.
J0491	Infusion Site of Care	Inj Anifrolumab-Fnia 1Mg	BCBSIL	Prior Authorization required through BCBS.
J0517	Infusion Site of Care	Inj. Benralizumab 1 Mg	BCBSIL	Prior Authorization required through BCBS.
J0791	Infusion Site of Care	Inj Crizanlizumab-Tmca 5Mg	BCBSIL	Prior Authorization required through BCBS.
J1301	Infusion Site of Care	Injection Edaravone 1 Mg	BCBSIL	Prior Authorization required through BCBS.
J1302	Infusion Site of Care	Inj Sutimlimab-Jome 10 Mg	BCBSIL	Prior Authorization required through BCBS.
J1303	Infusion Site of Care	Inj. Ravulizumab-Cwvz 10 Mg	BCBSIL	Prior Authorization required through BCBS.
J1305	Infusion Site of Care	Inj Evinacumab-Dgnb 5Mg	BCBSIL	Prior Authorization required through BCBS.
J1306	Infusion Site of Care	Injection Inclisiran 1 Mg	BCBSIL	Prior Authorization required through BCBS.
J1823	Infusion Site of Care	Inj. Inebilizumab-Cdon 1 Mg	BCBSIL	Prior Authorization required through BCBS.
J1930	Infusion Site of Care	Lanreotide Injection	BCBSIL	Add Effective 04/01/2024. Prior Authorization required through BCBS.
J2353	Infusion Site of Care	Octreotide Injection Depot	BCBSIL	Add Effective 04/01/2024. Prior Authorization required through BCBS.
J2354	Infusion Site of Care	Octreotide Inj Non-Depot	BCBSIL	Add Effective 04/01/2024. Prior Authorization required through BCBS.
J2356	Infusion Site of Care	Inj Tezepelumab-Ekko 1Mg	BCBSIL	Prior Authorization required through BCBS.
J2796	Infusion Site of Care	Romiplostim Injection	BCBSIL	Add Effective 04/01/2024. Prior Authorization required through BCBS.
J3032	Infusion Site of Care	Inj. Eptinezumab-Jjmr 1 Mg	BCBSIL	Prior Authorization required through BCBS.
J3111	Infusion Site of Care	Inj. Romosozumab-Aqqg 1 Mg	BCBSIL	Add Effective 04/01/2024. Prior Authorization required through BCBS.
J3241	Infusion Site of Care	Inj. Teprotumumab-Trbw 10 Mg	BCBSIL	Prior Authorization required through BCBS.
J7183	Infusion Site of Care	Wilate Injection	BCBSIL	Add Effective 04/01/2024. Prior Authorization required through BCBS.
J9332	Infusion Site of Care	Inj Efgartigimod 2Mg	BCBSIL	Prior Authorization required through BCBS.
Q5109	Infusion Site of Care	Injection Ixifi 10 Mg	BCBSIL	Prior Authorization required through BCBS.

J1551	Infusion Site of Care, Medical Oncology & Supportive Care	Inj Cutaquig 100 Mg	Carelon or BCBSIL	Carelon 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.
J1554	Infusion Site of Care, Medical Oncology & Supportive Care	Inj. Asceniv	Carelon or BCBSIL	Carelon 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	Infusion Site of Care, Medical Oncology & Supportive Care	Inj Retacrit Non-Esrd Use	Carelon or BCBSIL	Added to Infusion Site of Care 04/01/24. Prior Authorization required through Carelon.
Q5115	Infusion Site of Care, Medical Oncology & Supportive Care	Inj Truxima 10 Mg	Carelon or BCBSIL	Added to Infusion Site of Care 04/01/24. Prior Authorization required through Carelon.
Q5119	Infusion Site of Care, Medical Oncology & Supportive Care	Inj Ruxience 10 Mg	Carelon or BCBSIL	Added to Infusion Site of Care 04/01/24. Prior Authorization required through Carelon.
Q5123	Infusion Site of Care, Medical Oncology & Supportive Care	Inj. Riabni 10 Mg	Carelon or BCBSIL	Added to Infusion Site of Care 04/01/24. Prior Authorization required through Carelon.
J0881	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Darbepoetin Alfa Non-Esrd	Carelon or BCBSIL	Added to Infusion Site of Care 04/01/24. Carelon 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	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Epoetin Alfa Non-Esrd	Carelon or BCBSIL	Added to Infusion Site of Care 04/01/24. Carelon 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.
J1459	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Inj Ivig Privigen 500 Mg	Carelon or BCBSIL	Carelon 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	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Inj Cuvitru 100 Mg	Carelon or BCBSIL	Carelon 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	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Inj Imm Glob Bivigam 500Mg	Carelon or BCBSIL	Carelon 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	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Gammaplex Injection	Carelon or BCBSIL	Carelon 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	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Inj. Xembify 100 Mg	Carelon or BCBSIL	Carelon 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	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Hizentra Injection	Carelon or BCBSIL	Carelon 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	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Gamunex-C/Gammaked	Carelon or BCBSIL	Carelon 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.
J1566	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Immune Globulin Powder	Carelon or BCBSIL	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1568	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Octagam Injection	Carelon or BCBSIL	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1569	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Gammagard Liquid Injection	Carelon or BCBSIL	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1572	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Flebogamma Injection	Carelon or BCBSIL	Carelon 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	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Hyqvia 100Mg Immune globulin	Carelon or BCBSIL	Carelon 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.

J9312	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Inj. Rituximab 10 Mg	Carelon or BCBSIL	Added to Infusion Site of Care 04/01/24. Carelon 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.
J0129	Infusion Site of Care, Provider Administered Drug Therapy	Abatacept Injection	BCBSIL	Prior Authorization required through BCBS.
J0180	Infusion Site of Care, Provider Administered Drug Therapy	Agalsidase Beta Injection	BCBSIL	Prior Authorization required through BCBS.
J0221	Infusion Site of Care, Provider Administered Drug Therapy	Lumizyme (Alglucosidase Alfa)	BCBSIL	Prior Authorization required through BCBS.
J0222	Infusion Site of Care, Provider Administered Drug Therapy	Inj. Patisiran 0.1 Mg	BCBSIL	Prior Authorization required through BCBS.
J0490	Infusion Site of Care, Provider Administered Drug Therapy	Benlysta (Belimumab)	BCBSIL	Prior Authorization required through BCBS.
J0584	Infusion Site of Care, Provider Administered Drug Therapy	Injection Burosumab-Twza 1M	BCBSIL	Prior Authorization required through BCBS.
J0585	Infusion Site of Care, Provider Administered Drug Therapy	Injection Onabotulinumtoxina	BCBSIL	Added to Infusion Site of Care 04/01/24. Prior Authorization required through BCBS.
J0586	Infusion Site of Care, Provider Administered Drug Therapy	Abobotulinumtoxina	BCBSIL	Added to Infusion Site of Care 04/01/24. Prior Authorization required through BCBS.
J0587	Infusion Site of Care, Provider Administered Drug Therapy	Inj Rimabotulinumtoxinb	BCBSIL	Added to Infusion Site of Care 04/01/24. Prior Authorization required through BCBS.
J0588	Infusion Site of Care, Provider Administered Drug Therapy	Xeomin (Incobotulinumtoxina)	BCBSIL	Added to Infusion Site of Care 04/01/24. Prior Authorization required through BCBS.
J0598	Infusion Site of Care, Provider Administered Drug Therapy	C-1 Esterase Cinryze	BCBSIL	Prior Authorization required through BCBS.
J0638	Infusion Site of Care, Provider Administered Drug Therapy	Canakinumab Injection	BCBSIL	Prior Authorization required through BCBS.
J0717	Infusion Site of Care, Provider Administered Drug Therapy	Certolizumab Pegol Inj 1Mg	BCBSIL	Prior Authorization required through BCBS.
J1290	Infusion Site of Care, Provider Administered Drug Therapy	Ecallantide Injection	BCBSIL	Prior Authorization required through BCBS.
J1300	Infusion Site of Care, Provider Administered Drug Therapy	Eculizumab Injection	BCBSIL	Prior Authorization required through BCBS.
J1322	Infusion Site of Care, Provider Administered Drug Therapy	Elosulfase Alfa Injection	BCBSIL	Prior Authorization required through BCBS.
J1458	Infusion Site of Care, Provider Administered Drug Therapy	Galsulfase Injection	BCBSIL	Prior Authorization required through BCBS.

J1602	Infusion Site of Care, Provider Administered Drug Therapy	Golimumab For Iv Use 1Mg	BCBSIL	Prior Authorization required through BCBS.
J1743	Infusion Site of Care, Provider Administered Drug Therapy	Idursulfase Injection	BCBSIL	Prior Authorization required through BCBS.
J1745	Infusion Site of Care, Provider Administered Drug Therapy	Infliximab Not Biosimil 10Mg	BCBSIL	Prior Authorization required through BCBS.
J1746	Infusion Site of Care, Provider Administered Drug Therapy	Inj. Ibalizumab-Uiyk 10 Mg	BCBSIL	Prior Authorization required through BCBS.
J1786	Infusion Site of Care, Provider Administered Drug Therapy	Imuglucerase Injection	BCBSIL	Prior Authorization required through BCBS.
J1931	Infusion Site of Care, Provider Administered Drug Therapy	Laronidase Injection	BCBSIL	Prior Authorization required through BCBS.
J2182	Infusion Site of Care, Provider Administered Drug Therapy	Injection Mepolizumab 1Mg	BCBSIL	Prior Authorization required through BCBS.
J2323	Infusion Site of Care, Provider Administered Drug Therapy	Natalizumab Injection	BCBSIL	Prior Authorization required through BCBS.
J2350	Infusion Site of Care, Provider Administered Drug Therapy	Injection Ocrelizumab 1 Mg	BCBSIL	Prior Authorization required through BCBS.
J2357	Infusion Site of Care, Provider Administered Drug Therapy	Omalizumab Injection	BCBSIL	Prior Authorization required through BCBS.
J2507	Infusion Site of Care, Provider Administered Drug Therapy	Krystexxa (Pegloticase)	BCBSIL	Prior Authorization required through BCBS.
J2786	Infusion Site of Care, Provider Administered Drug Therapy	Injection Reslizumab 1Mg	BCBSIL	Prior Authorization required through BCBS.
J2840	Infusion Site of Care, Provider Administered Drug Therapy	Inj Sebelipase Alfa 1 Mg	BCBSIL	Prior Authorization required through BCBS.
J3060	Infusion Site of Care, Provider Administered Drug Therapy	Inj Taliglucerase Alfa 10 U	BCBSIL	Prior Authorization required through BCBS.
J3245	Infusion Site of Care, Provider Administered Drug Therapy	Inj. Tildrakizumab 1 Mg	BCBSIL	Prior Authorization required through BCBS.
J3262	Infusion Site of Care, Provider Administered Drug Therapy	Tocilizumab Injection	BCBSIL	Prior Authorization required through BCBS.
J3358	Infusion Site of Care, Provider Administered Drug Therapy	Ustekinumab Iv Inject 1 Mg	BCBSIL	Prior Authorization required through BCBS.
J3380	Infusion Site of Care, Provider Administered Drug Therapy	Injection Vedolizumab	BCBSIL	Prior Authorization required through BCBS.
J3385	Infusion Site of Care, Provider Administered Drug Therapy	Velaglucerase Alfa	BCBSIL	Prior Authorization required through BCBS.
J3397	Infusion Site of Care, Provider Administered Drug Therapy	Inj. Vestronidase Alfa-Vjvk	BCBSIL	Prior Authorization required through BCBS.

Q5103	Infusion Site of Care, Provider Administered Drug Therapy	Injection Inflectra	BCBSIL	Prior Authorization required through BCBS.
Q5104	Infusion Site of Care, Provider Administered Drug Therapy	Injection Renflexis	BCBSIL	Prior Authorization required through BCBS.
Q5121	Infusion Site of Care, Provider Administered Drug Therapy	Inj. Avsola 10 Mg	BCBSIL	Prior Authorization required through BCBS.
C9399	Medical Oncology & Supportive Care	Unituxin (Dinutuximab), Avzivi (bevacizumab-tnjn), Loqtorzi (toripalimab-tpzi), Ryzneuta (efbemalenograstim alfa-vuxw)	Carelon	Code represents unclassified drugs or biologics. Prior Authorization required through Carelon.
J0641	Medical Oncology & Supportive Care	Inj Levoleucovorin Nos 0.5Mg	Carelon	Prior Authorization required through Carelon.
J0642	Medical Oncology & Supportive Care	Injection Khapzory 0.5 Mg	Carelon	Prior Authorization required through Carelon.
J0882	Medical Oncology & Supportive Care	Darbepoetin Alfa Esrd Use	Carelon	Prior Authorization required through Carelon.
J0896	Medical Oncology & Supportive Care	Inj Luspatercept-Aamt 0.25Mg	Carelon	Prior Authorization required through Carelon.
J0897	Medical Oncology & Supportive Care	Injection, Denosumab, 1 Mg	Carelon or BCBSIL	Prior Authorization required through Carelon.
J1442	Medical Oncology & Supportive Care	Inj Filgrastim Excl Biosimil	Carelon	Prior Authorization required through Carelon.
J1447	Medical Oncology & Supportive Care	Inj Tbo Filgrastim 1 Microg	Carelon	Prior Authorization required through Carelon.
J1448	Medical Oncology & Supportive Care	Injection Trilaciclib 1Mg	Carelon	Prior Authorization required through Carelon.
J1449	Medical Oncology & Supportive Care	Inj Eflapegrastim-Xnst 0.1Mg	Carelon	Prior Authorization required through Carelon.
J1576	Medical Oncology & Supportive Care	Inj Panzyga 500 Mg	Carelon	Add Effective 04/01/2024. Prior Authorization required through Carelon.
J2506	Medical Oncology & Supportive Care	Inj Pegfilgrast Ex Bio 0.5Mg	Carelon	Prior Authorization required through Carelon.
J2820	Medical Oncology & Supportive Care	Sargramostim Injection	Carelon	Prior Authorization required through Carelon.
J2860	Medical Oncology & Supportive Care	Injection Siltuximab	Carelon	Prior Authorization required through Carelon.
J3490	Medical Oncology & Supportive Care	Drugs Unclassified Injection	Carelon	Code represents unclassified drugs or biologics. Prior Authorization required through Carelon.
J3590	Medical Oncology & Supportive Care	Unclassified Biologics	Carelon	Code represents unclassified drugs or biologics. Prior Authorization required through Carelon.
J9019	Medical Oncology & Supportive Care	Erwinaze Injection	Carelon	Prior Authorization required through Carelon.
J9021	Medical Oncology & Supportive Care	Inj Aspara Rylaze 0.1 Mg	Carelon	Prior Authorization required through Carelon.
J9022	Medical Oncology & Supportive Care	Inj Atezolizumab 10 Mg	Carelon	Prior Authorization required through Carelon.
J9023	Medical Oncology & Supportive Care	Injection Avelumab 10 Mg	Carelon	Prior Authorization required through Carelon.
J9032	Medical Oncology & Supportive Care	Injection Belinostat 10Mg	Carelon	Prior Authorization required through Carelon.

J9037	Medical Oncology & Supportive Care	Inj Belantamab Mafodont Blmf	Carelon	Retire Effective 04/01/24
J9039	Medical Oncology & Supportive Care	Injection Blinatumomab	Carelon	Prior Authorization required through Carelon.
J9042	Medical Oncology & Supportive Care	Brentuximab Vedotin Inj	Carelon	Prior Authorization required through Carelon.
J9043	Medical Oncology & Supportive Care	Jevtana (Cabazitaxel)	Carelon	Prior Authorization required through Carelon.
J9047	Medical Oncology & Supportive Care	Injection Carfilzomib 1 Mg	Carelon	Prior Authorization required through Carelon.
J9055	Medical Oncology & Supportive Care	Cetuximab Injection	Carelon	Prior Authorization required through Carelon.
J9057	Medical Oncology & Supportive Care	Inj. Copanlisib 1 Mg	Carelon	Retire Effective 04/01/24
J9061	Medical Oncology & Supportive Care	Inj Amivantamab-Vmjw	Carelon	Prior Authorization required through Carelon.
J9063	Medical Oncology & Supportive Care	Inj Elahere 1 Mg	Carelon	Prior Authorization required through Carelon.
J9064	Medical Oncology & Supportive Care	Inj Cabazitaxel (Sandoz)	Carelon	Add Effective 04/01/2024. Prior Authorization required through Carelon.
J9118	Medical Oncology & Supportive Care	Inj. Calaspargase Pegol-Mknl	Carelon	Prior Authorization required through Carelon.
J9119	Medical Oncology & Supportive Care	Inj. Cemiplimab-Rwlc 1 Mg	Carelon	Prior Authorization required through Carelon.
J9144	Medical Oncology & Supportive Care	Daratumumab Hyaluronidase	Carelon	Prior Authorization required through Carelon.
J9145	Medical Oncology & Supportive Care	Injection Daratumumab 10 Mg	Carelon	Prior Authorization required through Carelon.
J9153	Medical Oncology & Supportive Care	Inj Daunorubicin Cytarabine	Carelon	Prior Authorization required through Carelon.
J9173	Medical Oncology & Supportive Care	Inj. Durvalumab 10 Mg	Carelon	Prior Authorization required through Carelon.
J9176	Medical Oncology & Supportive Care	Injection Elotuzumab 1Mg	Carelon	Prior Authorization required through Carelon.
J9177	Medical Oncology & Supportive Care	Inj Enfort Vedo-Ejfv 0.25Mg	Carelon	Prior Authorization required through Carelon.
J9179	Medical Oncology & Supportive Care	Halaven (Eribulin)	Carelon	Prior Authorization required through Carelon.
J9203	Medical Oncology & Supportive Care	Gemtuzumab Ozogamicin 0.1 Mg	Carelon	Prior Authorization required through Carelon.
J9204	Medical Oncology & Supportive Care	Inj Mogamulizumab-Kpkc 1 Mg	Carelon	Prior Authorization required through Carelon.
J9205	Medical Oncology & Supportive Care	Inj Irinotecan Liposome 1 Mg	Carelon	Prior Authorization required through Carelon.
J9207	Medical Oncology & Supportive Care	Ixabepilone Injection	Carelon	Prior Authorization required through Carelon.
J9223	Medical Oncology & Supportive Care	Inj. Lurbinectedin 0.1 Mg	Carelon	Prior Authorization required through Carelon.
J9227	Medical Oncology & Supportive Care	Inj. Isatuximab-Irfc 10 Mg	Carelon	Prior Authorization required through Carelon.
J9228	Medical Oncology & Supportive Care	Yervoy (Ipilimumab)	Carelon	Prior Authorization required through Carelon.
J9229	Medical Oncology & Supportive Care	Inj Inotuzumab Ozogam 0.1 Mg	Carelon	Prior Authorization required through Carelon.
J9259	Medical Oncology & Supportive Care	Paclitaxel (American Regent)	Carelon	Add Effective 04/01/2024. Prior Authorization required through Carelon.
J9264	Medical Oncology & Supportive Care	Paclitaxel Protein Bound	Carelon	Prior Authorization required through Carelon.

J9266	Medical Oncology & Supportive Care	Pegaspargase Injection	Carelon	Prior Authorization required through Carelon.
J9269	Medical Oncology & Supportive Care	Inj. Tagraxofusp-Erzs 10 Mcg	Carelon	Prior Authorization required through Carelon.
J9271	Medical Oncology & Supportive Care	Inj Pembrolizumab	Carelon	Prior Authorization required through Carelon.
J9272	Medical Oncology & Supportive Care	Inj Dostarlimab-Gxly 10 Mg	Carelon	Prior Authorization required through Carelon.
J9273	Medical Oncology & Supportive Care	Inj Tisotu Vedotin-Tftv 1Mg	Carelon	Prior Authorization required through Carelon.
J9274	Medical Oncology & Supportive Care	Inj Tebentafusp-Tebn 1 Mcg	Carelon	Prior Authorization required through Carelon.
J9281	Medical Oncology & Supportive Care	Mitomycin Instillation	Carelon	Prior Authorization required through Carelon.
J9286	Medical Oncology & Supportive Care	Columvi (Glofitamab-Gxhm)	Carelon	Add Effective 04/01/2024. Prior Authorization required through Carelon.
J9295	Medical Oncology & Supportive Care	Injection Necitumumab 1 Mg	Carelon	Prior Authorization required through Carelon.
J9298	Medical Oncology & Supportive Care	Inj Nivol Relatlimab 3Mg/1Mg	Carelon	Prior Authorization required through Carelon.
J9299	Medical Oncology & Supportive Care	Injection Nivolumab	Carelon	Prior Authorization required through Carelon.
J9301	Medical Oncology & Supportive Care	Obinutuzumab Inj	Carelon	Prior Authorization required through Carelon.
J9302	Medical Oncology & Supportive Care	Ofatumumab Injection	Carelon	Prior Authorization required through Carelon.
J9303	Medical Oncology & Supportive Care	Panitumumab Injection	Carelon	Prior Authorization required through Carelon.
J9306	Medical Oncology & Supportive Care	Injection Pertuzumab 1 Mg	Carelon	Prior Authorization required through Carelon.
J9308	Medical Oncology & Supportive Care	Injection Ramucirumab	Carelon	Prior Authorization required through Carelon.
J9309	Medical Oncology & Supportive Care	Inj Polatuzumab Vedotin 1Mg	Carelon	Prior Authorization required through Carelon.
J9311	Medical Oncology & Supportive Care	Inj Rituximab Hyaluronidase	Carelon	Prior Authorization required through Carelon.
J9313	Medical Oncology & Supportive Care	Inj. Lumoxiti 0.01 Mg	Carelon	Retire Effective 04/01/24
J9316	Medical Oncology & Supportive Care	Pertuzu Trastuzu 10 Mg	Carelon	Prior Authorization required through Carelon.
J9317	Medical Oncology & Supportive Care	Sacituzumab Govitecan-Hziy	Carelon	Prior Authorization required through Carelon.
J9321	Medical Oncology & Supportive Care	Epkinly (Epcoritamab-Bysp)	Carelon	Add Effective 04/01/2024. Prior Authorization required through Carelon.
J9325	Medical Oncology & Supportive Care	Inj Talimogene Laherparepvec	Carelon	Prior Authorization required through Carelon.
J9331	Medical Oncology & Supportive Care	Inj Sirolimus Prot Part 1 Mg	Carelon	Prior Authorization required through Carelon.
J9345	Medical Oncology & Supportive Care	Inj Retifanlimab-Dlwr 1 Mg	Carelon	Add Effective 01/01/2024. Prior Authorization required through Carelon.
J9347	Medical Oncology & Supportive Care	Inj Tremelimumab-Actl 1 Mg	Carelon	Prior Authorization required through Carelon.
J9348	Medical Oncology & Supportive Care	Inj. Naxitamab-Gqgk 1 Mg	Carelon	Prior Authorization required through Carelon.
J9349	Medical Oncology & Supportive Care	Inj. Tafasitamab-Cxix	Carelon	Prior Authorization required through Carelon.
J9350	Medical Oncology & Supportive Care	Inj Mosunetuzumab-Axgb 1 Mg	Carelon	Add Effective 01/01/2024. Prior Authorization required through Carelon.
J9352	Medical Oncology & Supportive Care	Injection Trabectedin 0.1Mg	Carelon	Prior Authorization required through Carelon.

J9353	Medical Oncology & Supportive Care	Inj. Margetuximab-Cmkb 5 Mg	Carelon	Prior Authorization required through Carelon.
J9354	Medical Oncology & Supportive Care	Inj Ado-Trastuzumab Emt 1Mg	Carelon	Prior Authorization required through Carelon.
J9355	Medical Oncology & Supportive Care	Inj Trastuzumab Excl Biosimi	Carelon	Prior Authorization required through Carelon.
J9356	Medical Oncology & Supportive Care	Inj. Herceptin Hylecta 10Mg	Carelon	Prior Authorization required through Carelon.
J9358	Medical Oncology & Supportive Care	Inj Fam-Trastu Deru-Nxki 1Mg	Carelon	Prior Authorization required through Carelon.
J9359	Medical Oncology & Supportive Care	Inj Lon Tesirin-Lpyl 0.075Mg	Carelon	Prior Authorization required through Carelon.
J9380	Medical Oncology & Supportive Care	Inj Teclistamab Cqyv 0.5 Mg	Carelon	Prior Authorization required through Carelon.
J9999	Medical Oncology & Supportive Care	Unituxin (Dinutuximab), Avzivi (bevacizumab-tnjn), Loqtorzi (toripalimab-tpzi), Ryzneuta (efbemalenograstim alfa-vuxw)	Carelon	Code represents unclassified drugs or biologics. Prior Authorization required through Carelon.
Q2043	Medical Oncology & Supportive Care	Provenge (Sipuleucel-T)	Carelon	Prior Authorization required through Carelon.
Q2049	Medical Oncology & Supportive Care	Imported Lipodox Inj	Carelon	Retire Effective 04/01/24
Q2050	Medical Oncology & Supportive Care	Doxorubicin Inj 10Mg	Carelon	Prior Authorization required through Carelon.
Q4081	Medical Oncology & Supportive Care	Epoetin Alfa 100 Units Esrd	Carelon	Prior Authorization required through Carelon.
Q5101	Medical Oncology & Supportive Care	Injection Zarxio	Carelon	Prior Authorization required through Carelon.
Q5105	Medical Oncology & Supportive Care	Inj Retacrit Esrd On Dialysi	Carelon	Prior Authorization required through Carelon.
Q5107	Medical Oncology & Supportive Care	Inj Mvasi 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5108	Medical Oncology & Supportive Care	Injection Fulphila	Carelon	Prior Authorization required through Carelon.
Q5110	Medical Oncology & Supportive Care	Nivestym	Carelon	Prior Authorization required through Carelon.
Q5111	Medical Oncology & Supportive Care	Injection Udenyca 0.5 Mg	Carelon	Prior Authorization required through Carelon.
Q5112	Medical Oncology & Supportive Care	Inj Ontruzant 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5113	Medical Oncology & Supportive Care	Inj Herzuma 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5114	Medical Oncology & Supportive Care	Inj Ogivri 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5116	Medical Oncology & Supportive Care	Inj. Trazimera 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5117	Medical Oncology & Supportive Care	Inj. Kanjinti 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5118	Medical Oncology & Supportive Care	Inj. Zirabev 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5120	Medical Oncology & Supportive Care	Inj Pegfilgrastim-Bmez 0.5Mg	Carelon	Prior Authorization required through Carelon.
Q5122	Medical Oncology & Supportive Care	Inj Nyvepria	Carelon	Prior Authorization required through Carelon.
Q5125	Medical Oncology & Supportive Care	Inj Releuko 1 Mcg	Carelon	Prior Authorization required through Carelon.
Q5126	Medical Oncology & Supportive Care	Inj Alymsys 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5127	Medical Oncology & Supportive Care	Inj Stimufend 0.5 Mg	Carelon	Prior Authorization required through Carelon.
Q5129	Medical Oncology & Supportive Care	Inj Vegzelma 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5130	Medical Oncology & Supportive Care	Inj Fynetra 0.5 Mg	Carelon	Prior Authorization required through Carelon.

J1599	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Ivig Non-Lyophilized Nos	Carelon or BCBSIL	Carelon 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.
J9035	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Bevacizumab Injection	Carelon or BCBSIL	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
90283	Provider Administered Drug Therapy	Human Ig Iv	BCBSIL	Prior Authorization required through BCBS.
90284	Provider Administered Drug Therapy	Human Ig Sc	BCBSIL	Prior Authorization required through BCBS.
90378	Provider Administered Drug Therapy	Rsv Mab Im 50Mg	BCBSIL	Prior Authorization required through BCBS.
C9257	Provider Administered Drug Therapy	Bevacizumab Injection	BCBSIL	Prior Authorization required through BCBS.
J0202	Provider Administered Drug Therapy	Injection Alemtuzumab	BCBSIL	Prior Authorization required through BCBS.
J0565	Provider Administered Drug Therapy	Inj Bezlotoxumab 10 Mg	BCBSIL	Prior Authorization required through BCBS.
J0567	Provider Administered Drug Therapy	Inj. Cerliponase Alfa 1 Mg	BCBSIL	Prior Authorization required through BCBS.
J0775	Provider Administered Drug Therapy	Collagenase Clost Hist Inj	BCBSIL	Prior Authorization required through BCBS.
J0888	Provider Administered Drug Therapy	Epoetin Beta Non Esrd	BCBSIL	Prior Authorization required through BCBS.
J1325	Provider Administered Drug Therapy	Epoprostenol Injection	BCBSIL	Prior Authorization required through BCBS.
J1411	Provider Administered Drug Therapy	Inj Hemgenix Per Tx Dose	BCBSIL	Add effective 01/01/2024. Prior Authorization required through BCBS.
J1412	Provider Administered Drug Therapy	Inj Roctavian Ml 2X10^13Vc G	BCBSIL	Add effective 04/01/2024. Prior Authorization required through BCBS.
J1413	Provider Administered Drug Therapy	Inj Delandistrogene Mox Rokl	BCBSIL	Add effective 04/01/2024. Prior Authorization required through BCBS.
J1428	Provider Administered Drug Therapy	Inj Eteplirsen 10 Mg	BCBSIL	Prior Authorization required through BCBS.
J1562	Provider Administered Drug Therapy	Vivaglobin Inj	BCBSIL	Prior Authorization required through BCBS.
J1675	Provider Administered Drug Therapy	Histrelin Acetate	BCBSIL	Prior Authorization required through BCBS.
J1726	Provider Administered Drug Therapy	Makena 10 Mg	BCBSIL	Retire Effective 01/01/2024.
J1950	Provider Administered Drug Therapy	Leuprolide Acetate /3.75 Mg	BCBSIL	Prior Authorization required through BCBS.
J2278	Provider Administered Drug Therapy	Ziconotide Injection	BCBSIL	Prior Authorization required through BCBS.
J2326	Provider Administered Drug Therapy	Inj Nusinersen 0.1Mg	BCBSIL	Prior Authorization required through BCBS.
J2502	Provider Administered Drug Therapy	Inj Pasireotide Long Acting	BCBSIL	Prior Authorization required through BCBS.
J2562	Provider Administered Drug Therapy	Plerixafor Injection	BCBSIL	Prior Authorization required through BCBS.
J2941	Provider Administered Drug Therapy	Somatropin Injection	BCBSIL	Prior Authorization required through BCBS.
J3121	Provider Administered Drug Therapy	Inj Testostero Enanthate 1Mg	BCBSIL	Prior Authorization required through BCBS.
J3145	Provider Administered Drug Therapy	Testosterone Undecanoate 1Mg	BCBSIL	Prior Authorization required through BCBS.
J3285	Provider Administered Drug Therapy	Treprostinil Injection	BCBSIL	Prior Authorization required through BCBS.
J3315	Provider Administered Drug Therapy	Triptorelin Pamoate	BCBSIL	Prior Authorization required through BCBS.

J3398	Provider Administered Drug Therapy	Inj Luxturna 1 Billion Vec G	BCBSIL	Prior Authorization required through BCBS.
J3399	Provider Administered Drug Therapy	Inj Onase Abepar-Xioi Treat	BCBSIL	Prior Authorization required through BCBS.
J3401	Provider Administered Drug Therapy	Vyjuvek 5X10^9Pfu/MI 0.1 MI	BCBSIL	Add effective 04/01/2024. Prior Authorization required through BCBS.
J7178	Provider Administered Drug Therapy	Inj Human Fibrinogen Con Nos	BCBSIL	Prior Authorization required through BCBS.
J7340	Provider Administered Drug Therapy	Carbidopa Levodopa Ent 100MI	BCBSIL	Prior Authorization required through BCBS.
J9029	Provider Administered Drug Therapy	Inj Adstiladrin Per Tx Dos	BCBSIL	Add effective 01/01/2024. Prior Authorization required through BCBS.
J9155	Provider Administered Drug Therapy	Degarelix Injection	BCBSIL	Prior Authorization required through BCBS.
J9202	Provider Administered Drug Therapy	Goserelin Acetate Implant	BCBSIL	Prior Authorization required through BCBS.
J9217	Provider Administered Drug Therapy	Leuprolide Acetate Suspnsion	BCBSIL	Prior Authorization required through BCBS.
J9218	Provider Administered Drug Therapy	Leuprolide Acetate Injeciton	BCBSIL	Prior Authorization required through BCBS.
J9219	Provider Administered Drug Therapy	Leuprolide Acetate Implant	BCBSIL	Prior Authorization required through BCBS.
J9225	Provider Administered Drug Therapy	Vantas Implant	BCBSIL	Prior Authorization required through BCBS.
J9226	Provider Administered Drug Therapy	Supprelin La Implant	BCBSIL	Prior Authorization required through BCBS.
Q2041	Provider Administered Drug Therapy	Axicabtagene Ciloleu cel Car+	BCBSIL	Prior Authorization required through BCBS.
Q2042	Provider Administered Drug Therapy	Tisagenlecleu cel Car-Pos T	BCBSIL	Prior Authorization required through BCBS.
Q2053	Provider Administered Drug Therapy	Brexucabtagene Car Pos T	BCBSIL	Prior Authorization required through BCBS.
Q2054	Provider Administered Drug Therapy	Lisocabtagene Mara Car Pos T	BCBSIL	Prior Authorization required through BCBS.
Q2055	Provider Administered Drug Therapy	Idecabtagene Vicleu cel Car	BCBSIL	Prior Authorization required through BCBS.
Q2056	Provider Administered Drug Therapy	Ciltacabtagene Car-Pos T	BCBSIL	Prior Authorization required through BCBS.
S0157	Provider Administered Drug Therapy	Becaplermin Gel 1% 0.5 Gm	BCBSIL	Prior Authorization required through BCBS.
S0189	Provider Administered Drug Therapy	Testosterone Pellet 75 Mg	BCBSIL	Prior Authorization required through BCBS.

Important Notes:

Prior authorization is required for some members/services/drugs before services are rendered to confirm medical necessity as defined by the member's health benefit plan.

Usually, the provider is responsible for requesting prior authorization before performing a service if the member is seeing an in-network provider. Sometimes, a plan may require the member to request prior authorization for services.

Once a prior authorization request is received and processed, the decision is communicated to the provider.

If you have questions, call the prior authorization number on the member's ID card.

This is not an exhaustive list 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 contracts differ in their benefits. Always check eligibility and benefits first through the Availity® Essentials (availity.com) or your preferred web vendor portal to confirm coverage and other important details, including prior authorization or pre-notification requirements and vendors, if applicable. For some services/members, prior authorization may be required through Blue Cross and Blue Shield of Illinois. For other services/members, BCBSIL has contracted with Carelon Medical Benefits Management for utilization management and related services. ▪

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Please note that checking eligibility and benefits and/or the fact that a service has received prior authorization is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. The information provided does not constitute coding or legal advice. Physicians and other health care providers should use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment, and to submit claims using the most appropriate code(s) based upon the medical record documentation, coding guidelines and reference materials.

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Carelon Medical Benefits Management is an independent company that has contracted with BCBSIL to provide utilization management services for members with coverage through BCBSIL.

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