



2021 Commercial Specialty Pharmacy Prior Authorization Drug List

Updated January 2021

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 on a procedure code: 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 3) Effective date for when prior authorization was implemented at BCBSIL.

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 Availability Provider Portal® (availability.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 UPDATES COLUMN, THESE PRIOR AUTHORIZATION REQUIREMENTS ARE EFFECTIVE ON JANUARY 1, 2021

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

Procedure Code	Drug Product Name*	Reason for Prior Authorization Requirement	Update History
J0222	Onpatro (patisiran)	Infusion Site of Care	Change in Reason for Prior Authorization Requirement to align with update in Medical Policy
J0584	Crysvita (burosumab-twza)	Infusion Site of Care	Change in Reason for Prior Authorization Requirement to align with update in Medical Policy
J0638	Ilaris (canakinumab)	Infusion Site of Care	Change in Reason for Prior Authorization Requirement to align with update in Medical Policy
J1746	Trogarzo (ibalizumab-uiyk)	Infusion Site of Care	Change in Reason for Prior Authorization Requirement to align with update in Medical Policy
J3060	Elelyso (taliglucerase alfa)	Infusion Site of Care	Change in Reason for Prior Authorization Requirement to align with update in Medical Policy
J3245	Ilumya (tiludrakizumab-asmn)	Infusion Site of Care	Change in Reason for Prior Authorization Requirement to align with update in Medical Policy
J3397	Mepsevii (vestronidase alfa-vjvk)	Infusion Site of Care	Change in Reason for Prior Authorization Requirement to align with update in Medical Policy
90283	IVIG (immune globulin intravenous)	Provider Administered Drug Therapy	--
90284	SCIG	Provider Administered Drug Therapy	--
90378	Synagis (palivizumab)	Provider Administered Drug Therapy	--
C9257	Avastin (bevacizumab)	Provider Administered Drug Therapy	--
J0129	Orencia (abatacept)	Infusion Site of Care	--
J0180	Fabrazyme (agalsidase beta)	Infusion Site of Care	--
J0202	Lemtrada (alemtuzumab)	Provider Administered Drug Therapy	--
J0221	Lumizyme (alglucosidase alfa)	Infusion Site of Care	--
J0223	Givlaari (givosiran)	Infusion Site of Care	--
J0490	Benlysta (belimumab)	Infusion Site of Care	--
J0517	Fasenra (benralizumab)	Infusion Site of Care	--
J0565	Zinplava (bezlotoxumab)	Provider Administered Drug Therapy	--
J0567	Brineura (cerliponase alfa)	Provider Administered Drug Therapy	--
J0585	Botox (onabotulinumtoxinA)	Provider Administered Drug Therapy	--
J0586	Dysport (abobotulinumtoxinA)	Provider Administered Drug Therapy	--
J0587	Myobloc (rimabotulinumtoxinB)	Provider Administered Drug Therapy	--
J0588	Xeomin (incobotulinumtoxinA)	Provider Administered Drug Therapy	--
J0598	Cinryze (C1 esterase inhibitor)	Infusion Site of Care	--
J0717	Cimzia (certolizumab pegol)	Infusion Site of Care	--
J0775	Xiaflex (collagenase, clostridium histolyticum)	Provider Administered Drug Therapy	--
J0791	Adakveo (crizanlizumab-tmca)	Infusion Site of Care	--
J0881	Aranesp (darbepoetin alfa)	Provider Administered Drug Therapy	--
J0885	Epogen (epoetin alfa)	Provider Administered Drug Therapy	--
J0885	Epogen (epoetin alfa)	Provider Administered Drug Therapy	--
J0888	Mircera (pegylated-epoetin beta)	Provider Administered Drug Therapy	--
J1290	Kalbitor (ecallantide)	Infusion Site of Care	--
J1300	Soliris (eculizumab)	Infusion Site of Care	--
J1301	Radicava (edaravone)	Infusion Site of Care	--
J1303	Ultomiris (ravulizumab-cwvz)	Infusion Site of Care	--
J1322	Vimizim (elosulfase alfa)	Infusion Site of Care	--
J1325	Flolan, Veletri (epoprostenol)	Provider Administered Drug Therapy	--
J1428	Exondys 51 (eteplirsen)	Provider Administered Drug Therapy	--
J1458	Naglazyme (galsulfase)	Infusion Site of Care	--
J1459	Privigen (immune globulin intravenous)	Infusion Site of Care	--
J1555	Cuvitru (immune globulin subcutaneous)	Infusion Site of Care	--
J1556	Bigigam (immune globulin intravenous)	Infusion Site of Care	--
J1557	Gammplex (immune globulin intravenous)	Infusion Site of Care	--
J1558	Xembify (immune globulin subcutaneous, human-klhw)	Infusion Site of Care	--
J1559	Hizentra (immune globulin subcutaneous)	Infusion Site of Care	--
J1561	Gamunex-C, Gammaked (immune globulin intravenous)	Infusion Site of Care	--
J1561	Gamunex-C, Gammaked (immune globulin intravenous)	Infusion Site of Care	--
J1562	Vivaglobin (immune globulin subcutaneous)	Provider Administered Drug Therapy	--
J1566	Carimune, Gammagard S-D (immune globulin intravenous)	Infusion Site of Care	--
J1566	Carimune, Gammagard S-D (immune globulin intravenous)	Infusion Site of Care	--
J1568	Octagam (immune globulin intravenous)	Infusion Site of Care	--
J1569	Gammagard (immune globulin intravenous)	Infusion Site of Care	--
J1572	Flebogamma (immune globulin intravenous)	Infusion Site of Care	--
J1575	HyQvia (immune globulin subcutaneous)	Infusion Site of Care	--
J1599	IVIG (immune globulin intravenous)	Provider Administered Drug Therapy	--
J1602	Simponi Aria (golimumab)	Infusion Site of Care	--
J1675	histrelin acetate	Provider Administered Drug Therapy	--
J1726	Makena (hydroxyprogesterone caproate)	Provider Administered Drug Therapy	--
J1743	Elaprase (idursulfase)	Infusion Site of Care	--
J1745	Remicade (infliximab)	Infusion Site of Care	--

J1786	Cerezyme (imiglucerase)	Infusion Site of Care	--
J1931	Aldurazyme (laronidase)	Infusion Site of Care	--
J1950	Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, per 3.75 mg)	Provider Administered Drug Therapy	--
J2182	Nucala (mepolizumab)	Infusion Site of Care	--
J2278	Prialt (ziconotide)	Provider Administered Drug Therapy	--
J2323	Tysabri (natalizumab)	Infusion Site of Care	--
J2326	Spinraza (nusinersen)	Provider Administered Drug Therapy	--
J2350	Ocrevus (ocrelizumab)	Infusion Site of Care	--
J2357	Xolair (omalizumab)	Infusion Site of Care	--
J2502	Signifor LAR (pasireotide)	Provider Administered Drug Therapy	--
J2507	Krystexxa (pegloticase)	Infusion Site of Care	--
J2562	Mozobil (plerixafor)	Provider Administered Drug Therapy	--
J2786	Cinqair (reslizumab)	Infusion Site of Care	--
J2840	Kanuma (sebelipase alfa)	Infusion Site of Care	--
J2860	Sylvant (siltuximab)	Provider Administered Drug Therapy	--
J2941	Humatrope, Saizen (somatropin)	Provider Administered Drug Therapy	--
J3032	Vyepti (eptinezumab-jjmr)	Infusion Site of Care	--
J3121	testosterone enanthate	Provider Administered Drug Therapy	--
J3145	Aveed (testosterone undecanoate)	Provider Administered Drug Therapy	--
J3241	Tepezza (teprotumumab-trbw)	Infusion Site of Care	--
J3262	Actemra (tocilizumab)	Infusion Site of Care	--
J3285	Remodulin (treprostinil)	Provider Administered Drug Therapy	--
J3315	Trelstar (triptorelin pamoate)	Provider Administered Drug Therapy	--
J3358	Stelara (ustekinumab for intravenous use)	Infusion Site of Care	--
J3380	Entyvio (vedolizumab)	Infusion Site of Care	--
J3385	Vpriv (velaglucerase alfa)	Infusion Site of Care	--
J3398	Luxturna (voretigene neparvovec-rzyl)	Provider Administered Drug Therapy	--
J3399	Zolgensma (onasemnogene abeparvovec-xioi)	Provider Administered Drug Therapy	--
J3399	Zolgensma (onasemnogene abeparvovec-xioi)	Provider Administered Drug Therapy	--
J7178	RiaSTAP (human fibrinogen concentrate)	Provider Administered Drug Therapy	--
J7340	Duopa (carbidopa/levodopa enteral suspension)	Provider Administered Drug Therapy	--
J9022	Tecentriq (atezolizumab)	Provider Administered Drug Therapy	--
J9023	Bavencio (avelumab)	Provider Administered Drug Therapy	--
J9032	Beleodaq (belinostat)	Provider Administered Drug Therapy	--
J9035	Avastin (bevacizumab)	Provider Administered Drug Therapy	--
J9035	Avastin (bevacizumab)	Provider Administered Drug Therapy	--
J9039	Blinicyto (blinatumomab)	Provider Administered Drug Therapy	--
J9043	Jevtana (cabazitaxel)	Provider Administered Drug Therapy	--
J9047	Kyprolis (carfilzomib)	Provider Administered Drug Therapy	--
J9057	Aliqopa (copanlisib)	Provider Administered Drug Therapy	--
J9145	Darzalex (daratumumab)	Provider Administered Drug Therapy	--
J9153	Vyxeos (daunorubicin and cytarabine)	Provider Administered Drug Therapy	--
J9155	Firmagon (degarelix)	Provider Administered Drug Therapy	--
J9173	Imfinzi (durvalumab)	Provider Administered Drug Therapy	--
J9176	Empliciti (elotuzumab)	Provider Administered Drug Therapy	--
J9202	Zoladex (goserelin acetate implant)	Provider Administered Drug Therapy	--
J9203	Mylotarg (gemtuzumab ozogamicin)	Provider Administered Drug Therapy	--
J9205	Onivyde (irinotecan liposome)	Provider Administered Drug Therapy	--
J9217	Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 mg)	Provider Administered Drug Therapy	--
J9218	leuprolide acetate, non depot	Provider Administered Drug Therapy	--
J9219	Viadur (leuprolide acetate implant)	Provider Administered Drug Therapy	--
J9225	Vantas (histrelin implant)	Provider Administered Drug Therapy	--
J9226	Supprelin LA (histrelin implant)	Provider Administered Drug Therapy	--
J9228	Yervoy (ipilimumab)	Provider Administered Drug Therapy	--
J9229	Besponsa (inotuzumab ozogamicin)	Provider Administered Drug Therapy	--
J9264	Abraxane (paclitaxel protein-bound particles)	Provider Administered Drug Therapy	--
J9271	Keytruda (pembrolizumab)	Provider Administered Drug Therapy	--
J9295	Portrazza (necitumumab)	Provider Administered Drug Therapy	--
J9299	Opdivo (nivolumab)	Provider Administered Drug Therapy	--
J9301	Gazyva (obinutuzumab)	Provider Administered Drug Therapy	--
J9306	Perjeta (pertuzumab)	Provider Administered Drug Therapy	--
J9308	Cyramza (ramucirumab)	Provider Administered Drug Therapy	--
J9311	Rituxan Hycela (rituximab/hyaluronidase human)	Provider Administered Drug Therapy	--
J9312	Rituxan (rituximab)	Provider Administered Drug Therapy	--
J9325	Imlygic (talimogene laherparepvec)	Provider Administered Drug Therapy	--
J9352	Yondelis (trabectedin)	Provider Administered Drug Therapy	--
J9354	Kadcyla (ado-trastuzumab emtansine)	Provider Administered Drug Therapy	--
Q2041	Yescarta (axicabtagene ciloleucel)	Provider Administered Drug Therapy	--
Q2042	Kymriah (tisagenlecleucel)	Provider Administered Drug Therapy	--
Q2043	Provenge (sipuleucel-T)	Provider Administered Drug Therapy	--
Q5103	Inflectra (infliximab-dyyb)	Infusion Site of Care	--
Q5104	Renflexis (infliximab-abda) - NON-PREFERRED	Infusion Site of Care	--
Q5109	Ixifi (infliximab-qbtx) - NON-PREFERRED	Infusion Site of Care	--
Q5121	Avsola (infliximab-axq)	Infusion Site of Care	--
S0157	Regranex (becaplermin gel)	Provider Administered Drug Therapy	--
S0189	Testopel (testosterone pellets)	Provider Administered Drug Therapy	--

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