

2023 SPECIALTY DRUGS PRIOR AUTHORIZATION LIST

Updated January 2023 to reference changes through April 2024

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 Carelon Medical Benefits Management (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.

[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.

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

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

Procedure Code	Category	Drug Product Name* Brand (generic)	Managed By	Update History / Delegation Notes*** (Highlighted = Multiple Indications)
		<i>*Trademarks are the property of their respective owners. ™</i>		<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.</i>
C9163	Medical Oncology & Supportive Care	Talvey (talquetamab-tgvs)	Carelon	Add Effective 04/01/2024. Prior Authorization required through Carelon.
C9165	Medical Oncology & Supportive Care	Elrexfio (elranatamab-bcmm)	Carelon	Add Effective 04/01/2024. Prior Authorization required through Carelon.
J1576	Medical Oncology & Supportive Care	Panzyga (immune globulin intravenous, human-ifas)	Carelon	Add Effective 04/01/2024. Prior Authorization required through Carelon.
J9064	Medical Oncology & Supportive Care	Cabazitaxel (sandoz)	Carelon	Add Effective 04/01/2024. Prior Authorization required through Carelon.
J9259	Medical Oncology & Supportive Care	Paclitaxel protein-bound particles (american regent)	Carelon	Add Effective 04/01/2024. Prior Authorization required through Carelon.

J9286	Medical Oncology & Supportive Care	Columvi (glofitamab-gxbm)	Carelon	Add Effective 04/01/2024. Prior Authorization required through Carelon.
J9321	Medical Oncology & Supportive Care	Epkinly (epcoritamab-bysp)	Carelon	Add Effective 04/01/2024. Prior Authorization required through Carelon.
Q2049	Medical Oncology & Supportive Care	Imported Lipodox Inj	Carelon	Retire Effective 04/01/2024.
J1726	Provider Administered Drug Therapy	Makena 10 Mg	BCBSXX	Retire effective 01/01/2024
C9094	Infusion Site of Care	Inj Sutimlimab-Jome 10 Mg	BCBSXX	Code Termed 10/01/2022 - This code is replaced with J1302
J0129	Infusion Site of Care	Abatacept Injection	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0180	Infusion Site of Care	Agalsidase Beta Injection	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0219	Infusion Site of Care	Inj Aval Alfa-Nqpt 4Mg	BCBSXX	Add effective 04/01/2023
J0221	Infusion Site of Care	Lumizyme (Alglucosidase Alfa)	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0222	Infusion Site of Care	Inj. Patisiran 0.1 Mg	BCBSXX	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J0223	Infusion Site of Care	Inj Givosiran 0.5 Mg	BCBSXX	Prior Authorization required through BCBS.
J0224	Infusion Site of Care	Inj. Lumasiran 0.5 Mg	BCBSXX	Add effective 04/01/2023
J0490	Infusion Site of Care	Benlysta (Belimumab)	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0491	Infusion Site of Care	Inj Anifrolumab-Fria 1Mg	BCBSXX	Add effective 04/01/2023
J0517	Infusion Site of Care	Inj. Benralizumab 1 Mg	BCBSXX	Prior Authorization required through BCBS.
J0584	Infusion Site of Care	Injection Burosumab-Twza 1M	BCBSXX	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J0598	Infusion Site of Care	C-1 Esterase Cinryze	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0638	Infusion Site of Care	Canakinumab Injection	BCBSXX	Prior Authorization required through BCBS.
J0717	Infusion Site of Care	Certolizumab Pegol Inj 1Mg	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0791	Infusion Site of Care	Inj Crizanlizumab-Tmca 5Mg	BCBSXX	Prior Authorization required through BCBS.
J1290	Infusion Site of Care	Ecallantide Injection	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1300	Infusion Site of Care	Eculizumab Injection	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1301	Infusion Site of Care	Injection Edaravone 1 Mg	BCBSXX	Prior Authorization required through BCBS.
J1302	Infusion Site of Care	Inj Sutimlimab-Jome 10 Mg	BCBSXX	Add Effective 07/01/2023
J1303	Infusion Site of Care	Inj. Ravulizumab-Cwvz 10 Mg	BCBSXX	Prior Authorization required through BCBS.
J1305	Infusion Site of Care	Inj Evinacumab-Dgnb 5Mg	BCBSXX	Add effective 04/01/2023
J1306	Infusion Site of Care	Injection Inclisiran 1 Mg	BCBSXX	Add effective 04/01/2023
J1322	Infusion Site of Care	Elosulfase Alfa Injection	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1458	Infusion Site of Care	Galsulfase Injection	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1602	Infusion Site of Care	Golimumab For Iv Use 1Mg	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1743	Infusion Site of Care	Idursulfase Injection	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1745	Infusion Site of Care	Infliximab Not Biosimil 10Mg	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1746	Infusion Site of Care	Inj. Ibalizumab-Uiyk 10 Mg	BCBSXX	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J1786	Infusion Site of Care	Imuglucerase Injection	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1823	Infusion Site of Care	Inj. Inebilizumab-Cdon 1 Mg	BCBSXX	Add effective 04/01/2023
J1931	Infusion Site of Care	Laronidase Injection	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2182	Infusion Site of Care	Injection Mepolizumab 1Mg	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2323	Infusion Site of Care	Natalizumab Injection	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2350	Infusion Site of Care	Injection Ocrelizumab 1 Mg	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.

J2356	Infusion Site of Care	Inj Tezepelumab-Ekko 1Mg	BCBSXX	Add effective 04/01/2023
J2357	Infusion Site of Care	Omalizumab Injection	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2507	Infusion Site of Care	Krystexxa (Pegloticase)	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2786	Infusion Site of Care	Injection Reslizumab 1Mg	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2840	Infusion Site of Care	Inj Sebelipase Alfa 1 Mg	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3032	Infusion Site of Care	Inj. Eptinezumab-Jjmr 1 Mg	BCBSXX	Prior Authorization required through BCBS.
J3060	Infusion Site of Care	Inj. Taliglucerase Alfa 10 U	BCBSXX	Prior Authorization required through BCBS.
J3241	Infusion Site of Care	Inj. Teprotumumab-Trbw 10 Mg	BCBSXX	Prior Authorization required through BCBS.
J3245	Infusion Site of Care	Inj. Tildrakizumab 1 Mg	BCBSXX	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J3262	Infusion Site of Care	Tocilizumab Injection	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3358	Infusion Site of Care	Ustekinumab Iv Inject 1 Mg	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3380	Infusion Site of Care	Injection Vedolizumab	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3385	Infusion Site of Care	Velaglucerase Alfa	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3397	Infusion Site of Care	Inj. Vestronidase Alfa-Vjbk	BCBSXX	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J9332	Infusion Site of Care	Inj Efgartigimod 2Mg	BCBSXX	Add effective 04/01/2023
Q5103	Infusion Site of Care	Injection Inflectra	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
Q5104	Infusion Site of Care	Injection Renflexis	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
Q5109	Infusion Site of Care	Injection Ixifi 10 Mg	BCBSXX	Prior Authorization required through BCBS.
Q5121	Infusion Site of Care	Inj. Avsola 10 Mg	BCBSXX	Prior Authorization required through BCBS.
J1459	Infusion Site of Care, Medical Oncology & Supportive Care	Inj Ivig Privigen 500 Mg	Carelon or BCBSXX	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. Add to Small Groups/Mid-Markets 10/01/2023.
J1551	Infusion Site of Care, Medical Oncology & Supportive Care	Inj Cutaquig 100 Mg	Carelon or BCBSXX	Add Effective to SOC 4/1/2023; 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 BCBSXX	Add Effective 4/1/2023; 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	Inj Cuvitru 100 Mg	Carelon or BCBSXX	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. Add to Small Groups/Mid-Markets 10/01/2023.
J1556	Infusion Site of Care, Medical Oncology & Supportive Care	Inj Imm Glob Bivigam 500Mg	Carelon or BCBSXX	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. Add to Small Groups/Mid-Markets 10/01/2023.
J1557	Infusion Site of Care, Medical Oncology & Supportive Care	(Gammplex_(Injection, Immune Globulin, , Intravenous, Nonlyophilized (E.G., Liquid), 500 Mg)	Carelon or BCBSXX	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. Add to Small Groups/Mid-Markets 10/01/2023.
J1558	Infusion Site of Care, Medical Oncology & Supportive Care	Inj. Xembify 100 Mg	Carelon or BCBSXX	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	Hizentra Injection	Carelon or BCBSXX	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. Add to Small Groups/Mid-Markets 10/01/2023.
J1561	Infusion Site of Care, Medical Oncology & Supportive Care	Gamunex-C/Gammaked	Carelon or BCBSXX	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. Add to Small Groups/Mid-Markets 10/01/2023.
J1566	Infusion Site of Care, Medical Oncology & Supportive Care	Injection, Immune Globulin, Intravenous, Lyophilized (E.G., Powder), Not Otherwise Specified, 500 Mg	Carelon or BCBSXX	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. Add to Small Groups/Mid-Markets 10/01/2023.
J1568	Infusion Site of Care, Medical Oncology & Supportive Care	Octagam Injection	Carelon or BCBSXX	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. Add to Small Groups/Mid-Markets 10/01/2023.
J1569	Infusion Site of Care, Medical Oncology & Supportive Care	Gammagard Liquid Injection	Carelon or BCBSXX	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. Add to Small Groups/Mid-Markets 10/01/2023.
J1572	Infusion Site of Care, Medical Oncology & Supportive Care	Flebogamma Injection	Carelon or BCBSXX	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. Add to Small Groups/Mid-Markets 10/01/2023.
J1575	Infusion Site of Care, Medical Oncology & Supportive Care	Hyqvia 100Mg Immune globulin	Carelon or BCBSXX	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. Add to Small Groups/Mid-Markets 10/01/2023.
C9142	Medical Oncology & Supportive Care	Alymsys (Bevacizumab-Maly)	Carelon	Add effective 01/01/2023 though will be removed and replaced with Q5126 04/01/2023, Prior Authorization required through Carelon.
C9146	Medical Oncology & Supportive Care	Elahere (Mirvetuximab Soravtansine-Gynx)	Carelon	Code Termed 07/01/2023 - This code is replaced with J9063
C9147	Medical Oncology & Supportive Care	Imjudo (Tremelimumab-Actl)	Carelon	Code Termed 07/01/2023 - This code is replaced with J9347
C9148	Medical Oncology & Supportive Care	Tecvyli (Teclistamab-Cqyv)	Carelon	Code Termed 07/01/2023 - This code is replaced with J9380
C9399	Medical Oncology & Supportive Care	Unituxin (Dinutuximab)	Carelon	Code represents unclassified drugs or biologics. Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); 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.
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	Darbeoetin 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, Prolia/Xgeva (Denosumab)	Carelon	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	Add Effective 7/1/2023; 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	Unituxin (Dinutuximab)	Carelon	Code represents unclassified drugs or biologics. Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Almysys (bevacizumab-maly); Prior Authorization required through Carelon.
J3590	Medical Oncology & Supportive Care	Unituxin (Dinutuximab)	Carelon	Code represents unclassified drugs or biologics. Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Almysys (bevacizumab-maly); Prior Authorization required through Carelon.
J9019	Medical Oncology & Supportive Care	Erwinaze Injection	Carelon	Add effective 01/01/2023. Prior Authorization required through Carelon.
J9021	Medical Oncology & Supportive Care	Inj Aspara Rylaze 0.1 Mg	Carelon	Add effective 01/01/2023. 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	Effective 01/01/2023, Prior Authorization move from BCBS to Carelon.
J9037	Medical Oncology & Supportive Care	Inj Belantamab Mafodont Blmf	Carelon	Prior Authorization required through Carelon.
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	Prior Authorization required through Carelon.
J9061	Medical Oncology & Supportive Care	Inj Amivantamab-Vmjw	Carelon	Prior Authorization required through Carelon.
J9063	Medical Oncology & Supportive Care	Inj Elahere 1 Mg	Carelon	Add Effective 7/1/2023; Prior Authorization required through Carelon.
J9118	Medical Oncology & Supportive Care	Inj. Calaspargase Pegol-Mknl	Carelon	Add effective 01/01/2023; 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	Effective 01/01/2023, Prior Authorization move from BCBS to 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-lrfc 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.
J9264	Medical Oncology & Supportive Care	Paclitaxel Protein Bound	Carelon	Prior Authorization required through Carelon.
J9266	Medical Oncology & Supportive Care	Pegaspargase Injection	Carelon	Add effective 01/01/2023. 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	Add code effective 01/01/2023 for drug Kimmtrak (tebentafusp-tebn)
J9281	Medical Oncology & Supportive Care	Mitomycin Instillation	Carelon	Prior Authorization required through Carelon.
J9295	Medical Oncology & Supportive Care	Injection Necitumumab 1 Mg	Carelon	Effective 01/01/2023, Prior Authorization move from BCBS to Carelon. Prior Authorization required through Carelon.
J9298	Medical Oncology & Supportive Care	Inj Nivol Relatlimab 3Mg/1Mg	Carelon	Add effective 01/01/2023. 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	Effective 01/01/2023, Prior Authorization required through Carelon.
J9313	Medical Oncology & Supportive Care	Inj. Lumoxiti 0.01 Mg	Carelon	Prior Authorization required through Carelon.
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.
J9325	Medical Oncology & Supportive Care	Inj Talimogene Laherparepvec	Carelon	Effective 01/01/2023, 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	Add Effective 7/1/2023; 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	Add Effective 7/1/2023; Prior Authorization required through Carelon.
J9999	Medical Oncology & Supportive Care	Unituxin (Dinutuximab)	Carelon	Code represents unclassified drugs or biologics. Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); Prior Authorization required through Carelon.
Q2043	Medical Oncology & Supportive Care	Provenge_(Sipuleucel-T)	Carelon	Prior Authorization required through Carelon.
Q2050	Medical Oncology & Supportive Care	Doxil/Lipodox_(Doxorubicin Liposomal)	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.
Q5106	Medical Oncology & Supportive Care	Inj Retacrit Non-Esrd Use	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.
Q5115	Medical Oncology & Supportive Care	Inj Truxima 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.
Q5119	Medical Oncology & Supportive Care	Inj Ruxience 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.
Q5123	Medical Oncology & Supportive Care	Inj. Riabni 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5125	Medical Oncology & Supportive Care	Inj Releuko 1 Mcg	Carelon	Add effective 04/01/2023. Prior Authorization required through Carelon.
Q5126	Medical Oncology & Supportive Care	Inj Alymsys 10 Mg	Carelon	Add Effective 4/1/2023 to replace C9142. Prior Authorization required through Carelon.
Q5127	Medical Oncology & Supportive Care	Inj Stimufend 0.5 Mg	Carelon	Add Effective 7/1/2023; Prior Authorization required through Carelon.
Q5129	Medical Oncology & Supportive Care	Inj Vegzelma 10 Mg	Carelon	Add Effective 7/1/2023; Prior Authorization required through Carelon.
Q5130	Medical Oncology & Supportive Care	Inj Fynetra 0.5 Mg	Carelon	Add Effective 7/1/2023; 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.
J0881	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Darbepoetin Alfa Non-Esrd	Carelon or BCBSXX	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	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Epoetin Alfa Non-Esrd	Carelon or BCBSXX	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.
J1599	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection, Immune Globulin, Intravenous, Nonlyophilized (E.G., Liquid), Not Otherwise Specified, 500 Mg	Carelon or BCBSXX	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. Add to Small Groups/Mid-Markets 10/01/2023.
J9035	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Bevacizumab Injection	Carelon or BCBSXX	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	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Inj. Rituximab 10 Mg	Carelon or BCBSXX	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	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
90284	Provider Administered Drug Therapy	Human Ig Sc	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
90378	Provider Administered Drug Therapy	Rsv Mab Im 50Mg	BCBSXX	Prior Authorization required through BCBS.
C9257	Provider Administered Drug Therapy	Bevacizumab Injection	BCBSXX	Prior Authorization required through BCBS.
J0202	Provider Administered Drug Therapy	Injection Alemtuzumab	BCBSXX	Prior Authorization required through BCBS.
J0565	Provider Administered Drug Therapy	Inj Bezlotoxumab 10 Mg	BCBSXX	Prior Authorization required through BCBS.
J0567	Provider Administered Drug Therapy	Inj. Cerliponase Alfa 1 Mg	BCBSXX	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J0585	Provider Administered Drug Therapy	Injection OnabotulinumtoxinA	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0586	Provider Administered Drug Therapy	AbobotulinumtoxinA	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0587	Provider Administered Drug Therapy	Inj RimabotulinumtoxinB	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0588	Provider Administered Drug Therapy	Xeomin (IncobotulinumtoxinA)	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0775	Provider Administered Drug Therapy	Collagenase Clost Hist Inj	BCBSXX	Prior Authorization required through BCBS.
J0888	Provider Administered Drug Therapy	Epoetin Beta Non Esrd	BCBSXX	Prior Authorization required through BCBS.

J1325	Provider Administered Drug Therapy	Epoprostenol Injection	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1411	Provider Administered Drug Therapy	Inj Hemgenix Per Tx Dose	BCBSXX	Add effective 01/01/2024
J1428	Provider Administered Drug Therapy	Inj Eteplirsen 10 Mg	BCBSXX	Prior Authorization required through BCBS.
J1562	Provider Administered Drug Therapy	Vivaglobin Inj	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1675	Provider Administered Drug Therapy	Histrelin Acetate	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1950	Provider Administered Drug Therapy	Leuprolide Acetate /3.75 Mg	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2278	Provider Administered Drug Therapy	Ziconotide Injection	BCBSXX	Prior Authorization required through BCBS.
J2326	Provider Administered Drug Therapy	Inj Nusinersen 0.1Mg	BCBSXX	Prior Authorization required through BCBS.
J2502	Provider Administered Drug Therapy	Inj Pasireotide Long Acting	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2562	Provider Administered Drug Therapy	Plerixafor Injection	BCBSXX	Prior Authorization required through BCBS.
J2941	Provider Administered Drug Therapy	Somatropin Injection	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3121	Provider Administered Drug Therapy	Inj Testostero Enanthate 1Mg	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3145	Provider Administered Drug Therapy	Testosterone Undecanoate 1Mg	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3285	Provider Administered Drug Therapy	Treprostinil Injection	BCBSXX	Prior Authorization required through BCBS.
J3315	Provider Administered Drug Therapy	Triptorelin Pamoate	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3398	Provider Administered Drug Therapy	Inj Luxturna 1 Billion Vec G	BCBSXX	Prior Authorization required through BCBS.
J3399	Provider Administered Drug Therapy	Inj Onase Abepar-Xioi Treat	BCBSXX	Prior Authorization required through BCBS.
J7178	Provider Administered Drug Therapy	Inj Human Fibrinogen Con Nos	BCBSXX	Prior Authorization required through BCBS.
J7340	Provider Administered Drug Therapy	Carbidopa Levodopa Ent 100Ml	BCBSXX	Prior Authorization required through BCBS.
J9029	Provider Administered Drug Therapy	Inj Adstiladrin Per Tx Dos	BCBSXX	Add effective 01/01/2024
J9155	Provider Administered Drug Therapy	Degarelix Injection	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9202	Provider Administered Drug Therapy	Goserelin Acetate Implant	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9217	Provider Administered Drug Therapy	Leuprolide Acetate Suspnsion	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9218	Provider Administered Drug Therapy	Leuprolide Acetate Injeciton	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9219	Provider Administered Drug Therapy	Leuprolide Acetate Implant	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9225	Provider Administered Drug Therapy	Vantas Implant	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9226	Provider Administered Drug Therapy	Supprelin La Implant	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
Q2041	Provider Administered Drug Therapy	Axicabtagene Ciloleucef Car+	BCBSXX	Prior Authorization required through BCBS.
Q2042	Provider Administered Drug Therapy	Tisagenlecleucef Car-Pos T	BCBSXX	Prior Authorization required through BCBS.
Q2053	Provider Administered Drug Therapy	Brexucabtagene Car Pos T	BCBSXX	Prior Authorization required through BCBS.
Q2054	Provider Administered Drug Therapy	Lisocabtagene Mara Car Pos T	BCBSXX	Prior Authorization required through BCBS.
Q2055	Provider Administered Drug Therapy	Idecabtagene Vicleucef Car	BCBSXX	Prior Authorization required through BCBS.

Q2056	Provider Administered Drug Therapy	Ciltacabtagene Car-Pos T	BCBSXX	Add effective 01/01/2023
S0157	Provider Administered Drug Therapy	Becaplermin Gel 1% 0.5 Gm	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
S0189	Provider Administered Drug Therapy	Testosterone Pellet 75 Mg	BCBSXX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.

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