

2022 Specialty Pharmacy Prior Authorization Drug List

Updated September 2022 to reference changes through January 2023

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 AIM Specialty Health Man (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	Code	Drug Product Name* Brand (generic)	Medical Policy Number	Medical Policy Title	Reason for Prior Authorization Requirement** (AIM = Med Oncology & Supportive Care BCBSNM = Provider Administered Therapy Or Infusion	Update History / Delegation Notes*** (Highlighted = Multiple indications)
					Site Of Care)	***Some drugs / codes on this PA list have multiple indications. AIM will only review
		*Trademarks are the property of			**Send PA requests to BCBSNM for Provider	requests that are supported by an oncology diagnosis.
		their respective owners.			Administered Therapy or Infusion Site of Care. Send PA requests to AIM for Medical Oncology and	See details provided on this list for each drug/code.
					Supportive care unless drug requested has multiple	
					indications. AIM will only review requests for oncology drugs that are supported by an oncology diagnosis.	
					Refer to the Update History / Prior Authorization	
Medical Infusion / Specialty Drug	C9095	Kimmtrak (tebentafusp-tebn)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	C9098	Carvykti (ciltacabtagene autoleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9142	Alymsys (bevacizumab-maly)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	C9399	Cutaquig_(Immune Globulin (Human)-	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-
		hipp); Kimmtrak (tebentafusp-tebn)	RX501.137 RX501.135	Aducanumab-avwa Casimersen		maly); 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
		Unituxin (dinutuximab)	RX501.136 RX501.087	Evinacumab-dgnb FDA-Approved Drugs and Biologicals		are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
		Alymsys (bevacizumab-maly)	RX501.099	Ibalizumab-uiyk		oncology diagnosis, it will be reviewed by BCBSNW.
			RX504.003 RX501.130	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Veklury		
			RX501.129	Viltolarsen		
Medical Infusion / Specialty Drug	J1448	Cosela (trilaciclib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J1551	Cutaquig_(Immune Globulin (Human)- hipp)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J3490	Cutaquig_(Immune Globulin (Human)- hipp):	AIM RX501.137	AIM Clinical Guidelines Aducanumab-avwa	Medical Oncology & Supportive Care	Effective 01/01/2023, add new drug Unituxin (dinutuximab); New Medical Oncology drug Kimmtrak added into existing PA code and drug Catuquig remove effective 10/01/20222;
		Kimmtrak (tebentafusp-tebn)	MED206.001	Allergy Management		AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
		Unituxin (dinutuximab)	RX501.135 RX501.063	Casimersen Compounded Drug Products		If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
			SUR716.001 RX501.067	Cosmetic and Reconstructive Procedures Enzyme-Replacement Therapy for Lysosomal Storage Disorders		
			RX501.105	Esketamine Nasal Spray		
			RX501.136 RX501.087	Evinacumab-dgnb FDA-Approved Drugs and Biologicals		
			RX501.040	Human Growth Hormone (GH)		
			RX501.099 RX504.003	Ibalizumab-ulyk		
			OTH903.027 OTH903.020	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions		
			RX501.080	Mepolizumab		
			SUR706.001 RX501.086	Nasal and Sinus Surgery Nusinersen		
			RX501.085 RX501.104	Ocrelizumab Onasemnogene Abeparvovec-xiol		
			RX502.030	Rituximab and Biosimilars for Non-Oncologic Indications		
			MED206.006 MED201.014	Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy Treatment of Hyperhidrosis		
			RX501.130 RX501.129	Veklury Viltolarsen		
Medical Infusion / Specialty Drug	J3590	Cutaquig (Immune Globulin (Human)-	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-
iniedical illusion / Specialty Drug	15350	hipp);	RX501.137	Aducanumab-avwa	wedical Oricology & Supportive Care	maly); New Medical Oncology drug Kimmtrak added into existing PA code and drug
		Kimmtrak (tebentafusp-tebn) Unituxin (dinutuximab)	RX501.135 RX501.073	Casimersen Clostridial Collagenase for Fibroproliferative Disorders		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
		Alymsys (bevacizumab-maly)	RX501.063 RX501.067	Compounded Drug Products		oncology diagnosis, it will be reviewed by BCBSNM.
			RX501.136	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Evinacumab-dgnb		
			RX501.087 RX501.099	FDA-Approved Drugs and Biologicals Ibalizumab-ulyk		
			RX504.003 RX501.051	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Infliximab and Associated Biosimilars		
			RX501.080	Mepolizumab		
			RX501.085 RX501.104	Ocrelizumab Onasemnogene Abeparvovec-xioi		
		Erwinaze (asparaginase Erwinia	RY501 129	Mitolarsen		
Medical Infusion / Specialty Drug	J9019	chrysanthemi) Rylaze (asparaginase erwinia	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9021	chrysanthemi (recombinant)-rywn)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9032	Beleodaq (belinostat)	RX502.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Effective 01/01/2023, Prior Authorization move from BCBSNM to AIM. Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J9061	Amivantamab-vmjw	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
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Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J9118 J9153	Asparlas (calaspargase pegol-mknl) Vyxeos (daunorubicin and cytarabine)	AIM	AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM. Effective 01/01/2023, Prior Authorization move from BCBSNM to AIM.
			RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J9266	Oncaspar (pegaspargase)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9272	Dostarlimab-gxly	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9273	Tisotumab vedotin-tftv	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9295	Portrazza (necitumumab)	AIM RX502.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Effective 01/01/2023, Prior Authorization move from BCBSNM to AIM. Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J9298	Opdualag (relatlimab and nivolumab)	AIM	Oncology Medications AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through BCBSNM. Add effective 01/01/2023. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug		Imlygic (talimogene laherparepvec)	AIM	AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care	Effective 01/01/2023, Prior Authorization required through AIM. Effective 01/01/2023, Prior Authorization move from BCBSNM to AIM.
	-	Fyarro (sirolimus albumin bound	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J9331	nanoparticles)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9359	Loncastuximab Tesirine-Ipyl	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19999	Cutaquig_(Immune Globulin (Human)- hipp);	AIM MED203.002	AIM Clinical Guidelines Antineoplaston Cancer Therapy	Medical Oncology & Supportive Care	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab- maly); New Medical Oncology drug Kimmtrak added into existing PA code and drug
		Kimmtrak (tebentafusp-tebn)	RX501.063	Compounded Drug Products		Catuquig remove effective 10/01/2022; AIM will review requests for oncology drugs that
		Unituxin (dinutuximab) Alymsys (bevacizumab-maly)	RX501.087 RX504.003	FDA-Approved Drugs and Biologicals Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])		are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
	<u></u>		RX501.085 RX501.057	Ocrelizumab Sodium Phenvibutvrate		
Medical Infusion / Specialty Drug	Q2053	Tecartus (brexucabtagene autoleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	Q2054	Tecartus (brexucabtagene autoleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	02055	Abecma (idecabtagene vicleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBSNM.
	-		PSY301.014	Autism Spectrum Disorders (ASD)		
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.

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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	Respiratory Syncytial Virus (RSV) Immunoprophylaxis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	C9257	Avastin (bevacizumab)	OTH903.027 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.
			OTH903.015 RX501.113	Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV) Abatacept		
Medical Infusion / Specialty Drug		Orencia (abatacept)	RX501.096 RX501.067	Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J0180	Fabrazyme (agalsidase beta)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J0202	Lemtrada (alemtuzumab)	RX501.077	Alemtuzumab	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J0221	Lumizyme (alglucosidase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J0222	Onpattro (patisiran)	RX501.096 RX501.102	Specialty Medication Administration Site of Care Patisiran (Onpattro)	Infusion Site of Care	Prior Authorization required through 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	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J0517	Fasenra (benralizumab)	RX501.100	Specialty Medication Administration Site of Care Benralizumab	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10565	Zinplava (bezlotoxumab)	RX501.096 RX501.093	Specialty Medication Administration Site of Care Beziotoxumab	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug		Brineura (cerliponase alfa)	RX501.092 RX502.058	Cerliponase alfa Burosumab-twza	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J0584	Crysvita (burosumab-twza)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J0585	Botox (onabotulinumtoxinA)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J0586	Dysport (abobotulinumtoxinA)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J0587	Myobloc (rimabotulinumtoxinB)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J0588	Xeomin (incobotulinumtoxinA)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J0598	Cinryze (C1 esterase inhibitor)	RX504.013	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecaliantide	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10638	Ilaris (canakinumab)	RX501.096 RX501.119	Specialty Medication Administration Site of Care Canakinumab	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	-	Fusiley (Levoleucovorin Calcium)	RX501.096 AIM	Specialty Medication Administration Site of Care AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
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Medical Infusion / Specialty Drug		Khapzory_(Levoleucovorin)	AIM RX501.111	AIM Clinical Guidelines Cettolizumah Pegol	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J0717	Cimzia (certolizumab pegol)	RX501.111 RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J0775	Xiaflex (collagenase, clostridium histolyticum)	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J0791	Adakveo (crizanlizumab-tmca)	RX501.126 RX501.096	Crizanlizumab-tmca Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J0881	Non-ESRD, Aranesp_(Darbepoetin	AIM	AIM Clinical Guidelines	Provider Administered Drug Therapy	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
		alfa)	RX501.069	Erythropolesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care	BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	J0882	ESRD, Aranesp_(Darbepoetin alfa)	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
		Non-ESRD, Epogen/Procrit_(Epoetin	AIM	AIM Clinical Guidelines	Provider Administered Drug Therapy	AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	J0885	Alfa)	RX501.069	Erythropoiesis-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	J0888	Mircera (pegylated-epoetin beta)	RX501.069	Erythropolesis-Stimulating Agents (ESAs)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J0896	Reblozyl_(Luspatercept-aamt)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Mandland Infinites / Consider David	10007	Injection, denosumab, 1 mg	RX501.140	Denosumab (Prolia & Xgeva)	Provider Administered Drug Therapy	PA thru BCBS add effective 08/01/2022; AIM will review requests for oncology drugs that
Medical Infusion / Specialty Drug	10697	Prolia/Xgeva_(Denosumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	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	J1290	Kalbitor (ecallantide)	RX504.013 RX501.096	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecaliantide Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J1300	Soliris (eculizumab)	RX501.066 RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug		Soliris (eculizumab) Radicava (edaravone)	RX501.066 RX501.096 RX501.095	Eculizumab Specialty Medication Administration Site of Care Edaravone	Infusion Site of Care Infusion Site of Care	Prior Authorization required through BCBS. Prior Authorization required through BCBS.
	J1301		RX501.066 RX501.096 RX501.095 RX501.096 RX501.107	Eculizumab Specialty Medication Administration Site of Care Edaravone Specialty Medication Administration Site of Care Ravulzumab-cwe		
Medical Infusion / Specialty Drug	J1301 J1303	Radicava (edaravone)	RX501.066 RX501.096 RX501.095 RX501.096 RX501.107 RX501.096 RX501.067	Eculiumab Specialty Mediciation Administration Site of Care Edaravoire Edaravoire Specialty Medication Administration Site of Care Ravulturnab-even Specialty Medication Administration Site of Care Ravulturnab-evenz Specialty Medication Administration Site of Care Enzyme Replacement Therapy for Lyosoomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J1301 J1303 J1322	Radicava (edaravone) Ultomiris (ravulizumab-cwvz) Vimizim (elosulfase alfa)	RX501.066 RX501.096 RX501.095 RX501.096 RX501.107 RX501.096 RX501.067 RX501.096	Eculiumab Specialty Medication Administration Site of Care Edaravone Specialty Medication Administration Site of Care Ravulturnab-covx Specialty Medication Administration Site of Care Enzyme Replacement Therapy for Lyacomal Storage Disorders Specialty Medication Administration Site of Care Enzyme Replacement Therapy for Lyacomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care Infusion Site of Care Infusion Site of Care	Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J1301 J1303 J1322 J1325	Radicava (edaravone) Ultomiris (ravulizumab-cwvz) Vimizim (elosulfase alfa) Flolan, Veletri (epoprostenol)	RX501.066 RX501.096 RX501.095 RX501.096 RX501.107 RX501.096 RX501.067 RX501.096 RX501.096	Eculizumab Specialty Medication Administration Site of Care Edaravone Specialty Medication Administration Site of Care Ravulzumab-covx Specialty Medication Administration Site of Care Ravulzumab-covx Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lyosomal Storage Disorders Specialty Medication Administration Site of Care Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Infusion Site of Care Infusion Site of Care Infusion Site of Care Infusion Site of Care Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J1301 J1303 J1322 J1325 J1428	Radicava (edaravone) Ultomiris (ravulizumab-cwvz) Vimizim (elosulfase alfa) Fiolan, Veletri (epoprostenol) Exondys 51 (eteplirsen)	RX501.066 RX501.095 RX501.095 RX501.095 RX501.077 RX501.096 RX501.067 RX501.056 RX501.056	Eculizamab Specialty Medication Administration Site of Care Edaravone Specialty Medication Administration Site of Care Ravulzumab covx Specialty Medication Administration Site of Care Ravulzumab covx Specialty Medication Administration Site of Care Enzyme Replacement Therapy for Lyosomal Storage Disorders Specialty Medication Administration Site of Care Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Etieplirsen	Infusion Site of Care Infusion Site of Care Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J1301 J1303 J1322 J1325 J1428 J1442	Radicava (edaravone) Ultomiris (ravulizumab-cwvz) Vimizim (elosulfase alfa) Fiolan, Veletri (epoprostenol) Exondys 51 (eteplirsen) Neupogen_(Filgrastim)	RXS01.066 RXS01.095 RXS01.095 RXS01.096 RXS01.077 RXS01.067 RXS01.067 RXS01.067 RXS01.067 RXS01.068 RXS01.068 RXS01.068	Eculizamab Specialty Medication Administration Site of Care Edaravone Specialty Medication Administration Site of Care Ravulzamabeway Specialty Medication Administration Site of Care Ravulzamabeway Specialty Medication Administration Site of Care Enzyme Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Etiplissen AlM Clinical Guidelines	Infusion Site of Care Infusion Site of Care Infusion Site of Care Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J1301 J1303 J1322 J1325 J1428 J1442	Radicava (edaravone) Ultomiris (ravulizumab-cwvz) Vimizim (elosulfase alfa) Fiolan, Veletri (epoprostenol) Exondys 51 (eteplirsen)	RXS01.066 RXS01.095 RXS01.095 RXS01.096 RXS01.0107 RXS01.006 RXS01.07 RXS01.067 RXS01.067 RXS01.068 RXS01.084 AMM	Eculizumab Specialty Mediciation Administration Site of Care Ediaravone Specialty Mediciation Administration Site of Care Ravultamabe-tows Specialty Mediciation Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Diorders Specialty Mediciation Administration Site of Care Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Eteplirsen AIM Clinical Guidelines AIM Clinical Guidelines	Infusion Site of Care Infusion Site of Care Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J1301 J1303 J1322 J1325 J1428 J1442 J1447	Radicava (edaravone) Ultomiris (ravulizumab-cwvz) Vimizim (elosulfase alfa) Flolan, Veletri (epoprostenol) Exondys 51 (eteplirsen) Neupogen_(Filgrastim) Granix_(Tbo-Filgrastim) Naglazyme (galsulfase)	RXS01.066 RXS01.095 RXS01.095 RXS01.095 RXS01.0107 RXS01.096 RXS01.076 RXS01.067 RXS01.068 RXS01.068 RXS01.066 RXS01.066 RXS01.066 RXS01.067 RXS01.067 RXS01.067 RXS01.067	Eculizumab Specialty Mediciation Administration Site of Care Ediaravone Specialty Mediciation Administration Site of Care Ravultamabe-cwa: Specialty Mediciation Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Mediciation Administration Site of Care Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Eteplirsen AIM Clinical Guidelines AIM Clinical Guidelines Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Mediciation Administration Site of Care	Infusion Site of Care Infusion Site of Care Infusion Site of Care Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care	Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J1301 J1303 J1322 J1325 J1428 J1442 J1447 J1458	Radicava (edaravone) Ultomiris (ravultzumab-cwz) Vimizim (elosulfase alfa) Fiolan, Veletri (epoprostenol) Exondys S1 (eteplirsen) Neupogen (Filgrastim) Grank_(Tbo-Filgrastim)	RXS01.066 RXS01.095 RXS01.095 RXS01.096 RXS01.070 RXS01.070 RXS01.070 RXS01.067 RXS01.066 RXS01.066 RXS01.086 RXS01.086 RXS01.084 AIM AIM RXS01.067	Eculizamab Specialty Medication Administration Site of Care Edaravone Specialty Medication Administration Site of Care Ravulzumab cwvs Specialty Medication Administration Site of Care Ravulzumab cwvs Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lyosomal Storage Disorders Specialty Medication Administration Site of Care Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Etsepirsen AMM Clinical Guidelines AMM Clinical Guidelines Enzyme-Replacement Therapy for Lyosomal Storage Disorders	Infusion Site of Care Infusion Site of Care Infusion Site of Care Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care	Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J1301 J1303 J1322 J1325 J1428 J1442 J1447 J1458	Radicava (edaravone) Ultomiris (ravulizumab-cwvz) Vimizim (elosulfase alfa) Flolan, Veletri (epoprostenol) Exondys 51 (eteplirsen) Neupogen [Filgrastim) Granik_[Tbo-Filgrastim) Naglazyme (galsulfase) Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., elegod), 500 mg.	RXS01.066 RXS01.095 RXS01.095 RXS01.095 RXS01.107 RXS01.096 RXS01.076 RXS01.067 RXS01.066 RXS01.067 RXS01.066 RXS01.067 RXS01.096 RXS01.067 RXS01.067 RXS01.067	Eculisumab Specialty Medication Administration Site of Care Edaravone Specialty Medication Administration Site of Care Ravulsumab cwvs Specialty Medication Administration Site of Care Ravulsumab cwvs Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Eteplirsen AMM Clinical Guidelines AMM Clinical Guidelines Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care AMM Clinical Guidelines Insurance Specialty Medication Administration Site of Care Immunoglobulin (ig 1 Therapy (Including Intravenous (IVIG) and Subcutaneous ig (SCIG)) Specialty Medication Administration Site of Care	Infusion Site of Care Infusion Site of Care Infusion Site of Care Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care Infusion Site of Care	Prior Authorization required through BCBS. Prior Authorization required through AIIM. Prior Authorization required through AIIM. Prior Authorization required through 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	J1301 J1303 J1322 J1325 J1428 J1442 J1447 J1458	Radicava (edaravone) Ultomiris (ravulizumab-cwvz) Vimizim (elosulfase alfa) Flolan, Veletri (epoprostenol) Exondys 51 (eteplirsen) Neupogen_(Filgrastim) Grank_(Tbo-Filgrastim) Naglazyme (galsulfase) injection, immune globulin (Privigen), miravenous, nonhopilized (e.g.,	RXS01.066 RXS01.095 RXS01.095 RXS01.096 RXS01.107 RXS01.067 RXS01.067 RXS01.068 RXS01.066 RXS01.067	Eculizumab Specialty Medication Administration Site of Care Edaravone Specialty Medication Administration Site of Care Ravultamabe-tows Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Itiepli sen AlM Clinical Guidelines AlM Clinical Guidelines Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care AlM Clinical Guidelines Imaging Clinical Clinical Clinical Clinical Imaging Intravenous (IVIC) and Subcutaneous Ig (SCIG)	Infusion Site of Care Infusion Site of Care Infusion Site of Care Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care	Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through 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, view the reviewed by the drug requested in real associated with an oncology diagnosis, view the drug requested is not associated with an oncology diagnosis, it will be reviewed by the drug requested is not associated with an oncology diagnosis, it will be reviewed by
Medical Infusion / Specialty Drug	11301	Radicava (edaravone) Ultomiris (ravulizumab-cwz) Vemizim (elosulfase alfa) Flolan, Veletri (epoprostenol) Exondys 51 (eteplirsen) Neupogen [Filgrastim) Grank [Tbo-Filgrastim) Naglasyme (galsulfase) Injection, immune globulin (Privigen), niverson, onrohyphilized (e.g., etyod, 500 mg	RXS01.066 RXS01.095 RXS01.095 RXS01.096 RXS01.070 RXS01.070 RXS01.070 RXS01.078 RXS01.067 RXS01.084 AMM AMM AMM AMM AMM AMM AMM AMM AMM AM	Eculizumab Specialty Medication Administration Site of Care Edaravone Specialty Medication Administration Site of Care Ravulzumab Evox Specialty Medication Administration Site of Care Ravulzumab Evox Specialty Medication Administration Site of Care Enzyme Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Eteplirsen AIM Clinical Guidelines AIM Clinical Guidelines Enzyme Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care AIM Clinical Guidelines Immunoglobulin (ig Therapy (including Intravenous [VIG] and Subcutaneous ig [SGG]) Specialty Medication Administration Site of Care AIM Clinical Guidelines Immunoglobulin (ig Therapy (including Intravenous [VIG] and Subcutaneous ig [SCIG]) AIM Clinical Guidelines Immunoglobulin (ig Therapy (including Intravenous [VIG] and Subcutaneous ig [SCIG]) AIM Clinical Guidelines	Infusion Site of Care Infusion Site of Care Infusion Site of Care Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care Medical Oncology & Supportive Care	Prior Authorization required through BCBS. 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 BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosis, it will be reviewed by BCBS.
Medical Infusion / Specialty Drug	11301	Radicava (edaravone) Ultomiris (ravulizumab-cwz) Vimizim (elosulfise alfa) Flolan, Veletri (epoprostenol) Exondys 51 (etopirsen) Neupogen_(Filgrastim) Oranix_(Tho-Filgrastim) Naglazyme (galsulfase) Injection, immune globulin (Privigen), Intravenous, norhypoliticel (e.g., Iguid), 500 mg Acceni_(Immune Globulin (Human)- stra)	RISCOLOSE	Eculizumab Specialty Medication Administration Site of Care Edaravone Specialty Medication Administration Site of Care Ravulzumab Evox Specialty Medication Administration Site of Care Ravulzumab Evox Specialty Medication Administration Site of Care Enzyme Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Etiplisme AIM Clinical Guidelines AIM Clinical Guidelines Enzyme Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care AIM Clinical Guidelines Immunoglobulin (ig1 Therapy (Including Intravenous [VIG] and Subcutaneous ig [SGG]) Specialty Medication Administration Site of Care AIM Clinical Guidelines Immunoglobulin (ig1 Therapy (Including Intravenous [VIG] and Subcutaneous ig [SGG]) AIM Clinical Guidelines Immunoglobulin (ig1 Therapy (Including Intravenous (IVIG) and Subcutaneous ig [SGG]) AIM Clinical Guidelines Immunoglobulin (ig1 Therapy (Including Intravenous (IVIG) and Subcutaneous ig [SGG]) Specialty Medication Administration Ster of Care	Infusion Site of Care Infusion Site of Care Infusion Site of Care Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS. Alf will review requested is not associated with an oncology diagnosis, it will be reviewed by the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. AMM will review requests for oncology drugs that are supported by an oncology diagnosis, it will be reviewed by BCBS. AMM will review requests for oncology drugs that are supported by an oncology diagnosis, it will be reviewed by BCBS.
Medical Infusion / Specialty Drug		Radicava (edaravone) Ultomiris (ravulizumab-cwz) Vimizim (elosulfase alfa) Flolan, Veletri (epoprostenol) Exondys 51 (eteplirsen) Neupogen_(Filgrastim) Naglazyme (galsulfase) Injection, immune globulin (Privigen), intravenous, nonhybliked (e.g., liguid) 500 mg Accini/ (immune Globulin (Human)-sira) Cuvitru (immune Globulin (Human)-sira) Bivigam_(injection, immune globulin (Human) Bivigam_(injection, immune globulin, impection, immune globulin, immune globulin, impection, immune globulin, immune globulin, impection, immune globulin, impection, immune globulin, immune globulin, impection, immune globulin, immune globu	RXS01.066 RXS01.095 RXS01.095 RXS01.096 RXS01.107 RXS01.096 RXS01.107 RXS01.067 RXS01.067 RXS01.067 RXS01.068 RXS01.068 RXS01.096 RXS01.096 RXS01.096 RXS01.096 RXS01.096 RXS01.097 RXS01.097 RXS01.097 RXS01.097 RXS01.097 RXS01.097 RXS01.097 RXS01.097 RXS01.096 RXS01.008	Eculizumab Specialty Medication Administration Site of Care Edaravone Specialty Medication Administration Site of Care Ravulzumab Evox Specialty Medication Administration Site of Care Ravulzumab Evox Specialty Medication Administration Site of Care Enzyme Replacement Therapy for Lysosomal Sorage Disorders Specialty Medication Administration Site of Care Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Etiplises AIM Clinical Guidelines In Michael Guidelines In Medication Administration Site of Care Advanced Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care AIM Clinical Guidelines Inmunoplobulin (Ig1 Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) AIM Clinical Guidelines Immunoplobulin (Ig1 Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) AIM Clinical Guidelines Immunoplobulin (Ig1 Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) AIM Clinical Guidelines Immunoplobulin (Ig1 Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AIM Clinical Guidelines Immunoplobulin (Ig1 Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Infusion Site of Care Infusion Site of Care Infusion Site of Care Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care 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	Prior Authorization required through BCBS. Alf 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. Alf will review requests for oncology drugs that are supported by an oncology diagnosis the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Alf will review requests for oncology drugs that are supported by an oncology diagnosis, it will be reviewed by BCBS. Alf will review requests for oncology drugs that are supported by an oncology diagnosis, it will be reviewed by BCBS. Alf will review requests for oncology drugs that are supported by an oncology diagnosis, it will be reviewed by BCBS. Alf will review requests for oncology drugs that are supported by an oncology diagnosis, it will be reviewed by BCBS.
Medical Infusion / Specialty Drug		Radicava (edaravone) Ultomiris (ravulizumab-cwvz) Vimizim (elosulfase alfa) Flolan, Veletri (epoprostenol) Exondys 51 (eteplirsen) Neupogen [Filgrastim) Granik_(Tbo-Filgrastim) Naglazyme (galsulfase) Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., legud), 500 mg. Asceniv, (Immune Globulin (Human)-sira) Cuvitru (Immune Globulin (Human)-subcutaneous)	RSS01.066 RSS01.095 RSS01.095 RSS01.096 RSS01.076 RSS01.076 RSS01.076 RSS01.067 RSS01.067 RSS01.067 RSS01.067 RSS01.067 RSS01.067 RSS01.067 RSS01.067 RSS01.084 AIM AIM AIM RSS01.067 RSS01.096 AIM RSS01.096	Eculizumab Specialty Medication Administration Site of Care Edaravone Specialty Medication Administration Site of Care Ravulzumab Evox Specialty Medication Administration Site of Care Ravulzumab Evox Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Eteplirsen AIM Clinical Guidelines Enzyme-Replacement Therapy for Lysosomal Storage Disorders 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 Immunoplobulin (lig Therapy (Including Intravenous (IVIG) and Subcutaneous Ig (SCIG)) Specialty Medication Administration Site of Care AIM Clinical Guidelines Immunoplobulin (lig Therapy (Including Intravenous (IVIG) and Subcutaneous Ig (SCIG)) AIM Clinical Guidelines Immunoplobulin (lig Therapy (Including Intravenous (IVIG) and Subcutaneous Ig (SCIG)) Specialty Medication Administration Site of Care AIM Clinical Guidelines Immunoplobulin (lig Therapy (Including Intravenous (IVIG) and Subcutaneous Ig (SCIG)) Specialty Medication Administration Site of Care AIM Clinical Guidelines Immunoplobulin (lig Therapy (Including Intravenous (IVIG) and Subcutaneous Ig (SCIG)) Specialty Medication Administration Site of Care AIM Clinical Guidelines	Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through BCBS. AIM will review requests for nocology drugs that are supported by an oncology diagnosis, 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, 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, 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, the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Medical Infusion / Specialty Drug		Radicava (edaravone) Ultomiris (ravulizumab-cwvz) Vimizim (elosulfase alfa) Flolan, Veletri (epoprostenol) Exondys 51 (eteplirsen) Neupogen_(Filigrastim) Granik_(Tbo-Filigrastim) Naglazyme (galsulfase) Injection, immune globulin (Privigen), imtravenous, nonyophilized (e.g., liquids), 500 mg Asceniv (Jimmune Globulin (Human)-südeutareous) Buijam_(Injection, immune globulin, 500 mg)	RISGI 066 RISGI 076 RISGI 076 RISGI 076 RISGI 076 RISGI 076 RISGI 077 RISGI 076 RISGI 077 RISGI 077 RISGI 076 RISGI 077 RISGI	Eculizumab Specialty Medication Administration Site of Care Edaravone Specialty Medication Administration Site of Care Ravulzumab Cwvs Specialty Medication Administration Site of Care Ravulzumab Cwvs Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lyosoomal Storage Disorders Specialty Medication Administration Site of Care Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Elepitrsen AMM Clinical Guidelines AMM Clinical Guidelines Enzyme-Replacement Therapy for Lyosoomal Storage Disorders Specialty Medication Administration Site of Care AMM Clinical Guidelines Enzyme-Replacement Therapy for Lyosoomal Storage Disorders Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoplobulin (gij Therapy (Including Intravenous [IVIC] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoplobulin (gij Therapy (Including Intravenous [IVIC] and Subcutaneous Ig [SCIG]) AMM Clinical Guidelines Immunoplobulin (gil Therapy (Including Intravenous [IVIC] and Subcutaneous Ig [SCIG]) AMM Clinical Guidelines Immunoplobulin (gil Therapy (Including Intravenous [IVIC] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoplobulin (gil Therapy (Including Intravenous [IVIC] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoplobulin (gil Therapy (Including Intravenous [IVIC] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoplobulin (gil Therapy (Including Intravenous [IVIC] and Subcutaneous Ig [SCIG])	Infusion Site of Care Infusion Site of Care Infusion Site of Care Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care 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	Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through BCBS. AIM will review requests for nocology 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. AIM will review requests for nocology 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. AIM will review requests for nocology 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. AIM will review requests for nocology drugs that are supported by an oncology diagnosis, the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Medical Infusion / Specialty Drug	11301	Radicava (edaravone) Ultomiris (ravulizumab-cwz) Vimizim (elosulfase alfa) Flolan, Veletri (epoprostenol) Exondys 51 (eteplirsen) Neupogen_(Filgrastim) Naglazyme (galsulfase) Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg Acceniv_(Immune Globulin (Human)- sira) Bivigam_(Injection, immune globulin, joon good of the privigen of the privilen of the privile	RISCOL 1066	Eculizumab Specialty Medication Administration Site of Care Edaravone Specialty Medication Administration Site of Care Ravulzumab-Cwvs Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lyosoomal Storage Disorders Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lyosoomal Storage Disorders Specialty Medication Administration Site of Care Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Etieplirsen AIM Clinical Guidelines AIM Clinical Guidelines Enzyme-Replacement Therapy for Lyosoomal Storage Disorders Specialty Medication Administration Site of Care AIM Clinical Guidelines Immunoplobulin (gl) Therapy (Including Intravenous [VI/G] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AIM Clinical Guidelines Immunoplobulin (gl) Therapy (Including Intravenous [VI/G] and Subcutaneous Ig [SCIG]) AIM Clinical Guidelines Immunoplobulin (gl) Therapy (Including Intravenous [VI/G] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AIM Clinical Guidelines Immunoplobulin (gl) Therapy (Including Intravenous [VI/G] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AIM Clinical Guidelines Immunoplobulin (gl) Therapy (Including Intravenous [VI/G] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AIM Clinical Guidelines Immunoplobulin (gl) Therapy (Including Intravenous [VI/G] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AIM Clinical Guidelines	Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care Infusion Site of Care	Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through BCBS. AIM will review requests for nonclogy 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. AIM will review requests for nonclogy 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. 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. 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. 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. 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. AIM will review requests for oncology drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS.
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Medical Infusion / Specialty Drug	11301 11303 11322 11325 11428 11442 11447 11458 11459 11554 11555 11556 11557 11561 11562 11568 11569 11572 11575 1157	Radicava (edaravone) Ultomiris (ravulizumab-cwz) Vimizim (elosulfase alfa) Flolan, Veletri (epoprostenol) Eondys 51 (eteplirsen) Neupogen [Filgrastim) Grank [Tub-Filgrastim) Nagiazyme (gabulfase) Ingetton, immune globulin (Privigen), Intravenous, nonlyophilized (e.g., Jeguid, 500 mg. Accenty (Immune Globulin (Human)- Subcutaneous) Bhigam (Injection, immune globulin, John (John (J	BISSOL 1066	Eculizumab Specialty Medication Administration Site of Care Edaravone Specialty Medication Administration Site of Care Ravulzumab Covx Specialty Medication Administration Site of Care Ravulzumab Covx Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lyosoomal Storage Disorders Specialty Medication Administration Site of Care Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Etieplirsen AMM Clinical Guidelines Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoglobulin (ig Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoglobulin (ig Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) AMM Clinical Guidelines Immunoglobulin (ig Therapy (Including Intravenous (IVIG) and Subcutaneous Ig [SCIG]) AMM Clinical Guidelines Immunoglobulin (ig Therapy (Including Intravenous (IVIG) and Subcutaneous Ig [SCIG]) AMM Clinical Guidelines Immunoglobulin (ig Therapy (Including Intravenous (IVIG) and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoglobulin (ig Therapy (Including Intravenous (IVIG) and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoglobulin (ig Therapy (Including Intravenous (IVIG) and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoglobulin (ig Therapy (Including Intravenous (IVIG) and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoglobulin (ig Therapy (Including Intravenous (IVIG) and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoglobulin (ig Therapy (Including Intravenous (IVIG) and Subcutaneous Ig [SCIG]) Specialty Medicati	Infusion Site of Care Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care	Prior Authorization required through BCBS. All Mull review requests for oncology drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS. All Mull review requests for oncology drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS. All Mull review requests for oncology drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS. All Mull review requests for oncology drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS. All Mull review requests for oncology drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS. All Mull review requests for oncology drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS. All Mull review requests for oncology drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS. All Mull review requests for oncology drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS. All Mull review requests for oncology drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS. All Mull review requests for oncology drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS. All Mull review requests for oncology drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS. All Mull review requests for oncology drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS. All Mull review requests for oncology drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS. All Mull review
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(Immune Globulin (Human)-siboturaneous) Bivigam (Injection, immune globulin, order of the privigen), imparent of the privigen), imparent of the privigen (Gammaplex, Injection, immune globulin, Intravenous, nonlyophilized (e.g., liquid), 500 mg) Gammaper (Jinjection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg) Gamunes/Gamunes (Gamunes (Gamunes/Gamunes (Gamunes (Gamunes (Gamunes)), injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), soo mg) Gamunes (Gamunes (Gamunes), injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), soo mg) Gamunes (Gamunes (Gamunes), injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), soo mg) Grammagar (laquid, (injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), soo mg) Hydya (Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), soo mg) Hydya (Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), intravenous, no	BESSOL 066	Eculizumab Specialty Medication Administration Site of Care Edaravone Specialty Medication Administration Site of Care Ravulzumab cwvs Specialty Medication Administration Site of Care Ravulzumab cwvs Specialty Medication Administration Site of Care Canymine Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension Eteplirsen AMM Clinical Guidelines AMM Clinical Guidelines Enzymine Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care AMM Clinical Guidelines Enzymine Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoplobulin (gil Therapy (Including Intravenous (IVIG) and Subcutaneous Ig (SCIG)) Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoplobulin (gil Therapy (Including Intravenous (IVIG) and Subcutaneous Ig (SCIG)) Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoplobulin (gil Therapy (Including Intravenous (IVIG) and Subcutaneous Ig (SCIG)) Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoplobulin (gil Therapy (Including Intravenous (IVIG) and Subcutaneous Ig (SCIG)) Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoplobulin (gil Therapy (Including Intravenous (IVIG) and Subcutaneous Ig (SCIG)) Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoplobulin (gil Therapy (Including Intravenous (IVIG) and Subcutaneous Ig (SCIG)) Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoplobulin (gil Therapy (Including Intravenous (IVIG) and Subcutaneous Ig (SCIG)) Specialty Medication Administration Site of Care AMM Clinical Guidelines Immunoplobulin (gil Therapy (Including Intravenous (IVIG) and Subcutaneous Ig (SCIG)) Specialty Medication Administration Site of Care AMM Clinical Guid	Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Medical Oncology & Supportive Care Infusion Site of Care Medical Oncology & Supportive Care	Prior Authorization required through BCBS. 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Medical Infusion / Specialty Drug	J1726	Makena (hydroxyprogesterone caproate)	RX501.062	Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J1743	Elaprase (idursulfase)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J1745	Remicade (infliximab)	THE801.028 RX501.051 RX501.096	Acne Management Infliximab and Associated Biosimilars	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	11746	Trogarzo (ibalizumab-uiyk)	RX501.099	Specialty Medication Administration Site of Care Ibalizumab-ulyk	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		
Medical Infusion / Specialty Drug	J1786	Cerezyme (imiglucerase)	RX501.096 RX501.067	Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J1931	Aldurazyme (laronidase)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J1950	Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	12182	suspension, per 3.75 mg) Nucala (mepolizumab)	RX501.080	Mepolizumab	Infusion Site of Care	Prior Authorization required through BCBS.
			RX501.096	Specialty Medication Administration Site of Care		
Medical Infusion / Specialty Drug	J2278	Prialt (ziconotide)	RX501.060 RX501.059	Ziconotide	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J2323	Tysabri (natalizumab)	RX501.059 RX501.096	Natalizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J2326	Spinraza (nusinersen)	RX501.086	Nusinersen	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J2350	Ocrevus (ocrelizumab)	RX501.085	Ocrelizumab	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	12257	Xolair (omalizumah)	RX501.096 RX501.058	Specialty Medication Administration Site of Care Omalizumab	Infusion Site of Care	Prior Authorization required through BCBS.
			RX501.096	Specialty Medication Administration Site of Care		
Medical Infusion / Specialty Drug	J2502	Signifor LAR (pasireotide)	RX501.079	Pasireotide	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J2505	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Retire effective 04/01/2022.
Medical Infusion / Specialty Drug	J2506	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit (Pegfilgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 04/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J2507	Krystexxa (pegloticase)	RX501.120	Pegloticase	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug		Mozobil (plerixafor)	RX501.096 RX502.061	Specialty Medication Administration Site of Care Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
			RX501.083	Reslizumab		
Medical Infusion / Specialty Drug	J2786	Cinqair (reslizumab)	RX501.083 RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J2820	Leukine_(Sargramostim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J2840	Kanuma (sebelipase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J2860	Sylvant_(Siltuximab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug		Humatrope, Saizen (somatropin)	RX501.040	Human Growth Hormone (GH)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
			RX501.124	Eptinezumab-jimr		
Medical Infusion / Specialty Drug	J3032	Vyepti (eptinezumab-jjmr)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J3060	Elelyso (taliglucerase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J3121	testosterone enanthate	SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
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.
			RX501.076 RX501.096	Testosterone Replacement Therapies Specialty Medication Administration Site of Care	Infusion Site of Care	
Medical Infusion / Specialty Drug	13241	Tepezza (teprotumumab-trbw)	RX501.110 RX501.096	Teprotumumab Specialty Medication Administration Site of Care		Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J3245	Ilumya (tildrakizumab-asmn)	RX501.123	Tildrakizumab-asmn	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J3262	Actemra (toclizumab)	RX501.096 RX501.115	Specialty Medication Administration Site of Care Tocilizumab	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J3285	Remodulin (treprostinil)	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J3315	Trelstar (triptorelin pamoate)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	12250	Stelara (ustekinumab for intravenous	RX501.041 RX501.096	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
		use)	RX501.114 RX501.096	Ustekinumab Specialty Medication Administration Site of Care		
Medical Infusion / Specialty Drug	J3380	Entyvio (vedolizumab)	RX501.117	Vedolizumab	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J3385	Vpriv (velaglucerase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J3397	Mepsevii (vestronidase alfa-vjbk)	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.
Medical Infusion / Specialty Drug	J3398	Luxturna (voretigene neparvovec-rzyl)	RX501.098	Gene Therapy for Inherited Retinal Dystrophy	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug		Zolgensma (onasemnogene	RX501.104	Onasemnogene Abeparvovec-xiol		Prior Authorization required through BCBS.
		abeparvovec-xioi) RiaSTAP (human fibrinogen			Provider Administered Drug Therapy	
Medical Infusion / Specialty Drug	J7178	concentrate)	RX501.072	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J7340	Duopa (carbidopa/levodopa enteral suspension)	RX504.015	Levodopa-Carbidopa Enteral Suspension (e.g. Duopa) for The Treatment of Parkinson Disease.	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
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.
			AIM	AIM Clinical Guidelines		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.
			OTH903.015	Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV) AIM Clinical Guidelines		
Medical Infusion / Specialty Drug	J9037	Blenrep (Belantamab mafodotin-blmf)	AIM	Air Cinica dudinos	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9039	Blincyto_(Blinatumomab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9042	Adcetris_(Brentuximab vedotin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9043	Jevtana_(Cabazitaxel)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9047	Kyprolis _(Carfilzomib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	hanzz	Erbitux_(Cetuximab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug		Aliqopa_(Copanlisib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug		Libtayo (Cemiplimab-rwlc)	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.
	J9119					
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J9119 J9144	Libtayo (Cemiplimab-rwlc) Darzalex-Faspro_(Daratumumab- hyaluronidase-fijh)	AIM	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	J9119 J9144 J9145	Libtayo (Cemiplimab-rwlc) Darzalex-Faspro_(Daratumumab- hyaluronidase-fijh) Darzalex_(Daratumumab)	AIM AIM RX502.061	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Oncolegy Medicitations	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.
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Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J9119 J9144 J9145 J9155	Libtayo (Cemiplimab-rwlc) Darzalex-Faspro_(Daratumumab- hyaluronidase-fijh) Darzalex_(Daratumumab)	AIM AIM RX502.061	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Oncolegy Medicitations	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	J9119 J9144 J9145 J9155 J9173	Libtayo (Cemiplimab-rwic) Darzalex-Faspro_(Daratumumab- hyaluronidase-fijh) Darzalex_(Daratumumab) Firmagon (degarelix)	AIM AIM RX502.061 RX501.041	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Oncolegy Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Medical Oncology & Supportive Care Medical Oncology & Supportive Care 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 BESS.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J9119 J9144 J9145 J9155 J9173	Libtayo (Cemiplimab-rwic) Darzalex-Faspro_(Daratumumab- hyaluronidase-fijh) Darzalex_(Daratumumab) Firmagon (degarelix) Imfinzi_(Durvalumab)	AIM AIM AIM RX502.061 RX501.041 AIM	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Oncology Medications Gonadotropin-Beleasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care	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.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J9119 J9144 J9145 J9155 J9173 J9176 J9177	Libtayo (Cemiplimab-wic) Darzalex-Faspro_(Daratumumab- hyaluronidase-fijh) Darzalex_(Daratumumab) Firmagon (degarelix) Imfinai_(Durvalumab) Empliciti_(Elotuzumab)	AIM AIM RX502.061 RX501.041 AIM AIM	AlM Clinical Guidelines AlM Clinical Guidelines AlM Clinical Guidelines Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists AlM Clinical Guidelines AlM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care 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. Prior Authorization required through BLM. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9119 J9144 J9145 J9155 J9173 J9176 J9177	Libtayo (Cemiplimab-rwic) Darzaler-Sayro. (Daratumumab- hyalurondase-fijh) Darzaler, Diaratumumab) Firmagon (degarelix) Imfinal_(Durvalumab) Emplicit_(Elotuzumab) Padew_(Tan-trastuzumab) derustecan mish) Halawen_(Eribulin)	AIM AIM AIM RSS02.061 RSS01.041 AIM	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Coscology Medications Gonaderogen-Redesing terromoe (GnRH) Agonists and Antagonists AIM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care	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 BAIM. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9119 J9144 J9145 J9155 J9173 J9176 J9177 J9179	Libtayo (Cemiplimab-rwic) Darzaler-Sayor. (Daratumumab- hyalurondase-fijh) Darzaler, (Daratumumab) Firmagon (degarelix) Imfinal_(Durvalumab) Emplicit_(Eloturumab) Padew_(Tam-trastuzumab) derustecan misi) Halawen_(Eribulin) Zoladox (goserelin acetate implant)	AIM AIM AIM AIM RSSQ 061 RSSQ 1041 AIM AIM AIM AIM AIM AIM AIM RSSG 1041	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Concology Medications Concology Medications Concology Medications Concology Medications AIM Clinical Guidelines Concology Concology Clinical Concology AIM Clinical Guidelines Concology Concology Clinical Concology AIM Clinical Guidelines Concology Concol	Medical Oncology & Supportive Care 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. Prior Authorization required through BCBS. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9119 J9144 J9145 J9155 J9173 J9176 J9177 J9179	Libtayo (Cemiplimab-rwic) Darzaler-Sayro. (Daratumumab- hyalurondase-fijh) Darzaler, Diaratumumab) Firmagon (degarelix) Imfinal_(Durvalumab) Emplicit_(Elotuzumab) Padew_(Tan-trastuzumab) derustecan mish) Halawen_(Eribulin)	AIM AIM AIM RSS02.061 RSS01.041 AIM	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Coscology Medications Gonaderogen-Redesing terromoe (GnRH) Agonists and Antagonists AIM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care	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 BAIM. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	9119	Libtayo (Cemiplimab-rwic) Darzaler-Sayor. (Daratumumab- hyalurondase-fijh) Darzaler, (Daratumumab) Firmagon (degarelix) Imfinal_(Durvalumab) Emplicit_(Eloturumab) Padew_(Tam-trastuzumab) derustecan misi) Halawen_(Eribulin) Zoladox (goserelin acetate implant)	AIM AIM AIM AIM RSSQ 061 RSSQ 1041 AIM AIM AIM AIM AIM AIM AIM RSSG 1041	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Concology Medications Concology Medications Concology Medications Concology Medications AIM Clinical Guidelines Concology Concology Clinical Concology AIM Clinical Guidelines Concology Concology Clinical Concology AIM Clinical Guidelines Concology Concol	Medical Oncology & Supportive Care 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. Prior Authorization required through BCBS. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9119 J9144 J9145 J9155 J9173 J9176 J9177 J9179 J9202 J9203	Libtayo (Cemiplimab-rwic) Darzaler-Sayor. (Baratumumab- hyaluronidase-fijh) Darzaler, (Daratumumab) Firmagon (degarelix) Infinzi_(Durvalumab) Empliciti_(Elotuzumab) Paddew_(Tan-trastuzumab) derustecan mobi) Halawen_(Eribulin) Zoladex (goorelin acetate implant) Mylotarg_(Gemtuzumab zoogamicin)	AIM AIM AIM AIM RSSQ1.061 RSSQ1.041 AIM	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Concology Medications Concology Medications Concology Medications AIM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care 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. Prior Authorization required through BCBS. Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J9119 J9144 J9145 J9155 J9173 J9176 J9177 J9179 J9202 J9203 J9204 J9205	Libtayo (Cemiplimab-rwic) Darzaler-Faspro. (Baratumumab- hyaluronidase-fijh) Darzaler, Cloaratumumab) Firmagon (degarelix) Imfinzi_(Durvalumab) Empliciti_(Elotuzumab) Paddew_(Fan-trastuzumab derustecan mob) Halawen_(Eribulin) Zoladex (goserelin acetate implant) Mylotarg_(Gemtuzumab azogamicin) Poteligeo_(Mogamulizumab-kpkc)	AIM AIM AIM RSSQ1.061 RSSQ1.041 AIM	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Concolegy Medications Concolegy Medications Concolegy Medications AIM Clinical Guidelines	Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care	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 AIM.
Medical Infusion / Specialty Drug	J9119 J9144 J9145 J9155 J9173 J9176 J9177 J9179 J9202 J9203 J9204 J9205	Libtayo (Cemiplimab-rwic) Darzales Fapror. (Daratumumab- hyaluronidase fijih) Darzales Fapror. (Daratumumab) Firmagon (degarelix) Imfinai_(Durvalumab) Emplicit_(Elotuzumab) Padcev_(Fam-trastuzumab derustecan wis) Lataven_(Eribulin) Zoladox (goserelin acetate implant) Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan liposome)	AIM AIM AIM AIM RSS02.061 RSS01.041 AIM	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Concelegy Medications Gonaddropin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Gonaddropin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care 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 AIM. Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. 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 AIM. Prior Authorization required through AIM. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9119 J9144 J9145 J9145 J9155 J9173 J9176 J9177 J9179 J9202 J9203 J9204 J9205 J9207	Libtayo (Cemiplimab-rwic) Darzales Fapror. (Daratumumab- hyaluronidase fijih Darzales Fapror. (Daratumumab- hyaluronidase fijih Darzales (Daratumumab) Firmagon (degarelix) Imfinai_(Durvalumab) Padcov_Fam-trastuzumab derustecan noid) Halaven_(Eribulin) Zoladex (goserelin acetate implant) Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpik) Cnikyde_(Irinotecan liposome) tempra_(isabepilone) Eligard, Lupron Depot, Lupron Depot- ped (leuproilde acetate, for depot	AIM AIM AIM AIM RSS02.061 RSS01.041 AIM	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Concelegy Medications Gonaddropin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Gonaddropin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines	Medical Oncology & Supportive Care Medical Oncology & Supportive Care 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 AIM. Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9119 J9144 J9145 J9155 J9173 J9176 J9177 J9179 J9202 J9203 J9204 J9205 J9207	Libtayo (Cemiplimab-rwic) Darraler-Fapre, (Daratumumab- phalurondase-Rijh) Darraler, (Daratumumab) Firmagon (degarelix) Imfinal_(Durvalumab) Emplicit_(Elotucumab) Padoeu_Flam-trastuzumab derustecan rwik) Halaven_(Erbulin) Zoladex (goserelin acetate implant) Mylotarg_(Gemtusumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Cnilyde_(Irinotecan lipposome) toempra_(Ixabepilinee) Eligard, Lupron Depot, Lupron Depot- red (euprolide acetate, for depot	AIM AIM AIM AIM RSS02.061 RSS01.041 AIM	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Coccology Medications Gonadortopin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care 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. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug		Libtayo (Cemiplimab-rwic) Darzaler-Sapro-, (Daratumumab- phalurondase-fijh) Darzaler, (Daratumumab) Firmagon (degarelix) Imfinai_(Durvalumab) Emplicit_(Elotuzumab) Padoeu_(Fam-trastuzumab deruxtecan rwic) Halaven_(Eribulin) Zoladex (goserelin acetate implant) Mylotarg_(Gemtuzumab zoogamicin) Poteligeo_(Mogamulizumab-kpkc) Cnikyde_(Irinotecan liposome) Loempra_(Ixabepilone) Eligard, Lupron Depot, Lupron Depot- ed (euprolide acetate, for depot sospenskon_Z-5 mile	AIM AIM AIM AIM RSS02.061 RSS01.041 AIM	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Coccology Medications Concology Medications Concology Medications Gonadortopan-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Gonadortopin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Gonadortopin-Releasing Hormone (GnRH) Agonists and Antagonists	Medical Oncology & Supportive Care Medical Oncology & Supportive Care 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. Prior Authorization required through AIM. Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug		Libtayo (Cemiplimab-rwic) Darraler-Fapre, (Daratumumab- phalurondase-Rijh) Darraler, (Daratumumab) Firmagon (degarelix) Imfinal_(Durvalumab) Emplicit_(Elotucumab) Padoeu_Flam-trastuzumab derustecan rwik) Halaven_(Erbulin) Zoladex (goserelin acetate implant) Mylotarg_(Gemtusumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Cnilyde_(Irinotecan lipposome) toempra_(Ixabepilinee) Eligard, Lupron Depot, Lupron Depot- red (euprolide acetate, for depot	AIM AIM AIM RX502.061 RX501.041 AIM	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines Coccology Medications Gonadortopin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists AIM Clinical Guidelines Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care Provider Administered Drug Therapy Medical Oncology & Supportive Care Provider Administered Drug Therapy	Prior Authorization required through AIM.

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Medical Infusion / Specialty Drug	J9225	Vantas (histrelin implant)	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J9226	Supprelin LA (histrelin implant)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J9227	Sarclisa_(Isatuximab-irfc)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9228	Yervoy_(Ipilimumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9229	Besponsa_(Inotuzumab ozogamicin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug		Abraxane_(Paclitaxel protein-bound	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
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Medical Infusion / Specialty Drug	J9269	Elzonris_(Tagraxofusp-erzs)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9271	Keytruda_(Pembrolizumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9281	Jelmyto_(Mitomycin Gel)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9299	Opdivo_(Nivolumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9301	Gazyva_(Obinutuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9302	Arzerra_(Ofatumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9303	Vectibix_(Panitumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19306	Perjeta_(Pertuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug		Cyramza (Ramucirumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
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Medical Infusion / Specialty Drug	19309	Polivy (Polatuzumab vedotin-piiq)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM. AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	J9311	Rituxan- Hycela_(Rituximab Hyaluronidase)	AIM RX502.030	AIM Clinical Guidelines Ritximab and Biosimilars for Non-Oncologic Indications	Provider Administered Drug Therapy Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
			AIM	AIM Clinical Guidelines	Provider Administered Drug Therapy	BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	J9312	Rituxan*_(Rituximab)	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	J9313	Lumoxiti (Moxetumomab pasudotox- tdfk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9316	Phesgo_(Pertuzumab-Trastuzumab-	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9317	Hyaluronidase-zzxf) Trodelvy_(Sacituzumab-govitecan)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug		Danyelza (Naxitamab-gggk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
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Medical Infusion / Specialty Drug		Monjuvi_(Tafasitamab-cxix)		AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug		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	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug		deruxtecan-nxki) Yescarta (axicabtagene ciloleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug			RX502.061	Oncologic Medications	- ''	· · ·
Medical iniusion / specialty brug	Q2042	Kymriah (tisagenlecleucel)				
			******		Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	Q2043	Provenge_(Sipuleucel-T)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through BLBS. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug		Provenge_(Sipuleucel-T) Doxil/Lipodox_(Doxorubicin liposomal)	******		- ''	· · ·
	Q2049	Provenge_(Sipuleucel-T) Doxil/Lipodox_(Doxorubicin	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2049 Q2050	Provenge_(Sipuleucel-T) Doxil/Lipodox_(Doxorubicin liposomal)	AIM AIM	AM 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	Q2049 Q2050 Q4081	Provenge_(Sipuleucel-T) Doxil/Lipodox_(Doxorubicin	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	Q2049 Q2050 Q4081 Q5101	Provenge (Sipuleucel-T) Doxil/Lipodox_(Doxorubicin liposomal) Doxil/Lipodox_(Doxorubicin liposomal) ESRD, Epogen/Procrit_(Epoetin Alfa)	AIM AIM AIM AIM AIM RX501.051	AIM Clinical Guidelines Infliximab and Associated Biosimilars	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103	Provenge_(Sipuleucel-T) Doxil/Lipodox_(Doxorubicin liposomal) Doxil/Lipodox_(Doxorubicin liposomal) Biposomal) Zaroio_(Filigrastim-sndt) Inflectra (inflixmab-drybb) Renfliesis (Inflixmab-dada) - NON-	AIM AIM AIM AIM AIM AIM RXS01.051 RXS01.051	AIM Clinical Guidelines Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care Infliximab and Associated Biosimilars	Medical Oncology & Supportive Care Infusion Site of Care	Prior Authorization required through AIM. Prior Authorization required through BIM.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104	Provenge_(Sipuleucel-T) Doxil/Lipodox_(Doxorubicin liposomal) Doxil/Lipodox_(Doxorubicin liposomal) Doxil/Lipodox_(Doxorubicin liposomal) Zaroix_(Filiposomal) Zaroix_(Filipostim_Andt) Inflictra (Infliminab-dyyb) Renflexis (Infliminab-abda) - NON- PREFERRED	AIM AIM AIM AIM AIM RXS01.051 RXS01.096 RXS01.096	AIM Clinical Guidelines Infliximab and Associated Biosimilars Spacialty Medication Administration Site of Care Infliximab and Associated Biosimilars Spacialty Medication Administration Site of Care	Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCIS. Prior Authorization required through BCIS. AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104	Provenge_(Sipuleucel-T) Doxil/Lipodox_(Doxorubicin liposomal) Doxil/Lipodox_(Doxorubicin liposomal) Biposomal) Zaroio_(Filigrastim-sndt) Inflectra (inflixmab-drybb) Renfliesis (Inflixmab-dada) - NON-	AIM AIM AIM AIM AIM AIM RXS01.051 RXS01.051	AIM Clinical Guidelines Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care Infliximab and Associated Biosimilars	Medical Oncology & Supportive Care Infusion Site of Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104 Q5105	Provenge_(Spuleucel-T) Dould, Lipodor_(Doxorubicin liposomal) Dould, Lipodor_(Doxorubicin liposomal) Dould, Lipodor_(Doxorubicin liposomal) SERO, Epogen/Procrit_(Epoetin Alfa) Zarxio_(Filigrastim-sndz) Inflectra (Infliximab-dwyb) Renflesis (Infliximab-abda) - NON- REFERRED Retacrit_(Epoetin alfa-epbx)	AIM AIM AIM AIM AIM AIM AIM AIM	AIM Clinical Guidelines Infiliamba and Associated Biosimilars Sociatily Medicalines Administration Site of Care Infiliamba and Associated Biosimilars Sociatily Medicalines Forting and Aministration Site of Care AIM Clinical Guidelines Erphropolesis Simulating Agents (ESAc) AIM Clinical Guidelines Erphropolesis Simulating Agents (ESAc)	Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. AIM will review requests for noclogy drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104 Q5105	Provenge_(Sipuleucel-T) Doxil/Lipodox_(Doxorubicin liposomal) Doxil/Lipodox_(Doxorubicin liposomal) Doxil/Lipodox_(Doxorubicin liposomal) Zaroix_(Filiposomal) Zaroix_(Filipostim_Andt) Inflictra (Infliminab-dyyb) Renflexis (Infliminab-abda) - NON- PREFERRED	AIM AIM AIM AIM AIM AIM AIM RX501.051 RX501.056 RX501.066 AIM RX501.069	AIM Clinical Guidelines Infliximab and Associated Biosimilars Sociative Medication Administration Site of Care Infliximab and Associated Biosimilars Sociative Medication Administration Site of Care Infliximation Administration Site of Care AIM Clinical Guidelines Erythropolesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through 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	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104 Q5105 Q5106	Provenge_(Spuleucel-T) Dould, Lipodor_(Doxorubicin liposomal) Dould, Lipodor_(Doxorubicin liposomal) Dould, Lipodor_(Doxorubicin liposomal) SERO, Epogen/Procrit_(Epoetin Alfa) Zarxio_(Filigrastim-sndz) Inflectra (Infliximab-dwyb) Renflesis (Infliximab-abda) - NON- REFERRED Retacrit_(Epoetin alfa-epbx)	AIM AIM AIM AIM AIM AIM AIM AIM	AIM Clinical Guidelines Infiliamba and Associated Biosimilars Sociatily Medicalines Administration Site of Care Infiliamba and Associated Biosimilars Sociatily Medicalines Forting and Aministration Site of Care AIM Clinical Guidelines Erphropolesis Simulating Agents (ESAc) AIM Clinical Guidelines Erphropolesis Simulating Agents (ESAc)	Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. AIM will review requests for noclogy drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104 Q5105 Q5106 Q5107	Provenge_(Spuleucel-T) Doubli_Upodor_(Dosorubicin Biosocimal) Doubli_Upodor_(Dosorubicin Biosocimal) Doubli_Upodor_(Dosorubicin Biosocimal) ESRD, Epogen/Procrit_(Epoetin Alfa) Zarxio_(Filigrastim-andz) Inflectra (infliximab-dyyb) Rendflexis (infliximab-abda) - NON- PRETERRED Retacrit_(Epoetin alfa-epbx) Retacrit_(Epoetin alfa-epbx)	AIM AIM AIM AIM AIM AIM AIM RNS01.051 RNS01.096 RNS01.096 AIM RNS01.099 AIM RNS01.069	AIM Clinical Guidelines Infliximab and Associated Blosimilars Sociatily Medicalno Administration Site of Care Infliximab and Associated Blosimilars Sociatily Medicalno Administration Site of Gare AIM Clinical Guidelines Erythropolesis-Stimulating Agents (ESAs) AIM Clinical Guidelines Erythropolesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. AIM will review requests for encology drugs that are supported by an encology diagnosis. If the drug requested is not associated with an encology diagnosis. If the drug requested is not associated with an encology diagnosis, it will be reviewed by aCBS.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104 Q5105 Q5106 Q5106 Q5107	Provinge_(Spuleucel-T) Doubli_Upodor_(Dosorubicin Boscoman) Doubli_Upodor_(Dosorubicin Boscoman) Doubli_Upodor_(Dosorubicin Boscoman) ESRD, Epogen/Procrit_(Epoetin Alfa) Zarxio_(Filigrastim-sndt) Inflectra (Infliximab-dyyb) Rendinesis (Infliximab-abda) - NON- PREFERRED Retacrit_(Epoetin alfa-epbx) Mvasi_(Bevaciziumab-awwb)	AIM AIM AIM AIM AIM AIM AIM RXS01.051 RXS01.096 RXS01.096 AIM RXS01.069 AIM RXS01.069 AIM RXS01.069 AIM	AlM Clinical Guidelines Trillisimab and Associated Bioximillars Specialty Medicalon Administration Site of Care Infiliamab and Associated Bioximillars Specialty Medicalon Administration Site of Care Alm Clinical Guidelines Erythropolesis-Stimulating Agents (ESAs) Alm Clinical Guidelines Erythropolesis-Stimulating Agents (ESAs) Alm Clinical Guidelines	Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. AIM will review requests for encology drugs that are supported by an encology diagnosis. If the drug requested is not associated with an encology diagnosis, it will be reviewed by BCBS. AIM will review requests for encology drugs that are supported by an encology diagnosis. If the drug requested is not associated with an encology diagnosis, it will be reviewed by BCBS. SCBS. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104 Q5105 Q5106 Q5106 Q5107 Q5108 Q5109	Provenge_(Spuleucel-T) Doubli_Doubli_Doubli_Clipodeu_(Doublichi Booscomail Doubli_Doublichi Doubli_Doublichi ESRD_EpogenyProcrit_(Epoetin Alfa) ENDERGRED Retacrit_(Epoetin alfa-epbx) Mvasi_(Evacicumab-awwb) Mvasi_(Evacicumab-awwb) Dolf(Infilkimab-dbx) - NON- Dolf (Infilkimab-dbx) - NON- Dolf (Infil	AIM AIM AIM AIM AIM AIM AIM AIM	AlM Clinical Guidelines Trillisimab and Associated Bioximillars Specialty Medicalnon Administration Site of Care Infliximab and Associated Bioximillars Specialty Medicalnon Administration Site of Care Alm Clinical Guidelines Erythropolesis-Stimulating Agents (ESAs) Alm Clinical Guidelines Erythropolesis-Stimulating Agents (ESAs) Alm Clinical Guidelines	Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. AIM will review requests for nocology drugs that are supported by an oncology diagnosis. It will be reviewed by 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. Prior Authorization required through AIM. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104 Q5106 Q5106 Q5107 Q5108 Q5109 Q5110	Provenge_(Spuleucel-T) Dould, Lipodor_(Doxorubicin iposomal) Dould, Lipodor_(Doxorubicin iposomal) Dould, Lipodor_(Doxorubicin iposomal) SERO, Epogen/Procrit_(Epoetin Alfa) Zarxio_(Filgrastim-sndt) Inflectra (infliximab-dyyb) Rendinesis (infliximab-dyyb) Rendinesis (infliximab-abda) - NON- PREFERRED Retacrit_(Epoetin alfa-epbx) Mvasi_(Bevaciciumab-awwb) Fulphila_(Pegligrastim-jndtb) solfi (infliximab-dybx) - NON- PREFERRED	AIM AIM AIM AIM AIM AIM AIM AIM	AlM Clinical Guidelines Erythropolesis-Stimulating Agents (ESAs) Alm Clinical Guidelines Erythropolesis-Stimulating Agents (ESAs) Alm Clinical Guidelines Infliximab and Associated Blosimilars	Medical Oncology & Supportive Care 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. AIM will review requests for nocology 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. 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. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104 Q5106 Q5106 Q5107 Q5108 Q5109 Q5110 Q5111	Provenge_(Spuleucel-T) Doul/Lipodor_(Doxorubicin teocomail) Doul/Lipodor_(Doxorubicin teocomail) Doul/Lipodor_(Doxorubicin teocomail) Doul/Lipodor_(Doxorubicin teocomail) Doul/Lipodor_(Doxorubicin teocomail) Doul/Lipodor_(Teocomail) Doul/Lipodor_(Teocomail) Doul/Lipodor_(Teocomail) Doul/Lipodor_(Teocomail) Doul/Lipodor_(Teocomail) Redacrit_(Epoetin alfa-epbx) Mvasi_(Bevacizumab-awwb) Fulphila_(Pegfilgrastim-jebx) - NON- PREFERRED Doul/Lipodor_(Teocomail) Doul/Lipodor_(Teocomail) Nivestym_(Filgrastim-andi) Udemyca_(Pegfilgrastim-cbqy)	AIM AIM AIM AIM AIM AIM AIM RSS01.051 RSS01.096 RSS01.096 AIM RSS01.069 AIM RSS01.069 AIM AIM AIM AIM AIM AIM AIM AI	AlM Clinical Guidelines Frythropoles-Softmulating Agents (ESAs) Alm Clinical Guidelines	Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosis. It the drug requested in ora sociated with an oncology diagnosis, it will be reviewed by BCBS. Prior Authorization required through AIM. Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104 Q5105 Q5106 Q5107 Q5108 Q5109 Q5110 Q5111 Q5111	Provenge_(Spuleucel-T) Doul/Lipodor_(Doxorubicin tiposomal) Doul/Lipodor_(Doxorubicin tiposomal) Doul/Lipodor_(Doxorubicin tiposomal) Doul/Lipodor_(Doxorubicin tiposomal) Zarxio_(filigrastim-sndz) Inflectra (infliximab-dryph) Renflesis (infliximab-dryph) Renflesis (infliximab-dryph) Retacrit_(Epoetin alfa-epbx) Retacrit_(Epoetin alfa-epbx) Mvasi_(Bevacizumab-awwb) Fulphila_(Pegfiligrastim-jndb) bolf (infliximab-dbx) - NON- PREFERRED Nivestym_(Filigrastim-anfi) Udenyca_(Pegfiligrastim-abqy) Ontruzant_(Trastuzumab-dttb)	AIM AIM AIM AIM AIM AIM AIM AIM	AlM Clinical Guidelines Frythropoles-Softmulating Agents (ESAs) Alm Clinical Guidelines	Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosis. It the drug requested in ora sociated with an oncology diagnosis, it will be reviewed by 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. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104 Q5105 Q5106 Q5106 Q5107 Q5108 Q5109 Q5110 Q5111 Q5112 Q5113	Provenge_(Spuleucel-T) Doul/Lipodor_(Doxorubicin teocomail) Doul/Lipodor_(Doxorubicin teocomail) Doul/Lipodor_(Doxorubicin teocomail) Doul/Lipodor_(Doxorubicin teocomail) Doul/Lipodor_(Doxorubicin teocomail) Doul/Lipodor_(Lipodorubicin teocomail) Doul/Lipodorubicin Rediardi,(Epoetin Alfa) Preference Rediardi,(Epoetin alfa-epbx) Mvast_(Bevacizumab-awwb) Fulphila_(Pegfilgrastim-jandb) bold (Infiliamab-qbtx) - NON- PREFERENCE Nivestym_(Filigrastim-andb) Udentya_(Pegfilgrastim-ab) Udentya_(Pegfilgrastim-ab) Udentya_(Pegfilgrastim-ab) Udentya_(Pegfilgrastim-ab) Udentya_(Pegfilgrastim-ab) Herzuma_(Trastuzumab-dvtb)	AIM AIM AIM AIM AIM AIM AIM RSS01.051 RSS01.096 RSS01.096 RSS01.096 AIM RSS01.069 AIM AIM AIM AIM AIM AIM AIM AI	AlM Clinical Guidelines Frythropoles-Somulating Agents (ESAs) Alm Clinical Guidelines	Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care 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. AIM will review requests for oncology drugs that are supported by an oncology diagnosis. It will be reviewed by BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosis. It the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104 Q5105 Q5106 Q5106 Q5107 Q5108 Q5109 Q5110 Q5111 Q5112 Q5113	Provenge_(Spuleucel-T) Doul/Lipodor_(Doxorubicin tiposomal) Doul/Lipodor_(Doxorubicin tiposomal) Doul/Lipodor_(Doxorubicin tiposomal) Doul/Lipodor_(Doxorubicin tiposomal) Zarxio_(filigrastim-sndz) Inflectra (infliximab-dryph) Renflesis (infliximab-dryph) Renflesis (infliximab-dryph) Retacrit_(Epoetin alfa-epbx) Retacrit_(Epoetin alfa-epbx) Mvasi_(Bevacizumab-awwb) Fulphila_(Pegfiligrastim-jndb) bolf (infliximab-dbx) - NON- PREFERRED Nivestym_(Filigrastim-anfi) Udenyca_(Pegfiligrastim-abqy) Ontruzant_(Trastuzumab-dttb)	AIM AIM AIM AIM AIM AIM AIM AIM	AlM Clinical Guidelines Frythropoles-Softmulating Agents (ESAs) Alm Clinical Guidelines	Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosis, if the drug requested in not associated with an oncology diagnosis, it will be reviewed by AIM. Prior Authorization required through BCBS. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104 Q5105 Q5106 Q5106 Q5107 Q5108 Q5109 Q5110 Q5111 Q5111 Q5112 Q5113 Q5114	Provenge_(Spuleucel-T) Doul/Lipodor_(Doxorubicin teocomail) Doul/Lipodor_(Doxorubicin teocomail) Doul/Lipodor_(Doxorubicin teocomail) Doul/Lipodor_(Doxorubicin teocomail) Doul/Lipodor_(Doxorubicin teocomail) Doul/Lipodor_(Lipodorubicin teocomail) Doul/Lipodorubicin Rediardi,(Epoetin Alfa) Preference Rediardi,(Epoetin alfa-epbx) Mvast_(Bevacizumab-awwb) Fulphila_(Pegfilgrastim-jandb) bold (Infiliamab-qbtx) - NON- PREFERENCE Nivestym_(Filigrastim-andb) Udentya_(Pegfilgrastim-ab) Udentya_(Pegfilgrastim-ab) Udentya_(Pegfilgrastim-ab) Udentya_(Pegfilgrastim-ab) Udentya_(Pegfilgrastim-ab) Herzuma_(Trastuzumab-dvtb)	AIM AIM AIM AIM AIM AIM AIM RSS01.051 RSS01.096 RSS01.096 RSS01.096 AIM RSS01.069 AIM AIM AIM AIM AIM AIM AIM AI	AlM Clinical Guidelines Exprive podesis Stimulating Agents (ESAs) Alm Clinical Guidelines Exprive podesis Stimulating Agents (ESAs) Alm Clinical Guidelines Alm Clinical Guidelines Frythropolesis Stimulating Agents (ESAs) Alm Clinical Guidelines	Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care 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. 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. Prior Authorization required through BCBS. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104 Q5105 Q5106 Q5107 Q5108 Q5110 Q5111 Q5111 Q5111 Q5112 Q5114 Q5115	Provenge_(Spuleucel-T) Doubli_Upodor_(Dosorubicin Boscoman) Doubli_Upodor_(Dosorubicin Boscoman) Doubli_Upodor_(Dosorubicin Boscoman) ESRD, Epogen/Procrit_[Epoetin Alfa) ESRD, Epogen/Procrit_[Epoetin Alfa) ESRD, Epogen/Procrit_[Epoetin Alfa) ESRD, Epogen/Procrit_[Epoetin Alfa) ERdicatin (Inliumab-duyb) ERdicatin (Inliumab-abda) - NON- PREFERRED Retacrit_(Epoetin alfa-epbx) Mvasi_(Epoetin alfa-epbx) Mvasi_(Epoetin alfa-epbx) Mvasi_(Epoetin alfa-epbx) Mvasi_(Epoetin alfa-epbx) Nvasi_(Epoetin alfa-epbx) Nvasi_	AIM AIM AIM AIM AIM AIM AIM AIM	AlM Clinical Guidelines Erythropoles-Somulating Agents (ESAs) Alm Clinical Guidelines Erythropoles-Somulating Agents (ESAs) Alm Clinical Guidelines Erythropoles-Somulating Agents (ESAs) Alm Clinical Guidelines Influsionab and Associated Biosimilars Alm Clinical Guidelines	Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of 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. 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. 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. Prior Authorization required through AIM. AIM will review requests for oncology drugs that are supported by an oncology diagnosis, it will be reviewed by 8cBs.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104 Q5105 Q5106 Q5107 Q5108 Q5107 Q5108 Q5110 Q5111 Q5111 Q5112 Q5113 Q5114 Q5115 Q5116	Provenge_(Spuleucel-T) Doubli_Upodor_(Dosorubicin Boscomail Doubli_Upodor_(Epoetin Alfa) Darrio_(Fligrastim-sndt) Inflectra (Infliximab-dyyp) Retacrit_(Epoetin alfa-epbx) Retacrit_(Epoetin alfa-epbx) Retacrit_(Epoetin alfa-epbx) Mvasi_(Bevacizumab-awwb) Fulphila_(Ppefligrastim-jmdb) Inflirimaba-ptxin_jmdb) Inflirimaba-ptxin_jmdb Inflirimaba-ptxin_jmd	AIM AIM AIM AIM AIM AIM AIM AIM	AlM Clinical Guidelines Erythropolesis Stimulating Agents (ESAs) Alm Clinical Guidelines Erythropolesis Stimulating Agents (ESAs) Alm Clinical Guidelines Erythropolesis Stimulating Agents (ESAs) Alm Clinical Guidelines Alm Clinical Guideli	Medical Oncology & Supportive Care Infusion Site of 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. AIM will review requests for oncology drugs that are supported by an oncology diagnosis, it will be reviewed by BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosis. It the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Prior Authorization required through AIM. AIM will review requests for oncology drugs that are supported by an oncology diagnosis, it will be reviewed by SCBS. Pror Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104 Q5105 Q5106 Q5107 Q5108 Q5109 Q5111 Q5111 Q5112 Q5113 Q5114 Q5115 Q5116 Q5117	Provenge_(Spuleucel-T) Doubli_Upodor_(Dosorubicin bosocomal) Doubli_Upodor_(Dosorubicin bosocomal) Doubli_Upodor_(Dosorubicin bosocomal) Doubli_Upodor_(Dosorubicin bosocomal) Doubli_Upodor_(Dosorubicin bosocomal) Doubli_Upodor_(Dosorubicin bosocomal) Doubli_Upodor_(Dosorubicin BROD	AIM AIM AIM AIM AIM AIM AIM AIM	AlM Clinical Guidelines Erythropolesis Stimulating Agents (ESAs) Alm Clinical Guidelines Erythropolesis Stimulating Agents (ESAs) Alm Clinical Guidelines Erythropolesis Stimulating Agents (ESAs) Alm Clinical Guidelines Alm Clinical Guideli	Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosis, it will be reviewed by BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosis. It the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2049 Q2050 Q4081 Q5101 Q5103 Q5104 Q5105 Q5106 Q5107 Q5108 Q5109 Q5111 Q5111 Q5112 Q5113 Q5114 Q5115 Q5116 Q5117	Provenge_(Spuleucel-T) Doubli_Upodor_(Dosorubicin Boscomail Doubli_Upodor_(Epoetin Alfa) Darrio_(Fligrastim-sndt) Inflectra (Infliximab-dyyp) Retacrit_(Epoetin alfa-epbx) Retacrit_(Epoetin alfa-epbx) Retacrit_(Epoetin alfa-epbx) Mvasi_(Bevacizumab-awwb) Fulphila_(Ppefligrastim-jmdb) Inflirifimaba-pbx) - NON- PREFERRED Nivestym_(Fligrastim-asfi) Udenva_(Fligrastim-asfi) Udenva_(Fligrastim-asfi) Udenva_(Fligrastim-asfi) Herzuma_(Trastuzumab-ditt) Traxima_(Riturimab-abbs) Traxima_(Riturimab-abbs) Traxima_(Riturimab-abbs)	AIM AIM AIM AIM AIM AIM AIM AIM	AlM Clinical Guidelines Erythropolesis-Stimulating Agents (ESAs) Alm Clinical Guidelines Erythropolesis-Stimulating Agents (ESAs) Alm Clinical Guidelines	Medical Oncology & Supportive Care Infusion Site of Care Infusion Site of Care Medical Oncology & Supportive Care	Prior Authorization required through AIM. Prior Authorization required through BCBS. Prior Authorization required through BCBS. AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested in 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. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Prior Authorization required through AIM.
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