

2022 Commercial Specialty Pharmacy Prior Authorization Drug List

Posted December 2021 to reference changes that will be effective January 2022

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, 2022

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

Category	Code	Drug Product Name* Brand (generic) <i>**Trademarks are the property of their respective owners.</i>	Medical Policy Number	Medical Policy Title	Reason for Prior Authorization Requirement** (AIM = 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 AIM for Medical Oncology and Supportive care unless drug requested has multiple indications. AIM 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.	Update History / Delegation Notes*** <i>(Highlighted = Multiple Indications)</i> ***Some drugs / codes on this PA list have multiple indications. AIM will only review requests that are supported by an oncology diagnosis. See details provided on this list for each drug/code.
Medical Infusion / Specialty Drug	C9399	Cutaquig_(Immune Globulin (Human)-hipp)	AIM RX501.137 RX501.135 RX501.136 RX501.087 RX501.099 RX504.003 RX501.130 RX501.129	AIM Clinical Guidelines Aducanumab-awwa Casimersen Evinacumab-dgnb FDA-Approved Drugs and Biologicals Ibalizumab-bayk Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Veklury Viltolarsen	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 BCBSIL.
Medical Infusion / Specialty Drug	J0881	Non-ESRD, Aranesp_(Darbepoetin alfa)	AIM RX501.069	AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.
Medical Infusion / Specialty Drug	J0882	ESRD, Aranesp_(Darbepoetin alfa)	AIM RX501.069	AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.
Medical Infusion / Specialty Drug	J0885	Non-ESRD, Epogen/Procrit_(Epoetin Alfa)	AIM RX501.069	AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.
Medical Infusion / Specialty Drug	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	AIM RX504.003 RX501.096	AIM Clinical Guidelines Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.
Medical Infusion / Specialty Drug	J1554	Asceniv_(Immune Globulin (Human)-sira)	AIM RX504.003	AIM Clinical Guidelines Immunglobulin (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 BCBSIL.
Medical Infusion / Specialty Drug	J1555	Cuvitru_(Immune Globulin (Human) Subcutaneous)	AIM RX504.003 RX501.096	AIM Clinical Guidelines Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.
Medical Infusion / Specialty Drug	J1556	Blivigam_(Injection, immune globulin, 500 mg)	AIM RX504.003 RX501.096	AIM Clinical Guidelines Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.
Medical Infusion / Specialty Drug	J1557	(Gammaglex_(Injection, immune globulin, , intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.097	AIM Clinical Guidelines Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.
Medical Infusion / Specialty Drug	J1558	Xembify_(Injection, immune globulin , 100 mg)	AIM RX504.003 RX501.098	AIM Clinical Guidelines Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.
Medical Infusion / Specialty Drug	J1559	Hizentra_(Injection, immune globulin , 100 mg)	AIM RX504.003 RX501.099	AIM Clinical Guidelines Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.
Medical Infusion / Specialty Drug	J1561	Gamunex/Gamunex-C/Gammaked_(Injection, immune globulin , nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.100	AIM Clinical Guidelines Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.
Medical Infusion / Specialty Drug	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	AIM RX504.003 RX501.101	AIM Clinical Guidelines Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.
Medical Infusion / Specialty Drug	J1568	Octagam_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.102	AIM Clinical Guidelines Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.
Medical Infusion / Specialty Drug	J1569	Gammagard liquid_(Injection, immune globulin, intravenous, nonlyophilized, (e.g., liquid), 500 mg)	AIM RX504.003 RX501.103	AIM Clinical Guidelines Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.
Medical Infusion / Specialty Drug	J1572	Flebogamma/Flebogamma DIF_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.104	AIM Clinical Guidelines Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.
Medical Infusion / Specialty Drug	J1575	Hyqvia_(Injection, immune globulin/hyaluronidase, , 100 mg immune globulin)	AIM RX504.003 RX501.105	AIM Clinical Guidelines Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.
Medical Infusion / Specialty Drug	J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	AIM RX504.003	AIM Clinical Guidelines Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.

Medical Infusion / Specialty Drug	J3490	Cutaqiig_(Immune Globulin (Human)-hipp)	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-uyk 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 Apeparovect-xioi Rituximab and Biosimilars for Non-Oncologic Indications Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy Treatment of Hyperhidrosis Veklury Viltolarsen Viscosupplementation for Osteoarthritis	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 BCBSIL.
Medical Infusion / Specialty Drug	I3590	Cutaqiig_(Immune Globulin (Human)-hipp)	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-uyk Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Infliximab and Associated Biosimilars Mepolizumab Ocrelizumab Onasemnogene Apeparovect-xioi Viltolarsen	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 BCBSIL.
Medical Infusion / Specialty Drug	J9035	Avastin_(Bevacizumab)	AIM OTH903.027 OTH903.020 OTH903.015	AIM Clinical Guidelines Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.
Medical Infusion / Specialty Drug	J9311	Rituxan- Hycela_(Rituximab Hyaluronidase)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Provider Administered Drug Therapy Medical Oncology & Supportive Care	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 BCBSIL.
Medical Infusion / Specialty Drug	J9312	Rituxan_(Rituximab)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Provider Administered Drug Therapy Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSIL.
Medical Infusion / Specialty Drug	J9999	Cutaqiig_(Immune Globulin (Human)-hipp)	AIM MED203.002 RX501.063 RX501.087 RX504.003 RX501.085 RX501.057	AIM Clinical Guidelines Antineoplastic Cancer Therapy Compounded Drug Products FDA-Approved Drugs and Biologicals Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Ocrelizumab Sodium Phenylbutyrate	Medical Oncology & Supportive Care	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 BCBSIL.
Medical Infusion / Specialty Drug	Q5105	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 BCBSIL.
Medical Infusion / Specialty Drug	Q5106	Retacrit_(Epoetin alfa-epba)	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 BCBSIL.
Medical Infusion / Specialty Drug	Q5115	Truxima_(Rituximab-abbv)	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 BCBSIL.
Medical Infusion / Specialty Drug	Q5119	Ruxience_(Rituximab-pwr)	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 BCBSIL.
Medical Infusion / Specialty Drug	Q5123	Riabni_(Rituximab-arnx)	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 BCBSIL.
Medical Infusion / Specialty Drug	J0641	Fuslev_(Levoleucovorin Calcium)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J0642	Khapzory_(Levoleucovorin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J0896	Reblozyl_(Luspatercept-amnt)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J0897	Prolia_(Denosumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J1442	Neupogen_(Filgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J1447	Granic_(Tbo-Filgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J2505	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J2820	Leukine_(Sargamostim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J2860	Sylvant_(Siltuximab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9022	Tecentriq_(Atezolizumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9023	Bavencio_(Avelumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9037	Blenrep_(Belantamab mafodotin-blmf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9039	Bilincyto_(Binatumomab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9042	Adcetris_(Brentuximab vedotin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9043	Jevtana_(Cabazitaxel)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9047	Kyprolis_(Carfilzomib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9055	Erbix_(Cetuximab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9057	Aliqopa_(Copanlisib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9119	Libtayo_(Cemiplimab-rwc)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9144	Darzalex-Faspro_(Daratumumab-hyaluronidase-fih)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.

Medical Infusion / Specialty Drug	J9145	Daralex_(Daratumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9173	Imfinzi_(Durvalumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9176	Empliciti_(Eliotuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9177	Padcev_(Fam-trastuzumab deruxtecan-nxki)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9179	Halaven_(Eribulin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9203	Mylotarg_(Gemtuzumab ozogamicin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9204	Poteligeo_(Mogamulizumab- kpkc)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9205	Orivyde_(irinotecan liposome)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9207	Ivempra_(ixabepilone)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9223	Zepzelca_(Lurbinectedin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9227	Sardisa_(Isatuximab-irfc)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9228	Yervoy_(Ipilimumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9229	Besponsa_(Inotuzumab ozogamicin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9264	Abraxane_(Paclitaxel protein-bound particles)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9269	Elzonris_(Tagraxofusp-erzs)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9271	Keytruda_(Pembrolizumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9281	Jelmtyo_(Mitomycin Gel)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9299	Opdivo_(Nivolumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9301	Gazyva_(Obinutuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9302	Arzerra_(Ofatumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9303	Vectibix_(Panitumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9306	Perjeta_(Pertuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9308	Cyramza_(Ramucicromab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9309	Polivy_(Polatuzumab vedotin-piiq)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9313	Lumoxiti_(Moxetumomab pasudotox-tdfk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9316	Phegso_(Pertuzumab-Trastuzumab-Hyaluronidase-zzdf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9317	Trodelyv_(Sacituzumab-govitecan)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9348	Danyelta_(Naxitamab-gagk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9349	Morjuvi_(Tafasitamab-coxk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9352	Yondelis_(Trabectedin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9353	Margenza_(Margetumab-cmkb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9354	Kadcyla_(Ado-Trastuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9355	Herceptin_(Trastuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9356	Herceptin Hylecta_(Trastuzumab-hyaluronidase-oysk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9358	Enhertu_(Fam-trastuzumab deruxtecan-nxki)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2043	Provenge_(Sipuleucel-T)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2049	Doxil/Lipodox_(Doxorubicin liposomal)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2050	Doxil/Lipodox_(Doxorubicin liposomal)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q4081	ESRD, Epoegen/Procrit_(Epoetin Alfa)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5101	Zarxio_(Filgrastim-sndz)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5107	Mvasi_(Bevacizumab-awwb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5108	Fulphila_(Pegfilgrastim-jmdb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5110	Nivestym_(Filgrastim-aafi)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5111	Udenyca_(Pegfilgrastim-cbqv)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5112	Ontruzant_(Trastuzumab-dttb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5113	Herzuma_(Trastuzumab-pkrb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5114	Ogivri_(Trastuzumab-dkst)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5116	Trazimera_(Trastuzumab-qyyp)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5117	Kanjinti_(Trastuzumab-anns)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5118	Zirabev_(Bevacizumab-bvzr)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5120	Zenkenzo_(Pegfilgrastim-bmez)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5122	Nyvepria_(Pegfilgrastim-aggf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	90283	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 BCBSIL
Medical Infusion / Specialty Drug	90284	SCIG	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIg] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	90378	Synagis (palivizumab)	RX504.009	Respiratory Syncytial Virus (RSV) Immunoprophylaxis	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	C9257	Avastin (Bevacizumab)	OTH903.027 OTH903.020 OTH903.015	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J0129	Orencia (abatacept)	RX501.113 RX501.096	Abatacept Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J0180	Fabrazyme (agalasidase beta)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J0202	Lemtrada (alemtuzumab)	RX501.077	Alemtuzumab	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J0221	Lumizyme (alglucosidase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J0222	Onpattro (patisiran)	RX501.096 RX501.102	Specialty Medication Administration Site of Care Patisiran (Onpattro)	Infusion Site of Care	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J0223	Givlaari (givosiran)	RX501.125 RX501.096	Givosiran Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J0490	Benlysta (belimumab)	RX501.116 RX501.096	Belimumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSIL

Medical Infusion / Specialty Drug	J0517	Fasenra (benralizumab)	RX501.100 RX501.096	Benralizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J0565	Zinplava (bezlotoxumab)	RX501.093	Bezlotoxumab	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J0567	Brineura (cerliponase alfa)	RX501.092	Cerliponase alfa	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J0584	Crysvita (burosumab-twza)	RX502.058 RX501.096	Burosumab-twza Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J0585	Botox (onabotulinumtoxinA)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J0586	Dysport (abobotulinumtoxinA)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J0587	Myobloc (rmbotulinumtoxinB)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J0588	Xeomin (incobotulinumtoxinA)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J0598	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 BCSISL
Medical Infusion / Specialty Drug	J0638	Ilaris (canakinumab)	RX501.119 RX501.096	Canakinumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J0717	Cimzia (certolizumab pegol)	RX501.111 RX501.096	Certolizumab Pegol Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J0775	Xiaflex (collagenase, clostridium histolyticum)	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J0791	Adakveo (crizanlizumab-tmca)	RX501.126 RX501.096	Crizanlizumab-tmca Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J0888	Mircera (pegylated-epoetin beta)	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J1290	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 BCSISL
Medical Infusion / Specialty Drug	J1300	Soliris (eculizumab)	RX501.066 RX501.096	Eculizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J1301	Radicava (edaravone)	RX501.095 RX501.096	Edaravone Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J1303	Ultomiris (ravulizumab-cwz)	RX501.107 RX501.096	Ravulizumab-cwz Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J1322	Vimimiz (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 BCSISL
Medical Infusion / Specialty Drug	J1325	Floian, Veletri (epoprostenol)	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J1428	Exondys 51 (eteplirsen)	RX501.084	Eteplirsen	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J1458	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 BCSISL
Medical Infusion / Specialty Drug	J1562	Vivaglobin (immune globulin subcutaneous)	RX504.003	Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J1602	Simpsoni Aria (golimumab)	RX501.112 RX501.096	Golimumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J1675	histrelin acetate	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J1726	Makena (hydroxyprogesterone caproate)	RX501.062	Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J1743	Elaprase (idursulfase)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J1745	Remicade (infliximab)	THE801.028 RX501.051 RX501.096	Acne Management Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J1746	Trogarzo (ibalzumab-uyk)	RX501.099 RX501.096	Ibalzumab-uyk Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J1786	Cerezyme (imiglucerase)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J1931	Aldurazyme (laronidase)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J1950	Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, per 3.75 mg)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J2182	Nucala (mepolizumab)	RX501.080 RX501.096	Mepolizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J2278	Prialt (ziconotide)	RX501.060	Ziconotide	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J2323	Tysabri (natalizumab)	RX501.059 RX501.096	Natalizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J2326	Spinraza (nusinersen)	RX501.086	Nusinersen	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J2350	Ocrevus (ocrelizumab)	RX501.085 RX501.096	Ocrelizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J2357	Xolair (omalizumab)	RX501.058 RX501.096	Omalizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J2502	Signifor LAR (pasireotide)	RX501.079	Pasireotide	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J2507	Krystrexa (pegloticase)	RX501.120 RX501.096	Pegloticase Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J2562	Mozobil (plerixafor)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J2786	Cinqair (reslizumab)	RX501.083 RX501.096	Reslizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J2840	Kanuma (sebelipase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J2941	Humatrope, Saizen (somatropin)	RX501.040	Human Growth Hormone (GH)	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J3032	Vyepti (eptinezumab-jjmr)	RX501.124 RX501.096	Eptinezumab-jjmr Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J3060	Ekleyo (taliglucerase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J3121	testosterone enanthate	SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J3145	Avedo (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 BCSISL
Medical Infusion / Specialty Drug	J3241	Tepezza (teprotumumab-trbw)	RX501.096 RX501.110	Specialty Medication Administration Site of Care Teprotumumab	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J3245	Ilumya (tiludronumab-asmm)	RX501.096 RX501.123	Specialty Medication Administration Site of Care Tiludronumab-asmm	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J3262	Actemra (tocilizumab)	RX501.096 RX501.115	Specialty Medication Administration Site of Care Tocilizumab	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J3285	Remodulin (treprostinil)	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J3315	Trelstar (triptorelin pamoate)	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J3358	Stelara (ustekinumab for intravenous use)	RX501.096 RX501.114	Specialty Medication Administration Site of Care Ustekinumab	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J3380	Entyvio (vedolizumab)	RX501.096 RX501.117	Specialty Medication Administration Site of Care Vedolizumab	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J3385	Vpriv (velaglucerase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J3397	Mepsevli (vestronidase alfa-vjkb)	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 BCSISL
Medical Infusion / Specialty Drug	J3398	Luxturna (voretigene neparvovec-ryl)	RX501.098	Gene Therapy for Inherited Retinal Dystrophy	Provider Administered Drug Therapy	Prior Authorization required through BCSISL
Medical Infusion / Specialty Drug	J3399	Zolgensma (onasemnogene abeparvovec-xioi)	RX501.104	Onasemnogene Abeparvovec-xioi	Provider Administered Drug Therapy	Prior Authorization required through BCSISL

Medical Infusion / Specialty Drug	J7178	RisSTAP (human fibrinogen concentrate)	RX501.072	Human Fibrinogen Concentrate (RisSTAP and Fibrlyga)	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J7340	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 BCBSIL
Medical Infusion / Specialty Drug	J9032	Beleodaq (belinostat)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J9153	Vyxeos (daunorubicin and cytarabine)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J9155	Firmagon (degarelix)	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J9202	Zoladex (goserelin acetate implant)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J9217	Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 mg)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J9218	leuprolide acetate, non depot	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J9219	Viadur (leuprolide acetate implant)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J9225	Vantas (histrelin implant)	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J9226	Supprelin LA (histrelin implant)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J9295	Portrazza (necitumumab)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	J9325	Imlygic (talimogene laherparepvec)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	Q2041	Yescarta (axicabtagene ciloleucel)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	Q2042	Kymriah (tisagenlecleucel)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	Q5103	Inflectra (infliximab-dyyb)	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	Q5104	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 BCBSIL
Medical Infusion / Specialty Drug	Q5109	bixi (infliximab-qbrx) - NON-PREFERRED	RX501.051	Infliximab and Associated Biosimilars	Infusion Site of Care	Prior Authorization required through BCBSIL
Medical Infusion / Specialty Drug	Q5121	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 BCBSIL
Medical Infusion / Specialty Drug	S0157	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 BCBSIL
Medical Infusion / Specialty Drug	S0189	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 BCBSIL

Current Procedural Terminology (CPT®) copyright 2020 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

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

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Blue Cross and Blue Shield of Illinois, A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.