

2023 SPECIALTY DRUGS PRIOR AUTHORIZATION LIST

Updated January 2023 to reference changes through April 2023

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.

Code	Category Medical Infusion / Specialty Drug	Drug Product Name* Brand (generic) *Trademarks are the property of their respective owners. Cutaquig_(Immune Globulin (Human)-	Medical Policy Number	Medical Policy Title AIM Clinical Guidelines	Reason for Prior Authorization Requirement** (AIM = Med Oncology & Supportive Care BCGSTX = Provider Administered Therapy Or Infusion Site Of Care) **Send PA requests to BCBSTX for Provider Administered Therapy or Infusion Site of Care. Send PA requests to AIM for Medical Oncology and Supportive care unless drug requested has multiple indications. AIM will only review requests for oncology diagnosis. Refer to the Update History / Prior Authorization Delegation Notes for details. Medical Oncology & Supporte Care	Update History / Delegation Notes*** (Highlighted = Multiple Indications) ***Some drugs / codes on this PA list have multiple indications. Alf Will only review requests that are supported by an oncology diagnosis. See details provided on this list for each drug/code. AIM will review requests for oncology drugs that
		hipp)	RX504.003	Immunoglobulin (ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Infusion Site of Care	are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add Effective 4/1/2023 BCBS Review for SOC.
J1554	Medical Infusion / Specialty Drug	Asceniv_(Immune Globulin (Human)-sIra)	AIM RX504.003	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Medical Oncology & Supportive Care Infusion Site of 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. Add Effective 4/1/2023 BCBS Review for SOC.
C9094	Medical Infusion / Specialty Drug	Inj sutimlimab-jome 10 mg	RX501.087	FDA-Approved Drugs and Biologicals	Infusion Site of Care	Add Effective 4/1/2023
J1305	Medical Infusion / Specialty Drug	Injection evinacumab-dgnb 5mg	RX501.136	Evinacumab-dgnb	Infusion Site of Care	Add Effective 4/1/2023
J1306	Medical Infusion / Specialty Drug	Injection inclisiran 1 mg	RX501.142	Inclisiran	Infusion Site of Care	Add Effective 4/1/2023
J0219	Medical Infusion / Specialty Drug	Injection avalglucosidase alfa-ngpt 4 mg	RX501.067	Enzyme-Replacement Therapy for	Infusion Site of Care	Add Effective 4/1/2023
J0224	Medical Infusion / Specialty Drug	Injection lumasiran 0.5 mg	RX501.133	Lysosomal Storage Disorders Lumasiran	Infusion Site of Care	Add Effective 4/1/2023
J0491	Medical Infusion / Specialty Drug	Injection anifrolumab-fnia 1 mg	RX501.138	Anifrolumab-fnia	Infusion Site of Care	Add Effective 4/1/2023
J2356	Medical Infusion / Specialty Drug	Injection tezepelumab-ekko 1 mg	RX501.143	Tezepelumab-ekko	Infusion Site of Care	Add Effective 4/1/2023
J1823	Medical Infusion / Specialty Drug	Injection inebilizumab-cdon 1 mg	RX501.127	Inebilizumab-cdon	Infusion Site of Care	Add Effective 4/1/2023
J9332	Medical Infusion / Specialty Drug	Injection efgartigimod alfa-fcab 2mg	RX501.141	Efgartigimod alfa-fcab	Infusion Site of Care	Add Effective 4/1/2023
Q5125	Medical Infusion / Specialty Drug	Releuko (filgrastim-ayow), biosimilar	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add Effective 4/1/2023
Q5126	Medical Oncology & Supportive Care	Alymsys (bevacizumab-maly)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add Effective 4/1/2023 to replace C9142
C9142	Medical Infusion / Specialty Drug	Alymsys (bevacizumab-maly)	AIM	AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. This code will be removed 04/01/2023 and will be replaced by O5126. Prior Authorization required through AIM.
C9399	Medical Infusion / Specialty Drug	Cutaquig_(Immune Globulin (Human)- hipp); Kimmtrak (tebentafusp-tebn) Unituxin (dinutuximab) Alymsys (bevacizumab-maly)	AIM RX501.137 RX501.135 RX501.136 RX501.087 RX501.099 RX504.003 RX501.129	Aducanumab-avwa Casimersen Evinacumab-dgnb FDA-Approved Drugs and Biologicals ibalizumab-ujvk Immunoglobulin (ig) Therapy (Including Intravenous [IVIG] and Subcutaneous ig [SCIG]) Veklury	Medical Oncology & Supportive Care	Effective 0.1/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); New Medical Oncology drug Kimmtrak added into existing PA code and drug Catuquig remove effective 10/01/2022; Allw Mil 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.
J3490	Medical Infusion / Specialty Drug	Cutaquig (Immune Globulin (Human)- hipp); Kimmtrak (tebentafusp-tebn) Unituxin (dinutuximab)	AIM RISO1.137 MED206.001 RISO1.135 RISO1.03 SUR716.001 RISO1.05 RISO1.05 RISO1.05 RISO1.067 RISO1.067 RISO1.040 RISO1.040 RISO1.099 RISO4.003 OTH903.027 OTH903.020 RISO1.080 SUR706.001 RISO1.086 RISO1.087 RISO1.086 RISO1.086 RISO1.086 RISO1.087 RISO1.087 RISO1.087 RISO1.0887 RISO1.089 RISO1.089 RISO1.089 RISO1.040 RISO1.099 RISO1.040 RISO1.090	AIM Clinical Guidelines Aducanumab-awwa Allergy Management Casimersen Compounded Drug Products Cosmetic and Reconstructive Procedures Enzyme-Replacement Therapy for Lysosomal Storage Disorders Esketamine Nasal Spray Evinacumab-dghb FDA-Approved Drugs and Biologicals Human Growth Hormone (GH) Ibalizumab-uiyk Immunoglobulin (ig) Therapy (Including Intravenous [IVIG] and Subcutaneous ig [SCIG]) Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Mepolizumab Nasal and Siuns Surgery Nusinersen Ocrelizumab Onasennogene Abeparvovec-xiol Ritusimab and Biosimilars for Non- Oncologic Indications Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy Treatment of Hyperhidrosis Veklury Viltolarsen.	Medical Oncology & Supportive Care	Effective 0.1/01/2023, add new drug Unituxins (dinutuximal); New Medical Oncology drug kimmtrak added into existing PA code and drug Catuquig remove effective 10/01/2022; AlM will review requests for encology 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.

13590	Medical Infusion / Specialty Drug	Cutaquig_(Immune Globulin (Human)- hipp); Kimmtrak (tebentafusp-tebn) Unituxin (dinutuximab) Alymsys (bevacizumab-maly)	AIM RXS01.137 RXS01.137 RXS01.073 RXS01.063 RXS01.067 RXS01.136 RXS01.136 RXS01.087 RXS01.099 RXS04.003 RXS01.051 RXS01.051 RXS01.080 RXS01.085 RXS01.044 RXS01.129	AIM Clinical Guidelines Aducanumba-awwa Casimersen Clostridial Collagenase for Fibroproliferative Disorders Compounded Drug Products Enzyme-Replacement Therapy for Lysosomal Storage Disorders Evinacumab-dgnb FDA-Approved Drugs and Biologicals ibalizumab-ulyk Immunoglobulin (lg) Therapy (Including Intravenous (IVIC) and Subcutaneous Ig [SCIG] Infiliximab and Associated Biosimilars Mepolizumab Ocrelizumab Ocrelizumab Orasemogene Abeparvovecxioi	Medical Oncology & Supportive Care	Effective 0.1/01/2023, add new drug Unituxin (dinutuxinal) and Alymsys (bevactizumah-maly); New Medical Oncology drug Kimmtrak added into existing PA code and drug Catuquig remove effective 10/01/2022; AliM will review requests for oncology drugs that are supported by an 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.
J9019	Medical Infusion / Specialty Drug	Erwinaze (asparaginase Erwinia	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization
J9021	Medical Infusion / Specialty Drug	chrysanthemi) Rylaze (asparaginase erwinia	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	required through AIM. Add effective 01/01/2023. Prior Authorization
J9032	Medical Infusion / Specialty Drug	chrysanthemi (recombinant)-rywn) Beleodag (belinostat)	AIM	AIM Clinical Guidelines		required through AIM. c Effective 01/01/2023, Prior Authorization move
			RX502.061	Oncology Medications		from BCBS to AIM. Prior Authorization required through BCBS.
J9118	Medical Infusion / Specialty Drug	Asparlas (calaspargase pegol-mkni)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
J9153	Medical Infusion / Specialty Drug	Vyxeos (daunorubicin and cytarabine)	AIM RX502.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive CareProvi	c Effective 01/01/2023, Prior Authorization move from BCBS to AIM. Prior Authorization required through BCBS.
J9266	Medical Infusion / Specialty Drug	Oncaspar (pegaspargase)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
J9274	Medical Infusion / Specialty Drug	Kimmtrak (tebentafusp-tebn)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add code effective 01/01/2023 for drug Kimmtrak (tebentafusp-tebn)
J9295	Medical Infusion / Specialty Drug	Portrazza (necitumumab)	AIM RX502.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive CareProvi	Effective 01/01/2023, Prior Authorization move from BCBS to AIM.
J9298	Medical Infusion / Specialty Drug	Opdualag (relatlimab and nivolumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through BCBS. Add effective 01/01/2023. Prior Authorization
J9311	Medical Infusion / Specialty Drug	Rituxan- Hycela_(Rituximab Hyaluronidase)	AIM RX502.030	AIM Clinical Guidelines Ritximab and Biosimilars for Non- Oncologic Indications	Provider Administered Drug TherapyMedia	required through AIM. aftectings/gapaa/afc8s/mill stop review of code and AIM will continue review of 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 RCRS.
J9325	Medical Infusion / Specialty Drug	Imlygic (talimogene laherparepvec)	AIM RX502.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive CareProvi	c Effective 01/01/2023, Prior Authorization move from BCBS to AIM.
J9999	Medical Infusion / Specialty Drug	Cutaquig_(immune Globulin (Human)- hipp); Kimmtrak (tebentafusp-tebn) Unituxin (dinutuximab) Alymsys (bevacizumab-maly)	AIM MED203.002 RXS01.063 RXS04.087 RXS04.003 RXS01.085 RXS01.057	AIM Clinical Guidelines Antineoplaston Cancer Therapy Compounded Drug Products FDA-Approved Drugs and Biologicals Immunoglobulin (lg] Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Ocrelizumab Codium Bhonulbubreata	Medical Oncology & Supportive Care	Prior Authorization required through BCBS. Effective 01/01/2023, ad new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); New Medical Oncology drug Kimmtrak added into existing PA code and drug Catuquig remove effective 10/01/2022; MN will review requests for noclogy drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by page.
90283	Medical Infusion / Specialty Drug	IVIG (immune globulin intravenous)	PSY301.014 RX504.003	Autism Spectrum Disorders (ASD) Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig (SCIGI)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
90284	Medical Infusion / Specialty Drug	SCIG	RX504.003	Inmunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
90378	Medical Infusion / Specialty Drug	Synagis (palivizumab)	RX504.009	Respiratory Syncytial Virus (RSV) Immunoprophylaxis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
C9098	Medical Infusion / Specialty Drug	Carvykti (ciltacabtagene autoleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
C9257	Medical Infusion / Specialty Drug	Avastin (bevacizumab)	OTH903.027 OTH903.020 OTH903.015	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0129	Medical Infusion / Specialty Drug	Orencia (abatacept)	RX501.113 RX501.096	Abatacept Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0180	Medical Infusion / Specialty Drug	Fabrazyme (agalsidase beta)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0202	Medical Infusion / Specialty Drug	Lemtrada (alemtuzumab)	RX501.077	Alemtuzumab	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0221	Medical Infusion / Specialty Drug	Lumizyme (alglucosidase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0222	Medical Infusion / Specialty Drug	Onpattro (patisiran)	RX501.096 RX501.102	Specialty Medication Administration Site of Care Patisiran (Onpattro)	Infusion Site of Care	Prior Authorization required through BCBS.
J0223	Medical Infusion / Specialty Drug	Givlaari (givosiran)	RX501.125 RX501.096	Givosiran Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0490	Medical Infusion / Specialty Drug	Benlysta (belimumab)	RX501.116 RX501.096	Belimumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0517	Medical Infusion / Specialty Drug	Fasenra (benralizumab)	RX501.100 RX501.096	Benralizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0565	Medical Infusion / Specialty Drug	Zinplava (bezlotoxumab)	RX501.093	Bezlotoxumab	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0567 J0584	Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Brineura (cerliponase alfa) Crysvita (burosumab-twza)	RX501.092 RX502.058	Cerliponase alfa Burosumab-twza	Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through BCBS. Prior Authorization required through BCBS.
10585			RX501.096 RX501.019	Specialty Medication Administration Site of Care Botulinum Toxin	Provider Administered Drug Therapy	
	Medical Infusion / Specialty Drug	Botox (onabotulinumtoxinA)	MED201.014	Treatment of Hyperhidrosis		Prior Authorization required through BCBS.
J0586	Medical Infusion / Specialty Drug	Dysport (abobotulinumtoxinA) Myoblos (rimabotulinumtoxinB)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis Rotulinum Toxin	Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0587	Medical Infusion / Specialty Drug	Myobloc (rimabotulinumtoxinB)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis Rotulinum Toxin		Prior Authorization required through BCBS.
J0588 J0598	Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Xeomin (incobotulinumtoxinA) Cinryze (C1 esterase inhibitor)	RX501.019 MED201.014 RX504.013	Botulinum Toxin Treatment of Hyperhidrosis Management of Hereditary Angioedema	Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through BCBS. Prior Authorization required through BCBS.
			RX501.096	(HAE) with C1 Esterase Inhibitor, Human and Ecallantide Specialty Medication Administration Site of Care		

J0638	Medical Infusion / Specialty Drug	llaris (canakinumab)	RX501.119 RX501.096	Canakinumab Specialty Medication Administration Site	Infusion Site of Care	Prior Authorization required through BCBS.
J0641	Medical Infusion / Specialty Drug	Fusilev_(Levoleucovorin Calcium)	AIM	of Care AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J0642	Medical Infusion / Specialty Drug	Khapzory_(Levoleucovorin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J0717	Medical Infusion / Specialty Drug	Cimzia (certolizumab pegol)	RX501.111	Certolizumab Pegol	Infusion Site of Care	Prior Authorization required through BCBS.
30717	Wedical illusion / Specialty Drug	Cinizia (certolizurias pegor)	RX501.096	Specialty Medication Administration Site of Care	inusion site of care	Prior Authorization required through BCDS.
J0775	Medical Infusion / Specialty Drug	Xiaflex (collagenase, clostridium histolyticum)	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0791	Medical Infusion / Specialty Drug	Adakveo (crizanlizumab-tmca)	RX501.126 RX501.096	Crizanlizumab-tmca Specialty Medication Administration Site	Infusion Site of Care	Prior Authorization required through BCBS.
J0881	Medical Infusion / Specialty Drug	Non-ESRD, Aranesp_(Darbepoetin alfa)	AIM RX501.069	of Care AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Provider Administered Drug TherapyMedi	caAOMooilbgy-&eSupprpreste Carroncology 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.
J0882	Medical Infusion / Specialty Drug	ESRD, Aranesp_(Darbepoetin alfa)	AIM RX501.069	AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J0885	Medical Infusion / Specialty Drug	Non-ESRD, Epogen/Procrit_(Epoetin Alfa)	AIM RX501.069	AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Provider Administered Drug TherapyMedi	caAMooili graesupprueste Coroncology 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.
J0888	Medical Infusion / Specialty Drug	Mircera (pegylated-epoetin beta)	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0896	Medical Infusion / Specialty Drug	Reblozyl_(Luspatercept-aamt)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
10897	Medical Infusion / Specialty Drug	Injection, denosumab, 1 mg Prolia/Xgeva_(Denosumab)	RX501.140 AIM	Denosumab (Prolia & Xgeva) AIM Clinical Guidelines	Provider Administered Drug TherapyMedi	caADAooilbgv&eSuppppresse Correncology 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
J1290	Medical Infusion / Specialty Drug	Kalbitor (ecallantide)	RX504.013 RX501.096	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide Specialty Medication Administration Site	Infusion Site of Care	Prior Authorization required through BCBS.
J1300	Medical Infusion / Specialty Drug	Soliris (eculizumab)	RX501.066 RX501.096	of Care Eculizumab Specialty Medication Administration Site	Infusion Site of Care	Prior Authorization required through BCBS.
J1301	Medical Infusion / Specialty Drug	Radicava (edaravone)	RX501.095 RX501.096	of Care Edaravone Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J1303	Medical Infusion / Specialty Drug	Ultomiris (ravulizumab-cwvz)	RX501.107 RX501.096	Ravulizumab-cwvz Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J1322	Medical Infusion / Specialty Drug	Vimizim (elosulfase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J1325	Medical Infusion / Specialty Drug	Flolan, Veletri (epoprostenol)	RX501.056	Advanced Therapies for Pharmacologic	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J1428	Medical Infusion / Specialty Drug	Exondys 51 (eteplirsen)	RX501.084	Treatment of Pulmonary Hypertension Eteplirsen	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J1442	Medical Infusion / Specialty Drug	Neupogen_(Filgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J1447	Medical Infusion / Specialty Drug	Granix_(Tbo-Filgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J1448	Medical Infusion / Specialty Drug	Cosela (trilaciclib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J1458			RX501.067		Infusion Site of Care	
11458	Medical Infusion / Specialty Drug	Naglazyme (galsulfase)	RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	intusion Site of Care	Prior Authorization required through BCBS.
J1459	Medical Infusion / Specialty Drug	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	AIM RX504.003 RX501.096	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig (SCIG)) Specialty Medication Administration Site of Care	Infusion Site of CareMedical Oncology & S	suphbrished Carriew 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	Medical Infusion / Specialty Drug	Cuvitru_(Immune Globulin (Human) Subcutaneous)	AIM RX504.003 RX501.096	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig (SCIG) Specialty Medication Administration Site of Care	Infusion Site of CareMedical Oncology & S	supportive Gaview requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1556	Medical Infusion / Specialty Drug	Bivigam_(Injection, immune globulin, 500 mg)	AIM RX504.003 RX501.096	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site	Infusion Site of CareMedical Oncology & S	Suphbrishid Cariew requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1557	Medical Infusion / Specialty Drug	(Gammaplex_(Injection, immune globulin, , intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.097	of Care AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site	Infusion Site of CareMedical Oncology & S	supphrtiwil Gavew requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1558	Medical Infusion / Specialty Drug	Xembify_(Injection, immune globulin , 100 mg)	AIM RX504.003 RX501.098	of Care AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site	Infusion Site of CareMedical Oncology & S	surplive table Caurew 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	Medical Infusion / Specialty Drug	Hizentra_(Injection, immune globulin , 100 mg)	AIM RX504.003 RX501.099	of Care AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of CareMedical Oncology & S	supplintivité Eaview requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1561	Medical Infusion / Specialty Drug	Gamunex/Gamunex- C/Gammaked_(Injection, immune globulin, , nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.100	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site	Infusion Site of CareMedical Oncology & S	supported Caview 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.
J1562	Medical Infusion / Specialty Drug	Vivaglobin (immune globulin subcutaneous)	RX504.003	of Care Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J1566	Medical Infusion / Specialty Drug	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	AIM RX504.003 RX501.101	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site	Infusion Site of CareMedical Oncology & S	Supphrtiwit Gaview requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.

J1568						
	Medical Infusion / Specialty Drug	Octagam_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.102	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig (SCIG]) Specialty Medication Administration Site	Infusion Site of CareMedical Oncology & S	suphbrishid Carlew requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1569	Medical Infusion / Specialty Drug	Gammagard liquid_(Injection, immune globulin,, intravenous, nonlyophilized, (e.g., liquid), 500 mg)	AIM RX504.003 RX501.103	of Care AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Infusion Site of CareMedical Oncology & S	Supportive Cavinew requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1572	Medical Infusion / Specialty Drug			Specialty Medication Administration Site of Care AIM Clinical Guidelines	Infusion Site of CareMedical Oncology & S	Su pplotnivili Garie w requests for oncology drugs that
		immune globulin, 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		are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1575	Medical Infusion / Specialty Drug	Hyqvia_(Injection, immune globulin/hyaluronidase, , 100 mg immuneglobulin)	AIM RX504.003 RX501.105	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site	Infusion Site of CareMedical Oncology & S	supportivit faview 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 Infusion / Specialty Drug	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	AIM RX504.003	of Care AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIGI)	Provider Administered Drug TherapyMedi	caAOMooili gy-Re-Suprpresse Carrencology 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.
J1602	Medical Infusion / Specialty Drug	Simponi Aria (golimumab)	RX501.112 RX501.096	Golimumab Specialty Medication Administration Site	Infusion Site of Care	Prior Authorization required through BCBS.
J1675	Medical Infusion / Specialty Drug	histrelin acetate	RX501.041	of Care Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J1726	Medical Infusion / Specialty Drug	Makena (hydroxyprogesterone caproate)	RX501.062	Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J1743	Medical Infusion / Specialty Drug	Elaprase (idursulfase)	RX501.067 RX501.096	Pregnancies Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site	Infusion Site of Care	Prior Authorization required through BCBS.
J1745	Medical Infusion / Specialty Drug	Remicade (infliximab)	THE801.028 RX501.051 RX501.096	of Care Acne Management Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J1746	Medical Infusion / Specialty Drug	Trogarzo (ibalizumab-uiyk)	RX501.099 RX501.096	Ibalizumab-uiyk Specialty Medication Administration Site	Infusion Site of Care	Prior Authorization required through BCBS.
J1786	Medical Infusion / Specialty Drug	Cerezyme (imiglucerase)	RX501.067 RX501.096	of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site	Infusion Site of Care	Prior Authorization required through BCBS.
J1931	Medical Infusion / Specialty Drug	Aldurazyme (laronidase)	RX501.067 RX501.096	of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J1950	Medical Infusion / Specialty Drug	Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, per 3.75 mg)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J2182	Medical Infusion / Specialty Drug	Nucala (mepolizumab)	RX501.080 RX501.096	Mepolizumab Specialty Medication Administration Site	Infusion Site of Care	Prior Authorization required through BCBS.
J2278	Medical Infusion / Specialty Drug	Prialt (ziconotide)	RX501.060	of Care Ziconotide	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J2323	Medical Infusion / Specialty Drug	Tysabri (natalizumab)	RX501.059 RX501.096	Natalizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J2326	Medical Infusion / Specialty Drug	Spinraza (nusinersen)	RX501.086	Nusinersen	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J2350	Medical Infusion / Specialty Drug	Ocrevus (ocrelizumab)	RX501.085 RX501.096	Ocrelizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J2357	Medical Infusion / Specialty Drug	Xolair (omalizumab)	RX501.058	Omalizumab	Infusion Site of Care	Prior Authorization required through BCBS.
J2502			RX501.096	Specialty Medication Administration Site of Care		
	Medical Infusion / Specialty Drug	Signifor LAR (pasireotide)	RX501.079	of Care Pasireotide	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J2506 J2507	Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Signifor LAR (pasireotide) Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim) Krystexsa (pegloticase)		of Care	Provider Administered Drug Therapy Medical Oncology & Supportive Care Infusion Site of Care	Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS.
J2507	Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim) Krystexxa (pegloticase)	RX501.079 AIM RX501.120 RX501.096	of Care Pasireotide AIM Clinical Guidelines Pegloticase Specialty Medication Administration Site of Care	Medical Oncology & Supportive Care Infusion Site of Care	Prior Authorization required through AIM. Prior Authorization required through BCBS.
J2507 J2562	Medical Infusion / Specialty Drug	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim)	RX501.079 AIM RX501.120 RX501.096 RX502.061 RX501.083	of Care Pasireotide AIM Clinical Guidelines Pegloticase Specialty Medication Administration Site of Care Oncologic Medications Resilzumab	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J2507 J2562	Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim) Krystexxa (pegloticase) Mozobil (plerixafor)	RX501.079 AIM RX501.120 RX501.096	of Care Pasireotide AIM Clinical Guidelines Pegloticase Specialty Medication Administration Site of Care Oncologic Medications	Medical Oncology & Supportive Care Infusion Site of Care Provider Administered Drug Therapy	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
12507 12562 12786	Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim) Krystexxa (pegloticase) Mozobil (plerixafor)	RX501.079 AIM RX501.120 RX501.096 RX502.061 RX501.083 RX501.096 AIM RX501.067	of Care Pasireotide AIM Clinical Guidelines Pegloticase Specialty Medication Administration Site of Care Oncologic Medications Resilizumab Specialty Medication Administration Site of Care AIM Clinical Guidelines Enzyme-Replacement Therapy for	Medical Oncology & Supportive Care Infusion Site of Care Provider Administered Drug Therapy	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
12507 12562 12786 12820 12840	Medical Infusion / Specialty Drug	Neulasta_(Pegfilgrastim) Neulasta Onpro Rit (Pegfilgrastim) Krystexxa (pegloticase) Mozobil (plerixafor) Cinqair (reslizumab) Leukine_(Sargramostim) Kanuma (sebelipase alfa)	RX501.079 AIM RX501.120 RX501.096 RX502.061 RX501.083 RX501.096 AIM RX501.067 RX501.096	of Care Pasireotide AIM Clinical Guidelines Pegloticase Specialty Medication Administration Site of Care Oncologic Medications Resilzumab Specialty Medication Administration Site of Care AIM Clinical Guidelines Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Medical Oncology & Supportive Care Infusion Site of Care Provider Administered Drug Therapy Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS.
12507 12562 12786 12820 12840	Medical Infusion / Specialty Drug Medical Inf	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim) Krystexxa (pegloticase) Mozobil (plerixafor) Cinqair (reslizumab) Leukine_(Sargramostim) Kanuma (sebelipase alfa) Sylvant_(Siltuximab)	RX501.079 AIM RX501.120 RX501.096 RX502.061 RX501.083 RX501.096 AIM AIM	of Care Pasireotide AIM Clinical Guidelines Pegloticase Specialty Medication Administration Site of Care Oncologic Medications Resilzumab Specialty Medication Administration Site of Care AIM Clinical Guidelines Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care AIM Clinical Guidelines	Medical Oncology & Supportive Care Infusion Site of Care Provider Administered Drug Therapy Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS.
12562 12786 12820	Medical Infusion / Specialty Drug	Neulasta_(Pegfilgrastim) Neulasta Onpro Rit (Pegfilgrastim) Krystexxa (pegloticase) Mozobil (plerixafor) Cinqair (reslizumab) Leukine_(Sargramostim) Kanuma (sebelipase alfa)	RX501.079 AIM RX501.120 RX501.096 RX502.061 RX501.083 RX501.096 AIM RX501.067 RX501.096 AIM RX501.040 RX501.040 RX501.124	of Care Pasireotide AIM Clinical Guidelines Pegloticase Speciality Medication Administration Site of Care Oncologic Medications Resizumab Specialty Medication Administration Site of Care AIM Clinical Guidelines Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care AIM Clinical Guidelines Human Growth Hormone (GH) Eptinezumab-jimr	Medical Oncology & Supportive Care Infusion Site of Care Provider Administered Drug Therapy Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS.
12507 12562 12786 12820 12840 12860 12941	Medical Infusion / Specialty Drug	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim) Krystexxa (pegloticase) Mozobil (plerixafor) Cinqair (reslizumab) Leukine_(Sargramostim) Kanuma (sebelipase alfa) Sylvant_(Siltuximab) Humatrope, Salzen (somatropin)	RX501.079 AIM RX501.120 RX501.096 RX502.061 RX501.083 RX501.096 AIM RX501.067 RX501.096	of Care Pasireotide AIM Clinical Guidelines Pegloticase Specialty Medication Administration Site of Care Oncologic Medications Resilizumab Specialty Medication Administration Site of Care AIM Clinical Guidelines Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care AIM Clinical Guidelines Human Growth Hormone (GH)	Medical Oncology & Supportive Care Infusion Site of Care Provider Administered Drug Therapy Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Provider Administered Drug Therapy	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
12507 12562 12786 12820 12840 12860 12941 13032	Medical Infusion / Specialty Drug	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim) Krysteoxa (pegloticase) Mozobil (plerixafor) Cinqair (reslizumab) Leukine_(Sargramostim) Kanuma (sebelipase alfa) Sylvant_(Siltuximab) Humatrope, Salzen (somatropin) Vyepti (eptinezumab-ijmr)	RX501.079 AIM RX501.120 RX501.096 RX502.061 RX501.083 RX501.096 AIM RX501.067 RX501.067 RX501.096 AIM RX501.040 RX501.040 RX501.096 RX501.096	of Care Pasireotide AIM Clinical Guidelines Pegloticase Specialty Medication Administration Site of Care Oncologic Medications Resitzumab Specialty Medication Administration Site of Care AIM Clinical Guidelines Enzyme-Replacement Therapy for Lysosmal Storage Disorders Specialty Medication Administration Site of Care AIM Clinical Guidelines Human Growth Hormone (GH) Eptinezumab-jimr Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosmal Storage Disorders Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosmal Storage Disorders Specialty Medication Administration Site of Care Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Medical Oncology & Supportive Care Infusion Site of Care Provider Administered Drug Therapy Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
12507 12562 12786 12820 12840 12860 12941 13032 13060	Medical Infusion / Specialty Drug	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim) Krysteoxa (pegioticase) Mozobil (plerixafor) Cinqair (reslizumab) Leukine_(Sargramostim) Kanuma (sebelipase alfa) Sylvant_(Siltuximab) Humatrope, Saizen (somatropin) Vyepti (eptinezumab-ijmr) Elelyso (taliglucerase alfa)	RX501.079 AIM RX501.120 RX501.096 RX502.061 RX501.083 RX501.096 AIM RX501.067 RX501.096 AIM RX501.040 RX501.040 RX501.040 RX501.096 SUR717.001	of Care Pasireotide AIM Clinical Guidelines Pegloticase Specialty Medication Administration Site of Care Oncologic Medications Resilizumab Specialty Medication Administration Site of Care AIM Clinical Guidelines Enzyme-Replacement Therapy for Lysosmal Storage Disorders Specialty Medication Administration Site of Care AIM Clinical Guidelines Human Growth Hormone (GH) Eptinearumab-jinr Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosmal Storage Disorders Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosmal Storage Disorders Specialty Medication Administration Site of Care Gender Assignment Surgery with Related Services Trestosterone-Reolacement Therapies Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Medical Oncology & Supportive Care Infusion Site of Care Provider Administered Drug Therapy Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care Infusion Site of Care Infusion Site of Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS.
12562 12786 12820 12840 12860 12941 13032	Medical Infusion / Specialty Drug	Neulasta_(Pegfilgrastim) Neulasta Onpro Rit. (Pegfilgrastim) Krystexa (pegloticase) Mozobil (plerixafor) Cinqair (reslizumab) Leukine_(Sargramostim) Kanuma (sebelipase alfa) Sylvant_(Siltuximab) Humatrope, Saizen (somatropin) Vyepti (eptinezumab-jjmr) Elelyso (taliglucerase alfa)	RX501.079 AIM RX501.120 RX501.096 RX501.083 RX501.096 AIM RX501.067 RX501.096 AIM RX501.096 AIM RX501.096 AIM SUBJECT OF TREATMENT OF	of Care Pasireotide AIM Clinical Guidelines Pegloticase Specialty Medication Administration Site of Care Oncologic Medications Resilzumab Specialty Medication Administration Site of Care AIM Clinical Guidelines Enzyme-Replacement Therapy for Lysosmal Storage Disorders Specialty Medication Administration Site of Care AIM Clinical Guidelines Indical Guidelines Human Growth Hormone (GH) Eptinezumab-jimr Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosmal Storage Disorders Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosmal Storage Disorders Specialty Medication Administration Site of Care Gender Assignment Surgery with Related Services Testosterone Replacement. Therapies Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies Sender Assignment Surgery with Related Services Testosterone Replacement Therapies Specialty Medication Administration Site of Care	Medical Oncology & Supportive Care Infusion Site of Care Provider Administered Drug Therapy Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care Infusion Site of Care Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS.
12507 12562 12786 12820 12840 12860 12941 13032 13060 13121	Medical Infusion / Specialty Drug	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim) Krystexa (pegloticase) Mozobil (plerixafor) Cinqair (reslizumab) Leukine_(Sargramostim) Kanuma (sebelipase alfa) Sylvant_(Siltuximab) Humatrope, Saizen (somatropin) Vyepti (eptinezumab-jjmr) Elelyso (taliglucerase alfa) testosterone enanthate Aveed (testosterone undecanoate)	RX501.079 AIM RX501.120 RX501.096 RX502.061 RX501.083 RX501.096 AIM RX501.067 RX501.096 AIM RX501.040 RX501.124 RX501.096 SUR717.001 RX501.076 SUR717.001 RX501.076 RX501.076	of Care Pasireotide AIM Clinical Guidelines Pegloticase Specialty Medication Administration Site of Care Oncologic Medications Resizumab Specialty Medication Administration Site of Care AIM Clinical Guidelines Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care AIM Clinical Guidelines Human Growth Hormone (GH) Eptinezumab-jimr Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies Gender Assignment Surgery with Related Services Testosterone Replacement Therapies Specialty Medication Administration Site of Care Teprotumumab Specialty Medication Administration Site of Care	Medical Oncology & Supportive Care Infusion Site of Care Provider Administered Drug Therapy Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care Infusion Site of Care Provider Administered Drug Therapy Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
12507 12562 12786 12820 12840 12840 12941 13032 13060 13121	Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim) Krysteoxa (pegioticase) Mozobil (plerixafor) Cinqair (resilizumab) Leukine_(Sargramostim) Kanuma (sebelipase alfa) Sylvant_(Siltuximab) Humatrope, Saizen (somatropin) Vyepti (eptinezumab-jjmr) Elelyso (taliglucerase alfa) testosterone enanthate Aveed (testosterone undecanoate) Tepezza (teprotumumab-trbw)	RX501.079 AIM RX501.120 RX501.096 RX501.096 RX501.083 RX501.096 AIM RX501.067 RX501.096 AIM RX501.040 RX501.124 RX501.096 SUR717.001 RX501.076 RX501.076 RX501.076 RX501.076 RX501.076 RX501.096 RX501.096	of Care Pasireotide AIM Clinical Guidelines Pegloticase Specialty Medication Administration Site of Care Oncologic Medications Resizumab Specialty Medication Administration Site of Care AIM Clinical Guidelines Enzyme-Replacement Therapy for Lysosmal Storage Disorders Specialty Medication Administration Site of Care AIM Clinical Guidelines Enzyme-Replacement Therapy for Lysosmal Storage Disorders Specialty Medication Administration Site of Care AIM Clinical Guidelines Human Growth Hormone (GH) Eptinezumab-jimr Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosmal Storage Disorders Specialty Medication Administration Site of Care Gender Assignment Surgery with Related Services Testosterone Replacement Therapies Gender Assignment Surgery with Related Services Testosterone Replacement Therapies Specialty Medication Administration Site of Care Terprotumumab Specialty Medication Administration Site Of Care	Medical Oncology & Supportive Care Infusion Site of Care Provider Administered Drug Therapy Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care Provider Administered Drug Therapy Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS.

J3315						
1	Medical Infusion / Specialty Drug	Trelstar (triptorelin pamoate)	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
				Agonists and Antagonists		
J3358	Medical Infusion / Specialty Drug	Stelara (ustekinumab for intravenous use)	RX501.096 RX501.114	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
				Ustekinumab		
J3380	Medical Infusion / Specialty Drug	Entyvio (vedolizumab)	RX501.096 RX501.117	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
				Vedolizumab		
J3385	Medical Infusion / Specialty Drug	Vpriv (velaglucerase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBS.
			10.302.030	Specialty Medication Administration Site		
J3397	Medical Infusion / Specialty Drug	Mepsevii (vestronidase alfa-vjbk)	RX501.067	of Care Enzyme-Replacement Therapy for	Infusion Site of Care	Prior Authorization required through BCBS.
13337	Wedical illusion / Specialty Drug	iviepsevii (vesti oliidase alia-vjbk)	RX501.096	Lysosomal Storage Disorders	illusion site of care	Frior Addionization required through BCB3.
				Specialty Medication Administration Site		
J3398	Medical Infusion / Specialty Drug	Luxturna (voretigene neparvovec-rzyl)	RX501.098	of Care Gene Therapy for Inherited Retinal	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
10000			DUE 04 4 04	Dystrophy	Paradalan Adaptatatanad Dava Tharras	
13399	Medical Infusion / Specialty Drug	Zolgensma (onasemnogene abeparvovec- xioi)	KX501.104	Onasemnogene Abeparvovec-xioi	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J7178	Medical Infusion / Specialty Drug	RiaSTAP (human fibrinogen concentrate)	RX501.072	Human Fibrinogen Concentrate (RiaSTAP	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J7340	Medical Infusion / Specialty Drug	Duopa (carbidopa/levodopa enteral	RX504.015	and Fibryga) Levodopa-Carbidopa Enteral Suspension	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
		suspension)		(e.g. Duopa) for The Treatment of		
J9022	Medical Infusion / Specialty Drug	Tecentriq_(Atezolizumab)	AIM	Parkinson Disease. AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9023	Medical Infusion / Specialty Drug	Bavencio_(Avelumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9035	Medical Infusion / Specialty Drug	Avastin_(Bevacizumab)	AIM	AIM Clinical Guidelines	Provider Administered Drug TherapyMedic	ca AtMoolibgyv&e9uppppreiste Carre ncology drugs that
			OTH903.027	Intravitreal Angiogenesis Inhibitors for		are supported by an oncology diagnosis. If the drug
			OTH903.020 OTH903.015	Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for		requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
				Choroidal Vascular Conditions		
				Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)		
J9037	Medical Infusion / Specialty Drug	Blenrep (Belantamab mafodotin-blmf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19039	Medical Infusion / Specialty Drug	Blincyto_(Blinatumomab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9042	Medical Infusion / Specialty Drug	Adcetris_(Brentuximab vedotin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9043	Medical Infusion / Specialty Drug	Jevtana_(Cabazitaxel)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9047	Medical Infusion / Specialty Drug	Kyprolis _(Carfilzomib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9055	Medical Infusion / Specialty Drug	Erbitux_(Cetuximab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9057	Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Aliqopa_(Copanlisib)	AIM	AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9061 J9119	Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Amivantamab-vmjw	AIM	AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM
J9119 J9144	Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Libtayo (Cemiplimab-rwlc) Darzalex-Faspro_(Daratumumab-	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.
39144	wiedical illusion / Specialty Drug	hyaluronidase-fijh)	Alivi	Ally Cillical Guidelines	iviedical Olicology & Supportive Care	Prior Authorization required through Alivi.
J9145	Medical Infusion / Specialty Drug	Darzalex_(Daratumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9155	Medical Infusion / Specialty Drug	Firmagon (degarelix)	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
			KX501.041	Agonists and Antagonists		
J9173	Medical Infusion / Specialty Drug	Imfinzi_(Durvalumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9176	Medical Infusion / Specialty Drug	Empliciti_(Elotuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9177	Medical Infusion / Specialty Drug	Padcev_(Fam-trastuzumab deruxtecan- nxki)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9179	Medical Infusion / Specialty Drug	Halaven_(Eribulin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9202						
	Medical Infusion / Specialty Drug	Zoladex (goserelin acetate implant)	RX501.041	Gonadotropin-Releasing Hormone (GnRH)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J9203			RX501.041 AIM	Agonists and Antagonists		
J9203 J9204	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin)			Medical Oncology & Supportive Care	Prior Authorization required through AIM.
			AIM	Agonists and Antagonists AIM Clinical Guidelines		
J9204	Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab- kpkc)	AIM AIM	Agonists and Antagonists AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through AIM.
J9204 J9205	Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab- kpkc) Onivyde_(Irinotecan liposome)	AIM AIM	Agonists and Antagonists AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM.
J9204 J9205 J9207	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) kæmpra_(kabepillone) Eligard, tupron Depot, tupron Depot-Ped (leuprolide acetate, for depot suspension,	AIM AIM AIM	Agonists and Antagonists AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AlM.
J9204 J9205 J9207	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_((rinotecan liposome) kempra_(kabepilone) Eligard, Lupron Depot, Lupron Depot-Ped	AIM AIM AIM	Agonists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH)	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Prior Authorization required through AlM.
J9204 J9205 J9207 J9217	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) txempra_(Ixabepilone) Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 me) leuprolide acetate, non depot	AIM AIM AIM AIM RX501.041	Agonists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through AIM. Prior Authorization required through BCBS.
J9204 J9205 J9207 J9217	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) Ixempra_(Ixabepilone) Eligard, Lupron Depot, Lupron Depot-Ped (Ieuprolide acetate, for depot suspension, 7.5 me)	AIM AIM AIM AIM RXS01.041	Agenists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH)	Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through AlM. Prior Authorization required through BCBS.
J9204 J9205 J9207 J9217 J9218 J9219	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) txempra_(Ixabepilone) Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 me) leuprolide acetate, non depot Viadur (leuprolide acetate implant) Zepzelca_(Lurbinectedin)	AIM AIM AIM AIM RX501.041 RX501.041 AIM AIM RX501.041 RX501.041	Agenists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AIM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
J9204 J9205 J9207 J9217 J9218	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) txempra_(Ixabepilone) Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 me) leuprolide acetate, non depot Viadur (leuprolide acetate implant)	AIM AIM AIM AIM RX501.041 RX501.041 RX501.041 AIM RX502.061	Agenists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Alm Clinical Guidelines Oncology Medications	Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
J9204 J9205 J9207 J9217 J9218 J9219 J9223 J9225	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) ksempra_(Isabepilone) Eligard, tupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7,5 me). leuprolide acetate, non depot Viadur (leuprolide acetate implant) Zepzelca_(Lurbinectedin) Vantas (histrelin implant)	AIM AIM AIM AIM RX501.041 RX501.041 RX501.041 AIM RX502.061 RX501.041	Agonists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Alm Clinical Guidelines Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
J9204 J9205 J9207 J9217 J9218 J9219	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) txempra_(Ixabepilone) Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 me) leuprolide acetate, non depot Viadur (leuprolide acetate implant) Zepzelca_(Lurbinectedin)	AIM AIM AIM AIM RX501.041 RX501.041 RX501.041 AIM RX502.061	Agenists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AIM Clinical Guidelines Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists	Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
J9204 J9205 J9207 J9217 J9218 J9219 J9223 J9225	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) ksempra_(Isabepilone) Eligard, tupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7,5 me). leuprolide acetate, non depot Viadur (leuprolide acetate implant) Zepzelca_(Lurbinectedin) Vantas (histrelin implant)	AIM AIM AIM AIM RX501.041 RX501.041 RX501.041 AIM RX502.061 RX501.041	Agonists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Alm Clinical Guidelines Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy	Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through BCBS.
J9204 J9205 J9207 J9217 J9218 J9219 J9223 J9225	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) Ixempra_(Ixabepilone) Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 me) leuprolide acetate, non depot Viadur (leuprolide acetate implant) Zepzelca_(Lurbinectedin) Vantas (histrelin implant) Supprelin LA (histrelin implant)	AIM AIM AIM AIM RX501.041 RX501.041 AIM RX501.041 AIM RX502.061 RX501.041 RX501.041	Agenists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AIM Clinical Guidelines Oncology Medications Conadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists	Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through BCBS.
J9204 J9205 J9207 J9217 J9218 J9219 J9223 J9225 J9226	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) kempra_(Ikabepilione) Eligard, tupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5.me) leuprolide acetate, non depot Viadur (leuprolide acetate implant) Zepzelca_(Lurbinectedin) Vantas (histrelin implant) Supprelin LA (histrelin implant) Sarclisa_(Isatuximab-irfc)	AIM AIM AIM AIM RX501.041 RX501.041 RX501.041 AIM RX502.061 RX501.041 AIM AIM AIM AIM AIM AIM AIM AIM AIM AI	Agenists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AIM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy 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 BCBS.
J9204 J9205 J9207 J9217 J9218 J9219 J9223 J9225 J9226 J9227 J9228	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) kempra_(Isabepilone) Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5. me). Ieuprolide acetate, non depot Viadur (leuprolide acetate implant) Zepzelca_(Lurbinectedin) Vantas (histrelin implant) Supprelin LA (histrelin implant) Sarciisa_(Isatuximab-irfc) Yervoy_(Ipilimumab) Besponsa_(Inotuzumab ozogamicin) Abaxane_(Paciltaxel protein-bound	AIM AIM AIM AIM RX501.041 RX501.041 RX501.041 AIM RX502.061 RX501.041 AIM AIM AIM AIM AIM	Agenists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AIM Clinical Guidelines Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AIM Clinical Guidelines AlM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS.
J9204 J9205 J9207 J9217 J9218 J9219 J9223 J9225 J9226 J9227 J9228 J9229	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) ksempra_(Isabepillone) Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 me) leuprolide acetate, non depot Viadur (leuprolide acetate implant) Zepzelca_(Lurbinectedin) Vantas (histrelin implant) Supprelin LA (histrelin implant) Sarcilisa_(Isatuximab-irfc) Yervoy_(Ipilimumab) Besponsa_(Inotuzumab ozogamicin) Abraxane_(Paclitaxel protein-bound particles)	AIM AIM AIM AIM RX501.041 RX501.041 RX501.041 AIM RX501.041 AIM RX501.041 AIM AIM AIM AIM AIM	Agenists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AIM Clinical Guidelines Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through AIM.
J9204 J9205 J9207 J9217 J9218 J9218 J9223 J9225 J9226 J9226 J9228 J9229 J9264 J9269	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab azogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) Ikempra_(Ixabepilone) Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 me) Ieuprolide acetate, non depot Viadur (leuprolide acetate implant) Zepzelca_(Lurbinectedin) Vantas (histrelin implant) Supprelin LA (histrelin implant) Sarclisa_(Isatuximab-irfc) Yervoy_(Ipilimumab) Besponsa_(Inotuzumab ozogamicin) Abraxane_(Paciltaxel protein-bound paarticles) Elzonris_(Tagraxofusp-erzs)	AIM AIM AIM AIM RX501.041 RX501.041 RX501.041 AIM RX502.061 RX501.041 AIM AIM AIM AIM AIM AIM AIM AIM AIM	Agenists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AIM Clinical Guidelines Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AlM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through AIM.
J9204 J9205 J9207 J9217 J9218 J9219 J9223 J9225 J9226 J9227 J9228 J9229 J9264	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) ksempra_(Isabepillone) Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 me) leuprolide acetate, non depot Viadur (leuprolide acetate implant) Zepzelca_(Lurbinectedin) Vantas (histrelin implant) Supprelin LA (histrelin implant) Sarcilisa_(Isatuximab-irfc) Yervoy_(Ipilimumab) Besponsa_(Inotuzumab ozogamicin) Abraxane_(Paclitaxel protein-bound particles)	AIM AIM AIM RX501.041 RX501.041 RX501.041 AIM RX501.041 AIM AIM AIM AIM AIM AIM AIM AIM AIM AI	Agenists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AIM Clinical Guidelines Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AIM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through AIM.
J9204 J9205 J9207 J9217 J9218 J9219 J9223 J9225 J9226 J9227 J9228 J9229 J9264 J9269 J9271	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) ksempra_(Isabepilone) Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7,5 me). Ideuprolide acetate, non depot Viadur (leuprolide acetate implant) Zepzelca_(Lurbinectedin) Vantas (histrelin implant) Supprelin LA (histrelin implant) Sarciisa_(Isatuximab-irfc) Yervoy_((plilimumab) Besponsa_(Inotuzumab ozogamicin) Abraxane_(Paciltaxel protein-bound particles) Elzonris_(Tagraxofusp-erzs) Keytruda_(Pembrolizumab)	AIM AIM AIM AIM AIM RX501.041 RX501.041 AIM RX502.061 RX501.041 AIM AIM AIM AIM AIM AIM AIM AIM AIM AI	Agenists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AIM Clinical Guidelines Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AIM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through AIM.
J9204 J9205 J9207 J9217 J9218 J9219 J9223 J9225 J9226 J9227 J9228 J9229 J9264 J9269 J9271 J9272	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) Ikempra_(Ikabepilione) Eligard, tupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5.me) Ieuprolide acetate, non depot Viadur (leuprolide acetate implant) Zepzelca_(Lurbinectedin) Vantas (histrelin implant) Supprelin LA (histrelin implant) Sarcilsa_(Isatuximab-irfc) Yervov_(Ipilimumab) Besponsa_(Inotuzumab ozogamicin) Abraxane_(Paciltaxel protein-bound particles) Etzonris_(Tagraxofusp-erzs) Keytruda_(Dembrolizumab) Dostarlimab-gxly	AIM AIM AIM AIM AIM RX501.041 RX501.041 AIM RX502.061 RX501.041 AIM AIM AIM AIM AIM AIM AIM AIM AIM AI	Agenists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AIM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through AIM.
J9204 J9205 J9207 J9217 J9218 J9219 J9223 J9225 J9226 J9227 J9228 J9229 J9264 J9264 J9269 J9271 J9272	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) kxempra_(Ikabepilone) Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 me) leuprolide acetate, non depot Viadur (leuprolide acetate implant) Zepzelca_(Lurbinectedin) Vantas (histrelin implant) Supprelin LA (histrelin implant) Sarcilsa_(Isatuximab-irfc) Vervoy_(Ipilimumab) Besponsa_(Inottuzumab ozogamicin) Abraxane_(Paciltaxel protein-bound particles) Elzonris_(Tagraxofusp-erz s) Keytruda_(Pembrolizumab) Dostafilmab_exly Tisotumab vedotin-ftv	AIM AIM AIM AIM RX501.041 RX501.041 RX501.041 AIM RX502.061 RX501.041 AIM AIM AIM AIM AIM AIM AIM AIM AIM AI	Agenists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AIM Clinical Guidelines Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AIM Clinical Guidelines Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagonists AIM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through AIM.
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J9204 J9205 J9207 J9217 J9218 J9219 J9223 J9225 J9226 J9227 J9228 J9228 J9229 J9264 J9269 J9271 J9272 J9273 J9273 J9281 J9299 J9301 J9302 J9306 J9308 J9309 J9312 J9313 J9316 J9317 J9331	Medical Infusion / Specialty Drug	Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome) Ixempra_(Ixabepilone) Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7,5.me). Ieluprolide acetate, non depot Viadur (leuprolide acetate implant) Zepzelca_(Lurbinectedin) Vantas (histrelin implant) Supprelin LA (histrelin implant) Sarcilisa_(Isatuximab-irfc) Yervoy_(Iplilimumab) Besponsa_(Inotuzumab ozogamicin) Abraxane_(Paciltaxel protein-bound particles) Elzonris_(Tagraxofusp-erzs) Keytruda_(Pembrolizumab) Dostarlimab-gxly Tisotumab vedotin-fitv Jelimyto_(Mitomycin Gel) Opdivo_(Nivolumab) Gazyva_(Obinutuzumab) Arzerra_(Ofatumumab) Perjeta_(Pertuzumab) Perjeta_(Pertuzumab) Perjeta_(Refuzumab) Polivy (Polatuzumab vedotin-piiq) Rituxan*_(Rituximab) Lumoxiti (Moxetumomab pasudotox-tdfk) Phesgo_(Pertuzumab-Trastuzumab-Hyaluronlidase-zzxf) Trodelvy_(Sacituzumab-govitecan) Fyarro (sirolimus albumin bound nanoparticles)	AIM AIM AIM AIM AIM AIM RX501.041 RX501.041 AIM RX502.061 RX501.041 AIM AIM AIM AIM AIM AIM AIM AIM AIM AI	Agenists and Antagenists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagenists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagenists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagenists Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagenists AIM Clinical Guidelines Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagenists Gonadotropin-Releasing Hormone (GnRH) Agenists and Antagenists AIM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through AIM.
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J9349	Medical Infusion / Specialty Drug	Monjuvi_(Tafasitamab-cxix)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9352	Medical Infusion / Specialty Drug	Yondelis_(Trabectedin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9353	Medical Infusion / Specialty Drug	Margenza_(Margetuximab-cmkb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9354	Medical Infusion / Specialty Drug	Kadcyla_(Ado-Trastuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9355	Medical Infusion / Specialty Drug	Herceptin_(Trastuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9356	Medical Infusion / Specialty Drug	Herceptin Hylecta_(Trastuzumab- hyaluronidase-oysk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9358	Medical Infusion / Specialty Drug	Enhertu_(Fam-trastuzumab deruxtecan- nxki)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19359	Medical Infusion / Specialty Drug	Loncastuximab Tesirine-Ipyl	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q2041	Medical Infusion / Specialty Drug	Yescarta (axicabtagene ciloleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Q2042	Medical Infusion / Specialty Drug	Kymriah (tisagenlecleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Q2043	Medical Infusion / Specialty Drug	Provenge_(Sipuleucel-T)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q2049	Medical Infusion / Specialty Drug	Doxil/Lipodox_(Doxorubicin liposomal)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q2050	Medical Infusion / Specialty Drug	Doxil/Lipodox_(Doxorubicin liposomal)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q2053	Medical Infusion / Specialty Drug	Tecartus (brexucabtagene autoleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Q2054	Medical Infusion / Specialty Drug	Tecartus (brexucabtagene autoleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Q2056	Medical Infusion / Specialty Drug	Ciltacabtagene car pos t	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add (REPLACE C9098 which AMA termed
Q2055	Medical Infusion / Specialty Drug	Abecma (idecabtagene vicleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	10/01/2022) Prior Authorization required through BCBS.
			AIM			
Q4081 Q5101	Medical Infusion / Specialty Drug	ESRD, Epogen/Procrit_(Epoetin Alfa)	AIM	AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	Medical Infusion / Specialty Drug	Zarxio_(Filgrastim-sndz)			Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5103	Medical Infusion / Specialty Drug	Inflectra (infliximab-dyyb)	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Q5104	Medical Infusion / Specialty Drug	Renflexis (infliximab-abda) - NON- PREFERRED	RX501.051 RX501.096	of Care Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Q5105	Medical Infusion / Specialty Drug	Retacrit_(Epoetin alfa-epbx)	AIM RX501.069	AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5106	Medical Infusion / Specialty Drug	Retacrit_(Epoetin alfa-epbx)	AIM RX501.069	AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5107	Medical Infusion / Specialty Drug	Mvasi_(Bevacizumab-awwb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5108	Medical Infusion / Specialty Drug	Fulphila_(Pegfilgrastim-jmdb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5109	Medical Infusion / Specialty Drug	Ixifi (infliximab-qbtx) - NON-PREFERRED	RX501.051	Infliximab and Associated Biosimilars	Infusion Site of Care	Prior Authorization required through BCBS.
Q5110	Medical Infusion / Specialty Drug	Nivestym_(Filgrastim-aafi)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5111	Medical Infusion / Specialty Drug	Udenyca_(Pegfilgrastim-cbqv)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5112	Medical Infusion / Specialty Drug	Ontruzant_(Trastuzumab-dttb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5113	Medical Infusion / Specialty Drug	Herzuma_(Trastuzumab-pkrb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5114	Medical Infusion / Specialty Drug	Ogivri_(Trastuzumab-dkst)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5115	Medical Infusion / Specialty Drug	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 diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5116	Medical Infusion / Specialty Drug	Trazimera_(Trastuzumab-qyyp)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5117	Medical Infusion / Specialty Drug	Kanjinti_(Trastuzumab-anns)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5118	Medical Infusion / Specialty Drug	Zirabev_(Bevacizumab-bvzr)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5119	Medical Infusion / Specialty Drug	Ruxience_(Rituximab-pvvr)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non- Oncologic Indications	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5120	Medical Infusion / Specialty Drug	Ziextenzo_(Pegfilgrastim-bmez)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5121	Medical Infusion / Specialty Drug	Avsola (infliximab-axxq)	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site	Infusion Site of Care	Prior Authorization required through BCBS.
Q5122	Medical Infusion / Specialty Drug	Nyvepria_(Pegfilgrastim-apgf)	AIM	of Care AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5123	Medical Infusion / Specialty Drug	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 diagnosis. If the drug requested is not associated with an oncology
\$0157	Medical Infusion / Specialty Drug	Regranex (becaplermin gel)	RX501.034	Recombinant and Autologous Platelet- Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	Provider Administered Drug Therapy	diaenosis. It will be reviewed by BCBS. Prior Authorization required through BCBS.
S0189	Medical Infusion / Specialty Drug	Testopel (testosterone pellets)	SUR717.001 RXS01.007 RXS01.076	Conditions Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Hormone Replacement Therapies (HRT) Using Implanted Pellets for Women and Delayed Puberty Testsoterone Replacement Therapies	Provider Administered Drug Therapy	Prior Authorization required through BCBS.

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