

## 2022 Specialty Pharmacy Preauthorization Drug List Updated July 2022 to reference changes that will be effective October 2022

This list includes procedure code changes for Medical Benefit Specialty Pharmacy that may require benefit preauthorization through BCBSNM effective Jan. 1, 2021 for Fully Insured and ASO members. 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. It is imperative that providers check eligibility and benefits through Availity\* or their preferred vendor to determine if preauthorization is required.

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 BCBSNM (provider administered drug therapy or infusion site of Care) or AlM Specialty Health<sup>544</sup> (AIM) (requests for oncology drugs that are supported by an oncology diagnosis).

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 Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J1448 J9272	Drug Product Name* Brand (generic) *frotemorks are the property of their respective owners. Citaquig_(Immune Globulin (Human)- tipo) Cosela (trilacidib) Dostarlimab-goly Loncastualmab Tesirine-Ipyl Amivantamab-wiliy	Medical Policy Number Alm Alm Alm Alm Alm Alm Alm Alm	Medical Policy Title AM Clinical Guidelines	Resears for Prior Authorization Requirement** (AM & Need Oncology & Supportive Care SCRSMM & Provider Administered Therapy Or Influsion Site Of Care) **Send PA requests to BCRSMM for Provider Administered Therapy or Influsion Bie 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 diagnois. Refer to the Update History / Prior Authoritation Delegation Notes for details. Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Support Care Medical Oncology & Support Care Medical Oncology & Support Care	Update History / Delegation Notes*** (Highlighted = Multiple Indexeme) (Highlighted = Multiple Indexeme) (Highlighted = Multiple Indexeme) (Highlighted = Multiple Indexeme) (Add effective 10/01/2022. Prior Authorization required through AIM. Add effective 10/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J9331 C9095 C9098 Q2053 Q2054 Q2055	Pyaro (pirolimus albumin bound ranoparticie) Kinmtrak (tebentafusp-tebn) Carvykti (ciltacabtagene autoleucei) Tecartus (brewucabtagene autoleucei) Tecartus (brewucabtagene autoleucei) Abecma (idecabtagene vicleucei)	AIM AIM RX502.061 RX502.061 RX502.061 AIM RX501.137 RX501.137	AIM Clinical Guidelines AIM Clinical Guidelines Oncologic Medications Oncologic Medications Oncologic Medications Oncologic Medications Advcanmab-awwa Cadimerse Advcanmab-awwa Cadimerse Advcanmab-awwa Cadimerse Cadim	Medical Oncology & Supportive Care Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through AIM. Add effective 10/01/2022. Prior Authorization required through AIM. Add effective 10/01/2022. Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	(9399	Cutaque_finmune Globulin (Human)- hipp): Kimmtrak (tebentafusp-tebn)	RX501.136 RX501.087 RX501.087 RX504.003 RX501.130 RX501.130 RX501.137 MM RX501.137 RX501.137 RX501.03	Cvinacumab dgnb TOX-Approved Drugs and Biologicals Ibalizumab-wik Immunoglobulin (Ig) Therapy (Including Intravenous [VIG] and Subcutaneous Ig [SCIG]) Vicibursen Vicibursen Aducanumab-arwa Aducanumab-arwa Aducanumab-arwa Casimersen Compounded Drug Products	Medical Oncology & Supportive Care	New Medical Oncology drug Kimmtrak added into existing PA code and drug Catuquig remove effective 100/12022. AM Mill 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 BCDS.
Medical Infusion / Specialty Drug	J3490	<del>Cetaqug (mmunc Globulin (Human) Nippl:</del> Kimmtrak (tebentafusp-tebn)	SUR716.001 RX501.05 RX501.136 RX501.136 RX501.36 RX501.307 RX501.080 RX501.090 RX501.080 SUR706.001 RX501.080 SUR706.001 RX501.085 RX501.085 RX501.085 RX501.030 RX501.030 RX501.130 RX501.130 RX501.130 RX501.130 RX501.130	Connetic and Reconstructive Procedures Environ-Replacement Therapy for Lyoosonal Storage Disorders Esketamine Nasal Spray Evhacumab dpb FDA-Approved Drugs and Biologicals Human Growth Neromen (SH) Ibalizumab-uiyk Immunoglobulin (Ig) Therapy (Including Intravenous (IVIG) and Subcutaneous Ig (SGG)) Intravites Jangiogenesis Inhibitors for Retinal Vascular Disorders Intravites Jangiogenesis Inhibitors for Choroidal Vascular Conditions Mejolitumab Nasal and Sinus Surgery Nusinersen Correlaumab Correlaumab Conserning of Aligominary Social Conditions Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy Teatment of Hyperhidroxs Vitibiarsen Vitolarsen	Medical Oncology & Supportive Care	New Medical Oncology drug Kimmtrak added into existing PA code and drug Catuquig remove effective 10/01/20222, JMN 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.
Medical Infusion / Specialty Drug	13590	<del>Gutaquig_(Immune Globulin (Human) Nipp);</del> Kimmtrak (tebentafusp-tebn)	AIM RX50.1.37 RX50.1.37 RX50.1073 RX50.1063 RX50.1067 RX50.1087 RX50.1087 RX50.1089 RX50.4003 RX50.4003 RX50.1080 RX50.104 RX50.104	AM Clinical Guidelines Aducanuma3-wwa Casimersen Costridial Collagenase for Fibroprollferative Disorders Compounded Drug Products Expine-Replacement Therapy for Lyosoomal Storage Disorders Evinacumad dgitb (PGA-Approved Drugs and Biologicals Ibalizuma1-whi Imamoglobal (Hg) Therapy (Including Intravenous [IVIG] and Subcutaneous ig [SCIG]) Imamoglobal (Hg) Therapy (Including Intravenous [IVIG] and Subcutaneous ig [SCIG]) Megolizuma1-sociated Biolismilars Orassemogene Abeparvovec xiol Vibalarsen	Medical Oncology & Supportive Care	New Medical Oncology drug Kimmtrak added into existing PA code and drug Catuquig remove effective 10/01/2022, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Medical Infusion / Specialty Drug	19999	Cutaquig_(Immune Globulin (Human)- hipp); Kimmtrak (tebentafusp-tebn)	AIM MED203.002 RX501.063 RX501.087 RX504.003 RX501.085 RX501.057	AIM Clinical Guidelines Antienoplastica Career Therapo Compounded Drug Products FDA-Approved Drugs and Biologicals Immonoglobulin (kg) Therapy (Including Intravenous [VIG] and Subcutaneous kg (SCIG)) Occrelizumab Sodium ThemWorkstvrate	Medical Oncology & Supportive Care	New Medical Oncology drug Kimmtrak added into existing PA code and drug Catuquig remove effective 10/01/2022; AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Medical Infusion / Specialty Drug		Injection, denosumab, 1 mg Prolia/Xgeva_(Denosumab) Neulasta_(Pegfilgrastim)	RX501.140 AIM	Denosumab (Prolia & Xgeva) AIM Clinical Guidelines	Provider Administered Drug Therapy Medical Oncology & Supportive Care	PA thru BCBS add effective 08/01/2022; AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS
Medical Infusion / Specialty Drug		Neulasta_(Pegringrastim) Neulasta Onpro Kit (Pegfilgrastim) Neulasta_(Pegfilgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Retire effective 04/01/2022.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug		Neulasta Onpro Kit_(Pegfilgrastim) Non-ESRD, Aranesp_(Darbepoetin alfa)	AIM AIM RX501.069	AIM Clinical Guidelines AIM Clinical Guidelines Erythropolesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care	Add effective 04/01/2022. Prior Authorization required through AIM. AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
Medical Infusion / Specialty Drug	J0882	ESRD, Aranesp_(Darbepoetin alfa)	AIM RX501.069	AIM Clinical Guidelines Erythropolesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care	BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Medical Infusion / Specialty Drug	J0885	Non-ESRD, Epogen/Procrit_(Epoetin Alfa)	AIM RX501.069	AIM Clinical Guidelines Erythropolesis-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 BCBS.
Medical Infusion / Specialty Drug	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	AIM RX504.003 RX501.096	AIM Clinical Guidelines Immunoglobulin (gl. Therapy (Including Intravenous [IVIG] and Subcutaneous Ig (SCIG)) Speciality 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 BCBS.

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Medical Infusion / Specialty Drug	J1554	Asceniv_(Immune Globulin (Human)- slra)	AIM RX504.003	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig (SCIG))	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Medical Infusion / Specialty Drug	J1555	Cuvitru_(Immune Globulin (Human) Subcutaneous)	AIM RX504.003	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosi If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
Madian Information (Constally, Dava	urre	Bivigam_(Injection, immune globulin,	RX501.096 AIM RX504.003	Specialty Medication Administration Site of Care AIM Clinical Guidelines Insurement build (In The Second Guidelines Insurements) (In (IC) and Guidelines Insurements)	Infusion Site of Care	BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosi
Medical Infusion / Specialty Drug	11556	500 mg) (Gammaplex (Iniection, immune	RX504.003 RX501.096	Inmunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AIM Clinical Guidelines	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosi
Medical Infusion / Specialty Drug	J1557	globulin, , intravenous, nonlyophilized (e.g., liquid), 500 mg)	RX504.003 RX501.097	Immunoglobulin (ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Medical Infusion / Specialty Drug	J1558	Xembify_(Injection, immune globulin ,	AIM RX504.003	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig (SCIG))	Infusion Site of Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosi If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
		100 mg)	RX501.098 AIM	Specialty Medication Administration Site of Care AIM Clinical Guidelines	Medical Oncology & Supportive Care	BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosi
Medical Infusion / Specialty Drug	J1559	Hizentra_(Injection, immune globulin, 100 mg)	RX504.003 RX501.099	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Medical Infusion / Specialty Drug	11561	Gamunex/Gamunex- C/Gammaked_(Injection, immune	AIM RX504.003	AIM Clinical Guidelines Immunoglobulin (ig) Therapy (Including Intravenous [IVIG] and Subcutaneous ig (SCIG))	Infusion Site of Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosi If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
medical infusion / speciarcy or ug	,1301	globulin, , nonlyophilized (e.g., liquid), 500 mg)	RX501.100	Specialty Medication Administration Site of Care	Medical Oncology & Supportive Care	BCBS.
Medical Infusion / Specialty Drug	J1566	Injection, immune globulin, intravenous, lyophilized (e.g.,	AIM RX504.003	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Infusion Site of Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosi If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
		powder), not otherwise specified, 500 mg	RX501.101	Specialty Medication Administration Site of Care	Medical Oncology & Supportive Care	BCBS.
Medical Infusion / Specialty Drug	J1568	Octagam_(Injection, immune globulin, intravenous, nonlyophilized (e.g.,	RX504.003 RX501.102	AIM Clinical Guidelines Immunoglobulin (ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Course to Administration of the officers	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosi If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
		liquid), 500 mg) Gammagard liquid_(Injection,	AIM	Specialty Medication Administration Site of Care AIM Clinical Guidelines	Infusion Site of Care	BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosi
Medical Infusion / Specialty Drug	J1569	immune globulin,, intravenous, nonlyophilized, (e.g., liquid), 500 mg)	RX504.003 RX501.103	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
		Flebogamma/Flebogamma Dif_(Injection, immune globulin,	AIM	AIM Clinical Guidelines	Infusion Site of Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosi
Medical Infusion / Specialty Drug	J1572	intravenous, nonlyophilized (e.g., liquid), 500 mg)	RX504.003 RX501.104	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Medical Infusion / Specialty Drug	J1575	Hyqvia_(Injection, immune globulin/hyaluronidase, , 100 mg	AIM RX504.003	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosi If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
		immuneglobulin) Injection, immune globulin,	RX501.105	Specialty Medication Administration Site of Care		BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosi
Medical Infusion / Specialty Drug	J1599	intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500	AIM RX504.003	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
		mg	AIM	AIM Clinical Guidelines		BLBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosi
Medical Infusion / Specialty Drug	19035	Avastin_(Bevacizumab)	OTH903.027 OTH903.020	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions	Provider Administered Drug Therapy Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Modeal Infusion / Consists -	10211	Rituxan- Hycela_(Rituximab	OTH903.015 AIM	Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV) AIM Clinical Guidelines	Provider Administered Drug Therapy	AIM will review requests for oncology drugs that are supported by an oncology diagnosi
Medical Infusion / Specialty Drug	12211	Hyaluronidase)	RX502.030	Ritximab and Biosimilars for Non-Oncologic Indications	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosis
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 diagnosi if the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Medical Infusion / Specialty Drug	05105	Retacrit_(Epoetin alfa-epbx)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosi if the drug requested is not associated with an oncology diagnosis, it will be reviewed by
			RX501.069	Erythropolesis-Stimulating Agents (ESAs)		BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosi
Medical Infusion / Specialty Drug	Q5106	Retacrit_(Epoetin alfa-epbx)	AIM RX501.069	AIM Clinical Guidelines Erythropolesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Medical Infusion / Specialty Drug	Q5115	Truxima_(Rituximab-abbs)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosi If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
			AIM	AIM Clinical Guidelines		BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosi
Medical Infusion / Specialty Drug	Q5119	Ruxience_(Rituximab-pvvr)	RX502.030	Rituximab and Biosimilars for Non-Oncologic Indications	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Medical Infusion / Specialty Drug	Q5123	Riabni_(Rituximab-arrx)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosi If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
Medical Infusion / Specialty Drug	J0641	Fusilev_(Levoleucovorin Calcium)	AIM	- AIM Clinical Guidelines	Medical Oncology & Supportive Care	BCBS. 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-aamt)	АІМ	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	Granix_(Tbo-Filgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J2820	Leukine_(Sargramostim)	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	19039	Blincyto_(Blinatumomab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug		Adcetris_(Brentuximab vedotin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug		Jevtana_(Cabazitaxel)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19047					
		Kyprolis _(Carfilzomib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug		Erbitux_(Cetuximab )	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J9057	Erbitux_(Cetuximab ) Aliqopa_(Copanlisib)	AIM	AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J9057 J9119	Erbitux_(Cetuximab )	AIM AIM AIM	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J9057 J9119 J9144	Erbitux_(Cetuximab) Aliqopa_(Copanilsib) Libtayo (Cemipilmab-rwic) Darzalex-Faspro_(Daratumumab- hyaluronidase-fijh)	AIM AIM AIM AIM	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J9057 J9119 J9144 J9145	Erbitux_(Cetuximab ) Aliqopa_(Copaniisib) Libtayo (Cemipiimab-rwic) Darzalex-Faspro_(Daratumumab- hyaluronidase-filib) Darzalex_(Daratumumab)	AIM AIM AIM	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J9057 J9119 J9144 J9145 J9173	Erbitux_(Cetuximab ) Allqopa_(Copanlisib) Libtayo (Cemiplimab-rwkc) Daralex-Fagro_(Daratumumab- hrelurondase-fijh) Daralex_(Daratumumab) Imfinai_(Durvalumab)	AIM AIM AIM AIM AIM AIM	AM Clinical Guidelines AM Clinical Guidelines AM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J9057 J9119 J9144 J9145 J9173 J9176	Erbitux_(Cetuximab ) Aliqopa_(Copaniisib) Libtayo (Cemipiimab-rwic) Darzalex-Faspro_(Daratumumab- hyaluronidase-filib) Darzalex_(Daratumumab)	AIM AIM AIM AIM AIM	AM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J9057 J9119 J9144 J9145 J9173 J9176 J9177	Erbitux_(Cetuximab ) Alqopa_(Copanilsib) Libtayo (Cemipimab-rwic) Daraitek-Faspro_(Daratumumab- hyalurondase-filih) Daraitek_(Daratumumab) Imfinsi_(Durvalumab) Empliciti_(Elotuzumab)	AIM AIM AIM AIM AIM AIM AIM	AM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J9057 J9119 J9144 J9145 J9173 J9176 J9177 J9179	Erbitux_(Cetuximab ) Alqopa_(Copaniisib) Libtayo (Cemiplimab-rwic) Darzalee*aşpro_(Daratumumab- hyburonddase-(H)burundab) Darzalex_(Daratumumab) Empliciti_(Elotuzumab) Padcev_(Fan-trastuzumab deruxtecan roki) Halaven_(Erbulin )	AM AM AM AM AM AM AM AM AM	AM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J9057 J9119 J9144 J9145 J9173 J9176 J9177 J9179	Erbitux_(Cetuximab ) Alqopa_(Copaniisb) Libtayo (Cempilmab-rwic) Darzaler Aspror_(Daratumumab- hydurondase-til/ plaurondase-til/ Darzalex_(Daratumumab) Empliciti_(Elotuzumab) Padcev_(Teinutranab) Padcev_(Teinutranab) Halaven_(Eribulin )	AM AM AM AM AM AM AM AM AM AM	AM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	19057 19119 19144 19145 19173 19176 19177 19179 19203	Erbitux_(Cetuximab ) Alqopa_(Copanlisib) Libtayo (Cemplimab-rwic) Darzaler Aspror_(Daratumumab- hydurondase-til/ hydurondase-til/ Darzalex_(Daratumumab) Darzalex_(Ebruzumab) Padcev_(Tan-trastuzumab derusteran roki) Halaven_(Eribulin ) Mydotarg_(Gemtuzumab zoggamicin)	AM AM AM AM AM AM AM AM AM AM AM	AM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required
Medical infusion / Specialty Drug Medical infusion / Specialty Drug	19057 19119 19144 19145 19173 19176 19177 19179 19203 19204	Erbitux_(Cetuximab ) Alqopa_(Copanlisb) Libtayo (Cemplimab-rwic) Darzaler Aspror. (Daratumumab- hyduroddase-til) Darzalex_(Daratumumab) Darzalex_(Daratumumab) Empliciti_(Elotuzumab) Padcev_(Tan-trastuzumab derusterar nisb) Halaven_(Eribulin ) Mydotarg.(Ceentuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc)	AM AM AM AM AM AM AM AM AM AM AM AM	AM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required
Medical infusion / Specialty Drug Medical infusion / Specialty Drug	19057           19119           19144           19175           19176           19177           19179           19203           19204           19205	Erbitux_(Cetuximab ) Alqopa_(Copanlisb) Libtayo (Cempilmab-twic) Darzaiker-Aspron_(Daratumumab- holurondiske-filih) Darzaiker_Daratumumab) Darzaiker_Daratumumab) Empliciti_(Elotuzumab) Padceur_(Tan-trastuzumab derustecan roki) Halaven_(Eribulin ) Mylotarge_(Gemtuzumab zoogamicin) Potellegeo_(Mogamulizumab-kpkc) Onvyde_(Irrinotecan liposome)	AM AM AM AM AM AM AM AM AM AM AM AM AM A	AM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required
Medical infusion / Specialty Drug Medical infusion / Specialty Drug	19057           19119           19144           19145           19173           19176           19177           19203           19203           19204           19205           19207           19223	Erbitus_(Cetuximab ) Alqopa_(Copanlisb) Libtayo (Cempilmab-rwkc) Darzales-Faspro_(Daratumumab- hyalurondase-filib) Darzales_(Daratumumab) Empliciti_(Elotuzumab) Padese_(Tan-tastuzumab derusteran rwk) Halaven_(Eribulin ) Myłotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan lipozome) txempra_(tiabepilone)	AM AM AM AM AM AM AM AM AM AM AM AM AM A	AM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required
Medical infusion / Specialty Drug Medical infusion / Specialty Drug	19057           19119           19144           19145           19173           19176           19177           19179           19203           19204           19205           19207           19208           19209           19209	Erbitus_(Cetuximab ) Aliqopa_(Copanilisib) Libtayo (Cempilimab-rwic) Duraikes Faipro_(Daratumumab- hyalurondase.filib) Darakev,Daratumumab) Empliciti_(Elotuzumab) Padesur_(Tam-trastuzumab derustecan miki) Halaven_(Eribulin ) Myfotarg_(Gemtuzumab zogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irrinotecan lipozome) Itempra_(Ituabepilone) Zepzelca_(Lurbinectedin)	AM AM AM AM AM AM AM AM AM AM AM AM AM A	AM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required
Medical infusion / Specialty Drug Medical infusion / Specialty Drug	J9057           J9119           J9144           J9145           J9173           J9176           J9177           J9177           J9203           J9204           J9205           J9223           J9228	Erbitus_(Cetuximab ) Aliqopa_(Copanilisib) Libtayo (Cempilimab-rwkc) Durzalees Faipro_(Daratumumab- hyalurondase_filip) Darzalev, Daratumumab) Empliciti_(Elotuzumab) Padesur_(Tam-trastuzumab deructecan mki) Halaven_(Eribulin ) Myfotarg_(Gemtuzumab zogamicin) Poteligeo_(Mogamulizumab-krkc) Onivyde_(Irrinotecan lipozome) Itempra_(Itabepilone) Zepzelca_(Lufabenitedin) Sacilia_(Isatusimab-krfc)	AM AM AM AM AM AM AM AM AM AM AM AM AM A	AM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required
Medical influsion / Specialty Drug Medical influsion / Specialty Drug	J9057           J9119           J9144           J9145           J9173           J9176           J9177           J9179           J9203           J9204           J9223           J9227           J9228           J9229	Erbitus_(Cetuximab ) Aliqopa_(Copanilisib) Libtayo (Cempilimab-rwkc) Durzakes-Fastpon_(Daratumumab- hyalurondase-filib) Durzakes-filib) Empliciti_(Elotuzumab) Empliciti_(Elotuzumab) Padesur_(Tam-tastuzumab deructecan nki) Mylotarg_(Gemtuzumab zogamicin) Poteligeo_(Mogamulizumab-kykc) Onivyde_(Irinotecan liposome) teempra_(txabepilone) Zepzeica_(Liturbinectedin) Sarcita_(Isatuxumab-krfc) Yervoy_(Ipilimumab)	AM A	AM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required
Medical infusion / Specialty Drug Medical infusion / Specialty Drug	J9057           J9119           J9144           J9145           J9173           J9176           J9177           J9179           J9203           J9204           J9205           J9227           J9228           J9229           J9264	Erbitux_(Cetuximab ) Alqopa_(Copanlisb) Libtayo (Cempilmab-rwk) Darzalev-Faspro_(Daratumumab- holurondises-filib) Darzalev_Daratumumab) Empliciti_(Elotuzumab) Padcev_(Tan-tastuzumab derustecan rwk) Halaven_(Erbuln ) Mylotarg_(Gemtuzumab coogamicin) Poteligeo_(Mogamulizumab-kpk) Onvyde_(Irinotecan lipozome) txempra_(Ixabepilone) Zepzeica_(Lurbinectedin) Sarcilia_(Lurbinectedin) Sarcilia_(Lurbinectedin) Sarcilia_(Linzumab-krfc) Yervoy_(Ipilimumab) Besponsa_(Inotuzumab coogamicin)	AM A	AM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required
Medical influsion / Specialty Drug Medical influsion / Specialty Drug	J9057           J9119           J9144           J9145           J9173           J9176           J9177           J9179           J9203           J9204           J9205           J9207           J9223           J9227           J9228           J9229           J9264           J9269	Erbitus_(Cetuximab ) Aliqopa_(Copanilisib) Libtayo (Cempilimab-rwlc) Darzakes-Fastpo_(Daratumumab- hyaluronidase-filib) Darzakes-filib) Darzakes_(Daratumumab) Emplicit_(Eloturumab) Emplicit_(Eloturumab) Padeur (Jam-tasturumab deruntecar mki) Mylotarg_(Gemturumab-urkek) Onivyde_(Irinotecan liposome) Neteligeo_(Mogamulizumab-kykc) Onivyde_(Irinotecan liposome) Neterga_(Isabepilone) Zeozeica_(Lurbinectedin) Sarcilsa_(Isatuximab-irfc) Yetvop_(Ipilimumab) Besponsane_(Inoturumab portein-bound particles)	AM A	AM Clinical Guidelines	Medical Oncology & Supportive Care 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_(Ramucirumab)	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-	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug J9316	tdfk) Phesgo_(Pertuzumab-Trastuzumab-	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Hyaluronidase-zzxf)	AIM	AIM Clinical Guidelines		· -
Medical Infusion / Specialty Drug J9317 Medical Infusion / Specialty Drug J9348	Trodelvy_(Sacituzumab-govitecan)		AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through AIM.
	Danyelza_(Naxitamab-gqgk)	AIM		Medical Oncology & Supportive Care	
Medical Infusion / Specialty Drug J9349	Monjuvi_(Tafasitamab-cxix)	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_(Margetuximab-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	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Q2050	liposomal) Doxil/Lipodox_(Doxorubicin	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Q4081	liposomal) ESRD, Epogen/Procrit_(Epoetin Alfa)	AIM		Medical Oncology & Supportive Care	Prior Authorization required through AIM.
		AIM	AIM Clinical Guidelines		Prior Authorization required through AlM. Prior Authorization required through AlM.
Medical Infusion / Specialty Drug Q5101	Zarxio_(Filgrastim-sndz)			Medical Oncology & Supportive Care	
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	Ziextenzo (Pegfilgrastim-bmez)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
		AIM	AIM Clinical Guidelines		· -
Medical Infusion / Specialty Drug Q5122	Nyvepria_(Pegfilgrastim-apgf)	AIM PSY301.014	AllM Clinical Guidelines Autism Spectrum Disorders (ASD)	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug 90283	IVIG (immune globulin intravenous)	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
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 BCBS.
Medical Infusion / Specialty Drug 90378	Synagis (palivizumab)	RX504.009 OTH903.027	Respiratory Syncytial Virus (RSV) Immunoprophylaxis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug C9257	Avastin (bevacizumab)	OTH903.020	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug J0129	Orencia (abatacept)		Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV) Abatacept	Infusion Site of Care	Prior Authorization required through BCBS.
		RX501.096 RX501.067	Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	
Medical Infusion / Specialty Drug J0180	Fabrazyme (agalsidase beta)	RX501.096	Specialty Medication Administration Site of Care		Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug J0202	Lemtrada (alemtuzumab)	RX501.077 RX501.067	Alemtuzumab Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug J0221	Lumizyme (alglucosidase alfa)	RX501.096 RX501.096	Specialty Medication Administration Site of Care Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug J0222	Onpattro (patisiran)	RX501.102	Patisiran (Onpattro)	Infusion Site of Care	Prior Authorization required through BCBS.
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 BCBS.
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 BCBS.
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 BCBS.
Medical Infusion / Specialty Drug J0565	Zinplava (bezlotoxumab)	RX501.093	Bezlotoxumab	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
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Medical Infusion / Specialty Drug J0567	Brineura (cerliponase alfa)	RX501.092	Cerliponase alfa	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug J0567 Medical Infusion / Specialty Drug J0584	Brineura (cerliponase alfa) Crysvita (burosumab-twza)	RX502.058	Burosumab-twza	Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through BCBS. Prior Authorization required through BCBS.
		RX502.058 RX501.096 RX501.019	Burosumab-twza Speciałty Medication Administration Site of Care Botulinum Toxin		
Medical Infusion / Specialty Drug J0584 Medical Infusion / Specialty Drug J0585	Crysvita (burosumab-twza) Botox (onabotulinumtoxinA)	RX502.058 RX501.096 RX501.019 MED201.014 RX501.019	Burosumah-twza Specialty Medication Administration Site of Care Bollumum Toin Treatment of Hyperhidrosis Bollumum Toin	Infusion Site of Care	Prior Authorization required through BCBS. Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug 10584 Medical Infusion / Specialty Drug 10585 Medical Infusion / Specialty Drug 10586	Crysvita (burosumab-twza) Botox (onabotulinumtoxinA) Dysport (abobotulinumtoxinA)	RX502.058           RX501.096           RX501.019           ME0201.014           RK501.019           ME0201.014           RX501.019	Burosumah-twza Specialty Medication Administration Site of Care Bollumum Tooin Treatmend of Hyperhidrosis Bollumum Tooin Treatmend of Hyperhidrosis Bollumum Tooin	Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug 20584 Medical Infusion / Specialty Drug 20585 Medical Infusion / Specialty Drug 20586 Medical Infusion / Specialty Drug 20587	Crysvita (burosumab-twza) Botox (onabotulinumtoxinA) Dysport (abobotulinumtoxinA) Myobloc (rimabotulinumtoxinB)	RX502.058 RX501.096 RX501.019 MED201.014 RX501.019 MED201.014	Brosumab-twza Speciałty Medication Administration Stie of Care Botulinum Toxin Treatment of Hyperhidrosis Botulinum Toxin Treatment of Hyperhidrosis	Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
Medical Infusion / Speciality Drug         J0584           Medical Infusion / Speciality Drug         J0585           Medical Infusion / Speciality Drug         J0586           Medical Infusion / Speciality Drug         J0587           Medical Infusion / Speciality Drug         J0587	Crysvita (burosumab-twza) Botox (onabotulinumtoxinA) Dysport (abobotulinumtoxinA) Myobioc (rimabotulinumtoxinB) Xeomin (incobotulinumtoxinA)	RX502.058 RX501.096 RX501.019 MED201.014 RX501.019 MED201.014 RX501.019 MED201.014 RX501.019 MED201.014	Burosumab-twza Specially Medication Administration Site of Care Boulinum: Toom Thingenhidrosis Treatment of Hyperhidrosis Boulinum Toxin Treatment of Hyperhidrosis Boulinum Toxin Treatment of Hyperhidrosis	Infusion Site of Care Provider Administered Drug Therapy	Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug         J0584           Medical Infusion / Specialty Drug         J0585           Medical Infusion / Specialty Drug         J0586           Medical Infusion / Specialty Drug         J0587           Medical Infusion / Specialty Drug         J0588           Medical Infusion / Specialty Drug         J0588           Medical Infusion / Specialty Drug         J0588	Crysvita (burosumab-twza) Botox (onabotulinumtoxinA) Dysport (abobotulinumtoxinA) Myobioc (rimabotulinumtoxinB) Xeomin (incobotulinumtoxinA) Cinryze (C1 esterase inhibitor)	RX502.058 RX501.096 RX501.019 ME0201.014 RX501.019 ME0201.014 RX501.019 ME0201.014 RX501.019 ME0201.014 RX504.013 RX504.036	Burosumab-twza Speciałky Medication Administration Site of Care Boulinum: Tooi Trastanene of Hyperhidrosis Trastanene of Hyperhidrosis Boulinum Tooin Trastanene of Hyperhidrosis Boulinum Tooin Trastanene of Hyperhidrosis Management of Hereditary Agoloedema (HAE) with CI Esterase Inhibitor, Human and Ecallantide Specialky Medication Administration Site of Care	Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through BCBS. Prior Authorization required through BCBS.
Medical Infusion / Speciality Drug         J0584           Medical Infusion / Speciality Drug         J0585           Medical Infusion / Speciality Drug         J0586           Medical Infusion / Speciality Drug         J0587           Medical Infusion / Speciality Drug         J0587	Crysvita (burosumab-twza) Botox (onabotulinumtoxinA) Dysport (abobotulinumtoxinA) Myobioc (rimabotulinumtoxinB) Xeomin (incobotulinumtoxinA)	RX502.058 RX501.096 RX501.019 MED201.014 RX501.019 MED201.014 RX501.019 MED201.014 RX501.019 MED201.014 RX501.039 RX501.036 RX501.066 RX501.190 RX501.066	Burosumab-twza Speciałky Medication Administration Site of Care Bouliumin Towin Treatment of Hyperhidrosis Bouliumin Tomin Treatment of Hyperhidrosis Bouliumin Tomin Treatment of Hyperhidrosis Management of Hereflatra Agoloedema (HAE) with C1 Extense Inhibitor, Human and Ecallantide Specially Medication Administration Site of Care Canadinumab Speciality Medication Administration Site of Care	Infusion Site of Care Provider Administered Drug Therapy	Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug         J0584           Medical Infusion / Specialty Drug         J0585           Medical Infusion / Specialty Drug         J0586           Medical Infusion / Specialty Drug         J0587           Medical Infusion / Specialty Drug         J0588           Medical Infusion / Specialty Drug         J0588           Medical Infusion / Specialty Drug         J0588	Crysita (burosumab-twa) Botos (onabotulinumtosinA) Dysport (abobotulinumtosinA) Myobioc (rimabotulinumtosinB) Xeomin (incobotulinumtosinA) Cinryze (C1 estarase inhibitor) flaris (canakinumab) Cinryza (certolizumab pegol)	RX502.058 RX501.096 RX501.019 MED201.014 RX501.019 MED201.014 RX501.019 MED201.014 RX501.019 MED201.014 RX504.013 RX504.013 RX504.019 RX504.119	Burosumab-twza Specialty Medication Administration Site of Care Bollulium Tooin Treatment of Hyperhidrosis Bollulium Tooin Treatment of Hyperhidrosis Bollulium Tooin Treatment of Hyperhidrosis Bollulium Tooin Treatment of Hyperhidrosis Management of Here datra, Yagioedema (HAE) with CI Esterase Inhibitor, Human and Ecallantide Specialty Medication Administration Site of Care Canadiumab	Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through BCBS. Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug         J0584           Medical Infusion / Specialty Drug         J0585           Medical Infusion / Specialty Drug         J0586           Medical Infusion / Specialty Drug         J0587           Medical Infusion / Specialty Drug         J0588           Medical Infusion / Specialty Drug         J0588           Medical Infusion / Specialty Drug         J0588           Medical Infusion / Specialty Drug         J0598           Medical Infusion / Specialty Drug         J0638	Crysila (burosumab-twza) Botos (onabotulinumtoxinA) Dysport (abobotulinumtoxinA) Myobioc (rimabotulinumtoxinB) Xeomin (ncobotulinumtoxinA) Cinryze (C1 esterase inhibitor) Ilaris (canakinumab)	RX502.058 RX501.036 KR501.039 ME2/01.014 KE0/01.014 RX501.034 ME0/01.014 RX501.034 RX501.036 RX501.046 RX501.066 RX501.066 RX501.066 RX501.073	Burosumab-twza Speciałky Medication Administration Site of Care Boulinum Tooin Treatment of Hyperhidrosis Boulinum Tooin Treatment of Hyperhidrosis Treatment of Hyperhidrosis Toratment of Hyperhidrosis Treatment of Hyperhidrosis Treatment of Hyperhidrosis Management of Hereditary Angloedema (HAE) with C1 Exterase Inhibitor, Human and Ecaliantide Specialty Medication Administration Site of Care Canabinumab Specialty Medication Administration Site of Care Construinumab Pegal Specialty Medication Administration Site of Care Construinumab Pegal Specialty Medication Administration Site of Care Costruidial Collagenase for Fibroproliferative Disorders	Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care Infusion Site of Care	Prior Authorization required through BCBS. Prior Authorization required through BCBS.
Medical Infusion / Speciality Drug         J0584           Medical Infusion / Speciality Drug         J0585           Medical Infusion / Speciality Drug         J0586           Medical Infusion / Speciality Drug         J0587           Medical Infusion / Speciality Drug         J0588	Crywita (burosumab-twza) Botox (onabotulinumtoxinA) Dysport (abobotulinumtoxinA) Myobloc (rimabotulinumtoxinB) Zeomin (incobotulinumtoxinB) Cinryae (CL esterase inhibitor) Laris (canakinumab) Cimzia (certolizumab pegol) Xiafler (collagenase, clostridium	RX502.058 RX501.036 KR501.039 ME2201.014 ME201.014 ME501.014 ME501.014 RX501.014 RX501.014 RX501.014 RX501.066 RX501.106 RX501.066 RX501.073	Burosumab-twza Speciałky Medication Administration Site of Care Boulinum: Toom Turkey Treatment of Hyperhidrosis Treatment of Hyperhidrosis Boulinum Toxin Treatment of Hyperhidrosis Boulinum Toxin Treatment of Hyperhidrosis Management of Hereditary Agoloedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide Specialty Medication Administration Site of Care Carabitrumab Specialty Medication Administration Site of Care Carolisanumab Pega Specialty Medication Administration Site of Care	Inflution Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Inflution Site of Care Inflution Site of Care Inflution Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Speciality Drug         J0584           Medical Infusion / Speciality Drug         J0585           Medical Infusion / Speciality Drug         J0586           Medical Infusion / Speciality Drug         J0587           Medical Infusion / Speciality Drug         J0588           Medical Infusion / Speciality Drug         J0588           Medical Infusion / Speciality Drug         J0588           Medical Infusion / Speciality Drug         J0638           Medical Infusion / Speciality Drug         J0737	Cryskita (bucosumab-twxa) Botox (onabotulinumtosinA) Dysport (abobotulinumtosinA) Myobioc (rimabotulinumtosinB) Xeomin (incobotulinumtosinA) Cinnyae (C1 esterase inhibitor) Ilaris (canakinumab) Cinnyae (C1 esterase inhibitor) Ilaris (canakinumab) Cinnyae (cervolitumab pegol) Xafler (collagenase, clostridium historytexum)	RX502.058           RX501.096           RX501.019           MED201.0144           RX501.019           MED201.0144           RX501.019           MED201.0144           RX501.019           MED201.0144           RX501.019           MED201.0144           RX501.019           RX501.019           RX501.018           RX501.0066           RX501.0066           RX501.011           RX501.0067           RX501.073           RX501.073           RX501.073	Specially Medication Administration Site of Care Specially Medication Administration Site of Care Bollnium Toin Site Treatment of Hyperhidrosis Bollnium Toin Site Stratument of Hyperhidrosis Bollnium Toin Site Specially Medication Administration Site of Care Canadismus Specially Medication Administration Site of Care Construida Construints of Care Construints of Care Construi	Inflution Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Inflution Site of Care Inflution Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through BCBS. Prior Authorization Requ
Medical Infusion / Speciality Drug         J0584           Medical Infusion / Speciality Drug         J0585           Medical Infusion / Speciality Drug         J0586           Medical Infusion / Speciality Drug         J0587           Medical Infusion / Speciality Drug         J0588           Medical Infusion / Speciality Drug         J0588           Medical Infusion / Speciality Drug         J0638           Medical Infusion / Speciality Drug         J0737           Medical Infusion / Speciality Drug         J0775           Medical Infusion / Speciality Drug         J0775	Crysvita (burosumab-twxa) Botox (onabotulinumtosinA) Dysport (abobotulinumtosinA) Myobloc (rimabotulinumtosinB) Xeomin (incobotulinumtosinA) Cinryze (C1 esterase inhibitor) laris (canakinumab) Cimzia (certolizumab pegol) Xiafler (collagenase, clostridium historyteum) Adakveo (rizanlizumab-tmca)	RX502.058           RX502.058           RX501.019           MED201.014           RX501.019           MED201.014           RX501.019           MED201.014           RX501.019           MED201.014           RX501.019           MED201.014           RX501.019           RX501.019           RX501.006           RX501.006           RX501.073           RX501.026	Secially Medication Administration Site of Care Socially Medication Administration Site of Care Bollulium Toolin Treatment of Hyperhidrosis Bollulium Toolin Treatment of Hyperhidrosis Bollulium Toolin Treatment of Hyperhidrosis Bollulium Toolin Specially Medication Administration Site of Care Carelonama People Specially Medication Administration Site of Care Construint Specially Medication Administration Site of Care Construint Carelonama Deport of Floroportientative Disorders Circitaliuma Tool Specially Medication Administration Site of Care Costridial Collagenase for Floroportientative Disorders Circitaliuma-Inca Specially Medication Administration Site of Care Erythropolesis-Stimulating Agents (ESA) Management of Hereditary Appicedema (HAE) with CI Esterase Inhibitor, Human and Ecallantide	Inflution Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Influsion Site of Care Influsion Site of Care Influsion Site of Care Provider Administered Drug Therapy Influsion Site of Care Provider Administered Drug Therapy Influsion Site of Care	Prior Authorization required through BCBS. Prior Authorization requ
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Medical Infusion / Speciality Drug         J0584           Medical Infusion / Speciality Drug         J0585           Medical Infusion / Speciality Drug         J0586           Medical Infusion / Speciality Drug         J0587           Medical Infusion / Speciality Drug         J0588           Medical Infusion / Speciality Drug         J0588           Medical Infusion / Speciality Drug         J0588           Medical Infusion / Speciality Drug         J0737           Medical Infusion / Speciality Drug         J0775           Medical Infusion / Speciality Drug         J0781           Medical Infusion / Speciality Drug         J0781           Medical Infusion / Speciality Drug         J0888           Medical Infusion / Speciality Drug         J1280	Crysvita (burosumab-twxa) Botos (onabotulinumtosinA) Dysport (abobotulinumtosinA) Myobioc (rimabotulinumtosinA) Myobioc (rimabotulinumtosinA) Cinnyze (C1 esterase inhibitor) flaris (canakinumab) Cinnyze (C1 esterase inhibitor) flaris (canakinumab) Cinzia (certolizumab pegol) Xiafler (collagenase, clostridium historyteum) Adakveo (ritzanlizumab tmca) Mircera (pegylated epoetin beta) Kalbitor (ecaliantide)	RX502.058           RX501.056           RX501.013           MED201.014           MED201.014           RX501.019           MED201.014           RX501.019           MED201.014           RX501.036           RX501.036           RX501.036           RX501.036           RX501.036           RX501.037           RX501.038           RX501.037           RX501.038           RX501.037           RX501.038           RX501.039           RX501.038           RX501.039           RX501.038           RX501.038           RX501.039           RX501.049           RX501.056           RX501.056           RX501.056           RX501.056           RX501.055	Burosumab-twza Speciałty Medication Administration Site of Care Bouliumi, Tooi Trastament of Hyperhidrosis Trastament of Hyperhidrosis Bouliumi Tooin Trastament of Hyperhidrosis Bouliumi Tooin Trastament of Hyperhidrosis Bouliumi Tooin Trastament of Hyperhidrosis Management of Hereditary Angelesma (HAE) with CI Esterase Inhibitor, Human and Ecaliantide Specialty Medication Administration Site of Care Carakitumiab Pagol Specialty Medication Administration Site of Care Clastification Administration Site of Care Clastification Administration Site of Care Clastification Administration Site of Care Clastification Administration Site of Care Explorability Medication Administration Site of Care Specialty Medication Administration Site of Care Explorability Medication Administration Site of Care Explorability Medication Administration Site of Care Collumnab Specialty Medication Administration Site of Care Explorability Medication Administration Site of Care	Influion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Influion Site of Care Influion Site of Care Provider Administered Drug Therapy Influion Site of Care	Prior Authorization required through BCBS. Prior Authorization requ
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Medical Infusion / Specialty Drug         J0584           Medical Infusion / Specialty Drug         J0585           Medical Infusion / Specialty Drug         J0586           Medical Infusion / Specialty Drug         J0587           Medical Infusion / Specialty Drug         J0588           Medical Infusion / Specialty Drug         J0717           Medical Infusion / Specialty Drug         J0717           Medical Infusion / Specialty Drug         J0719           Medical Infusion / Specialty Drug         J0888           Medical Infusion / Specialty Drug         J1290           Medical Infusion / Specialty Drug         J1301           Medical Infusion / Specialty Drug         J1303           Medical Infusion / Specialty Drug         J1322	Crywita (burosumab-twza) Botos (onabotulinumtosinA) Dysport (abobotulinumtosinA) Myobioc (rimabotulinumtosinA) Myobioc (rimabotulinumtosinA) Cinryze (21 esterase inhibitor) flaris (canakinumab) Cinrzia (certolizumab pegol) Xafles (collagenase, clostridium histolyticum) Adakveo (crizanilizumab-tmca) Mircera (pegylated-epoetin beta) Kalbitor (ecallantide) Soliris (eculizumab) Radicava (edaravone) Utomiris (ravulizumab-twcz) Vimizm (elosuflase alfa) Fiolan, Veletri (lepoprostenol)	RX502.058 RX502.058 RX502.059 ME2201.014 ME2201.014 ME2201.014 ME2201.014 ME2201.014 ME2201.014 ME2201.014 ME2201.014 RX501.065 RX501.066 RX501.066 RX501.066 RX501.065 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.05 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.05	Becially Medication Administration Site of Care Socialize Medication Administration Site of Care Socialize Medication Administration Site of Care Canakinumab Socialize Medication Administration Site of Care Constrained or Hyperhidrosis Socialize Medication Administration Site of Care Constrained Technologies Status Socialize Medication Administration Site of Care Constrained or Hyperhidrosis Socialize Medication Administration Site of Care Socialize Medication Administration Site of Care Constrained Technologies Status Socialize Medication Administration Site of Care Constrained Technologies Status Socialize Medication Administration Site of Care Socialize Medication Administration Site of Care Expthropolesis-Status Socialize Medication Administration Site of Care Socialize Medication Administration Site of Ca	Influion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Influion Site of Care Provider Administered Drug Therapy Influion Site of Care I	Prior Authorization required through BCBS. Prior Authorization requ
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Medical Infusion / Specialty Drug         J0584           Medical Infusion / Specialty Drug         J0585           Medical Infusion / Specialty Drug         J0586           Medical Infusion / Specialty Drug         J0587           Medical Infusion / Specialty Drug         J0588           Medical Infusion / Specialty Drug         J0717           Medical Infusion / Specialty Drug         J0717           Medical Infusion / Specialty Drug         J0719           Medical Infusion / Specialty Drug         J0888           Medical Infusion / Specialty Drug         J1290           Medical Infusion / Specialty Drug         J1301           Medical Infusion / Specialty Drug         J1303           Medical Infusion / Specialty Drug         J1322	Crysita (burosumab-twaa) Botox (onabotulinumtosinA) Dysport (abobotulinumtosinA) Myobioc (rimabotulinumtosinA) Myopart (classes inhibitor) Liaris (canakinumab) Cinyale (cl exterase inhibitor) Liaris (canakinumab) Cinyale (cl exterase inhibitor) Cinyale (cl exterase inhibitor) Adakveo (crtaniluumab engol) Xaditor (ccalagenase, clostridium histophicum) Adakveo (crtaniluumab-tmca) Mircera (geylated-epoetin beta) Calibitor (ecalaunde) Saliris (eculluumab) Radicwa (edaravone) Utomiris (ravuluumab-cwvz) Vinizim (elosuflase alfa) Fiolar, Veletri (epoprostenol) Exondys 51 (eteplirsen) Naglazyme (galsuflase)	RX502.058 RX502.058 RX502.059 ME2201.014 ME2201.014 ME2201.014 ME2201.014 ME2201.014 ME2201.014 ME2201.014 ME2201.014 RX501.065 RX501.066 RX501.066 RX501.066 RX501.065 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.05 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.07 RX501.05	Becially Medication Administration Site of Care Socialize Medication Administration Site of Care Socialize Medication Administration Site of Care Canakinumab Socialize Medication Administration Site of Care Constrained or Hyperhidrosis Socialize Medication Administration Site of Care Constrained Technologies Status Socialize Medication Administration Site of Care Constrained or Hyperhidrosis Socialize Medication Administration Site of Care Socialize Medication Administration Site of Care Constrained Technologies Status Socialize Medication Administration Site of Care Constrained Technologies Status Socialize Medication Administration Site of Care Socialize Medication Administration Site of Care Expthropolesis-Status Socialize Medication Administration Site of Care Socialize Medication Administration Site of Ca	Influion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Influion Site of Care Provider Administered Drug Therapy Influion Site of Care I	Prior Authorization required through BCBS. Prior Authorization requ
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	Medical Infusion / Specialty Drug	J1602	Simponi Aria (golimumab)	RX501.112 RX501.096	Golimumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
	Medical Infusion / Specialty Drug	J1675	histrelin acetate	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
	Medical Infusion / Specialty Drug	J1726		RX501.062	Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
	Medical Infusion / Specialty Drug	J1743	Elaprase (idursulfase)			Infusion Site of Care	Prior Authorization required through BCBS.
<table-row><table-row></table-row><table-row></table-row></table-row> <table-row></table-row>	Medical Infusion / Specialty Drug	J1745	Remicade (infliximab)	THE801.028 RX501.051	Acne Management Infliximab and Associated Biosimilars	Infusion Site of Care	Prior Authorization required through BCBS.
	Medical Infusion / Specialty Drug	11746	Trogarzo (ibalizumab-uivk)	RX501.099	Ibalizumab-uiyk	Infusion Site of Care	Prior Authorization required through BCBS
				RX501.067			
Process         Process <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
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Mathematical M	Medical Infusion / Specialty Drug	J1950	(leuprolide acetate, for depot			Provider Administered Drug Therapy	Prior Authorization required through BCBS.
NAMADAMANAMADAMANAMADAMANAMADAMAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Medical Infusion / Specialty Drug	J2182	Nucala (mepolizumab)			Infusion Site of Care	Prior Authorization required through BCBS.
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<table-row><table-row></table-row><table-row><table-row></table-row><table-row></table-row></table-row><table-row></table-row></table-row>	Medical Infusion / Specialty Drug	J2326	Spinraza (nusinersen)	RX501.086	Nusinersen	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
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Nach de Norman	Medical Infusion / Specialty Drug	J2502	Signifor LAR (pasireotide)			Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Nach MarkaNach Marka<				RX501.120			
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MathemMailMail Manual MathemaMathemaMathafaMathafaMathafaMathafaMailMail MathafaMathafaMathafaMathafaMathafaMathafaMathafaMathafaMail MathafaMathafaMathafaMathafaMathafaMathafaMathafaMathafaMail MathafaMathaf	Medical Infusion / Specialty Drug	J2840	Kanuma (sebelipase alfa)			Infusion Site of Care	Prior Authorization required through BCBS.
Markada         Markada <t< td=""><td>Medical Infusion / Specialty Drug</td><td>J2941</td><td>Humatrope, Saizen (somatropin)</td><td>RX501.040</td><td>Human Growth Hormone (GH)</td><td>Provider Administered Drug Therapy</td><td>Prior Authorization required through BCBS.</td></t<>	Medical Infusion / Specialty Drug	J2941	Humatrope, Saizen (somatropin)	RX501.040	Human Growth Hormone (GH)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Back and back	Medical Infusion / Specialty Drug	J3032	Vyepti (eptinezumab-jjmr)			Infusion Site of Care	Prior Authorization required through BCBS.
Beak         Beak <th< td=""><td>Medical Infusion / Specialty Drug</td><td>J3060</td><td>Elelyso (taliglucerase alfa)</td><td>RX501.067</td><td>Enzyme-Replacement Therapy for Lysosomal Storage Disorders</td><td>Infusion Site of Care</td><td>Prior Authorization required through BCBS.</td></th<>	Medical Infusion / Specialty Drug	J3060	Elelyso (taliglucerase alfa)	RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBS.
Mathematical<	Medical Infusion / Specialty Drug	J3121	testosterone enanthate	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Added Martin MarkanMark Markan MarkanMarkan MarkanMarkan MarkanMarkan MarkanMarkan Markan<	Medical Infusion / Specialty Drug	J3145	Aveed (testosterone undecanoate)	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Additional problem         Additio	Medical Infusion / Specialty Drug	13241	Tenezza (tenrotumumah-trhw)	RX501.096		Infusion Site of Care	
cond         cond <th< td=""><td></td><td></td><td></td><td>RX501.110 RX501.096</td><td></td><td></td><td></td></th<>				RX501.110 RX501.096			
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And a	Medical Infusion / Specialty Drug	J3262	Actemra (toclizumab)		Tocilizumab	Infusion Site of Care	Prior Authorization required through BCBS.
Beddenkom (Media         Bits         Ministance         Minista	Medical Infusion / Specialty Drug	J3285	Remodulin (treprostinil)			Provider Administered Drug Therapy	Prior Authorization required through BCBS.
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main and main	Medical Infusion / Specialty Drug	J3358	Stelara (ustekinumab for intravenous use)	RX501.114	Ustekinumab	Infusion Site of Care	Prior Authorization required through BCBS.
exact modelmake modelmake modelmake modelmake modelmake modelmake modelMach modelmake m	Medical Infusion / Specialty Drug	J3380	Entyvio (vedolizumab)			Infusion Site of Care	Prior Authorization required through BCBS.
Additional Social Socie Social Social Socie Social Social Social Social Socie	Medical Infusion / Specialty Drug	J3385	Vpriv (velaglucerase alfa)			Infusion Site of Care	Prior Authorization required through BCBS.
And         Main         Main <thm< td=""><td>Medical Infusion / Specialty Drug</td><td>J3397</td><td>Mepsevii (vestronidase alfa-vjbk)</td><td>RX501.067</td><td>Enzyme-Replacement Therapy for Lysosomal Storage Disorders</td><td>Infusion Site of Care</td><td>Prior Authorization required through BCBS.</td></thm<>	Medical Infusion / Specialty Drug	J3397	Mepsevii (vestronidase alfa-vjbk)	RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBS.
main manual ma	Medical Infusion / Specialty Drug	J3398	Luxturna (voretigene neparvovec-rzyl)			Provider Administered Drug Therapy	Prior Authorization required through BCBS.
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Bigst Lumon Depct, Lu	Medical Infusion / Specialty Drug	J9155	Firmagon (degarelix)			Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Media Individy Section	Medical Infusion / Specialty Drug	J9202		RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Media data data data data data data data d	Medical Infusion / Specialty Drug	J9217	Ped (leuprolide acetate, for depot	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
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weaked miglioryeak<	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 BCBS.
Notice         Notic         Notic         Notic <td>Medical Infusion / Specialty Drug</td> <td>J9225</td> <td>Vantas (histrelin implant)</td> <td></td> <td></td> <td>Provider Administered Drug Therapy</td> <td>Prior Authorization required through BCBS.</td>	Medical Infusion / Specialty Drug	J9225	Vantas (histrelin implant)			Provider Administered Drug Therapy	Prior Authorization required through BCBS.
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Vecker landsock y loci v         Voci v         Vecker landsock y loci v         Voci v         Vecker landsock y loci v         V	Medical Infusion / Specialty Drug	Q5103		RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Influition     Status     <	Medical Infusion / Specialty Drug	Q5104	PREFERRED			Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Special Puscipal     Space     Mode (million above)     Mode (million above) <td>Medical Infusion / Specialty Drug</td> <td>Q5109</td> <td>Ixifi (infliximab-qbtx) - NON-</td> <td></td> <td></td> <td>Infusion Site of Care</td> <td>Prior Authorization required through BCBS.</td>	Medical Infusion / Specialty Drug	Q5109	Ixifi (infliximab-qbtx) - NON-			Infusion Site of Care	Prior Authorization required through BCBS.
Notice     Notice     Specially feed using similarity and unification size of caller     Provider Administered Drug Therapy     Prior Autorization required through BCBS.       Medical Infusion / Specially Drug     Spicel (testosterone pellets)     RSDI.034     Recombinant and Audogoogne States Signment Surgery with Related Services     Provider Administered Drug Therapy     Prior Autorization required through BCBS.       Medical Infusion / Specially Drug     Spicel (testosterone pellets)     RXDI.034     Gender Reassignment Surgery and Gender Reassignment Surgery with Related Services     Provider Administered Drug Therapy     Prior Autorization required through BCBS.	Medical Infusion / Specialty Drug	Q5121				Infusion Site of Care	Prior Authorization required through BCBS.
Othogenic Conditions         Othogenic Conditions           SUR717.001         Gender Assignment Surgery and Gender Ressignment Surgery with Related Services           Medical Infusion / Speciality Drug         50189           Testopel (testosterone pellets)         RVS01.007           Hormone Replacement Therapies (HRT) Using implanted Pellets for Women and Delayed Puberty         Provider Administered Drug Therapy					Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-	Provider Administered Drug Therapy	
				SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
	Medical Infusion / Specialty Drug	50189	Testopel (testosterone pellets)			Provider Administered Drug Therapy	Prior Authorization required through BCBS.

Please note that checking eligibility and benefits and/or the fact that a service has been preauthorized 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.

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