

## 2022 Specialty Pharmacy Prior Authorization Drug List

Updated December 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 M. (AIM) (requests for oncology drugs that are supported by an oncology diagnosis).

## EXCEPT AS OTHERWISE NOTED IN THE UPDATE HISTORY COLUMN. THESE PRIOR AUTHORIZATION REQUIREMENTS ARE EFFECTIVE ON JANUARY 1, 2022.

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

		Drug Product Name*				Update History / Delegation Notes***
o. I.		Brand (generic)	Medical Policy	And the London Wales		(Highlighted = Multiple Indications)
Code	Category		Number	Medical Policy Title	Reason for Prior Authorization Requirem	***Some drugs / codes on this PA list have multiple indications. AIM will only review requests that are supported by an oncology diagnosis.
		*Trademarks are the property of their respective owners.				See details provided on this list for each drug/code.
	Modical Infusion					End code effective 12/31/2022, replaced by code J9274 effective 01/01/2023; Add
C9095	Medical Infusion / Specialty Drug	Kimmtrak (tebentafusp-tebn)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	effective 10/01/2022. Prior Authorization required through AIM.
C9142	Medical Infusion / Specialty Drug	Alymsys (bevacizumab-maly)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
	7 - 1 - 1 - 1 - 1 - 1		AIM	AIM Clinical Guidelines		
		Cutaquig_(Immune Globulin (Human)-	RX501.137	Aducanumab-avwa		Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-
	Medical Infusion	hipp);	RX501.136	Casimersen Evinacumab-dgnb		maly); New Medical Oncology drug Kimmtrak added into existing PA code and drug
C9399	/ Specialty Drug	Kimmtrak (tebentafusp-tebn) Unituxin (dinutuximab)	RX501.087 RX501.099	FDA-Approved Drugs and Biologicals Ibalizumab-uiyk	Medical Oncology & Supportive Care	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)	RX504.003 RX501.130	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig (SCIG)) Veklury		oncology diagnosis, it will be reviewed by BCBS.
			RX501.129	Viltolarsen AIM Clinical Guidelines		
			RX501.137	Aducanumab-avwa		
			MED206.001 RX501.135	Allergy Management Casimersen		
			RX501.063 SUR716.001	Compounded Drug Products Cosmetic and Reconstructive Procedures		
			RX501.067 RX501.105	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Esketamine Nasal Spray		
			RX501.136	Evinacumab-dgnb		
			RX501.087 RX501.040	FDA-Approved Drugs and Biologicals Human Growth Hormone (GH)		Effective 01/01/2023, add new drug Unituxin (dinutuximab); New Medical Oncology drug
	Medical Infusion		RX501.099 RX504.003	Ibalizumab-uiyk Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig (SCIG])	Medical Oncology & Supportive Care	Kimmtrak added into existing PA code and drug Catuquig remove effective 10/01/20222; AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
13450	/ Specialty Drug	Kimmtrak (tebentafusp-tebn) Unituxin (dinutuximab)	OTH903.027	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders	medical offeriogy a supportive care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
			OTH903.020 RX501.080	Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Mepolizumab		BCBS.
			SUR706.001 RX501.086	Nasal and Sinus Surgery Nusinersen		
			RX501.085 RX501.104	Orrelizumab Onasemnogene Abeparvovec-xioi		
			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	Veklury		
			RX501.129 AIM RX501.137	Viltolarsen AJM Clinical Guidelines Aducanumab-avwa		
			RX501.135	Casimersen		
			RX501.073 RX501.063	Clostridial Collagenase for Fibroproliferative Disorders Compounded Drug Products		
		Cutaquig_(Immune Globulin (Human)- hipo):	RX501.067 RX501.136	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Evinacumab-denb		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
13590	Medical Infusion / Specialty Drug	Kimmtrak (tebentafusp-tebn) Unituxin (dinutuximab)	RX501.087 RX501.099	FDA-Approved Drugs and Biologicals	Medical Oncology & Supportive Care	Catuquig remove effective 10/01/2022; AIM will review requests for oncology drugs that
		Alymsys (bevacizumab-maly)	RX504.003	Ibalizumab-uiyk 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 BCBS.
			RX501.051 RX501.080	Infliximab and Associated Biosimilars Mepolizumab		
			RX501.085 RX501.104	Ocrelizumab Onasemnogene Abeparvovec-xioi		
	Madical Infusion	Erwinaze (asparaginase Erwinia	PY501.104	Viltalarcen		
J9019	/ Specialty Drug	chrysanthemi)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
J9021	/ Specialty Drug	Rylaze (asparaginase erwinia chrysanthemi (recombinant)-rywn)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
19032	/ Specialty Drug	Beleodaq (belinostat)	AIM RX502.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive CareProvider Administer	Effective 01/01/2023, Prior Authorization move from BCBS to AIM.  Prior Authorization required through BCBS.
J9118	Medical Infusion / Specialty Drug	Asparlas (calaspargase pegol-mknl)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
19153	Medical Infusion / Specialty Drug	Vyxeos (daunorubicin and cytarabine)	AIM RX502.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive CareProvider Administer	Effective 01/01/2023, Prior Authorization move from BCBS to AIM.  Prior Authorization required through BCBS.
	Medical Infusion	Oncaspar (pegaspargase)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
19274	/ Specialty Drug Medical Infusion	Kimmtrak (tebentafusp-tebn)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add code effective 01/01/2023 for drug Kimmtrak (tebentafusp-tebn)
	/ Specialty Drug Medical Infusion	,,	AIM	AMA Clinical Guidelines	Medical Oncology & Supportive CareProvider Administer	Effective 01/01/2023, Prior Authorization move from BCBS to AIM.
	/ Specialty Drug Medical Infusion	Portrazza (necitumumab)	RX502.061	Oncology Medications		Prior Authorization required through BCBS.
19298	/ Specialty Drug	Opdualag (relatlimab and nivolumab)		AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.  Effective 01/01/2023. BCBS will stop review of code and AIM will continue review of
	Medical Infusion / Specialty Drug	Rituxan- Hycela_(Rituximab Hyaluronidase)	AIM RX502.030	AIM Clinical Guidelines Ribrimab and Biosimilars for Non-Oncologic Indications	Provider Administered Drug TherapyMedical Oncology &	Supportine 65 agracology drugs that are supported by an oncology diagnosis. If the drug
19325	Medical Infusion	Imlygic (talimogene laherparepvec)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive CareProvider Administer	requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.  Effective 01/01/2023, Prior Authorization move from BCBS to AIM.
	/ Specialty Drug		RX502.061 AIM	Oncology Medications AIM Clinical Guidelines		Prior Authorization required through BCBS.
		Cutaquig_(Immune Globulin (Human)- hipp);	MED203.002 RX501.063	Antineoplaston Cancer Therapy Compounded Drug Products		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
	/ Specialty Drug	Kimmtrak (tebentafusp-tebn) Unituxin (dinutuximab)	RX501.087 RX504.003	FDA-Approved Drugs and Biologicals	Medical Oncology & Supportive Care	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)	RX501.085	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig (SCIG]) Ocrelizumab		oncology diagnosis, it will be reviewed by BCBS.
90283	Medical Infusion	IVIG (immune globulin intravenous)	PSY301.014	Sodium Phenvibutvrate Autism Spectrum Disorders (ASD)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
90284	/ Specialty Drug Medical Infusion	SCIG	RX504.003 RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])  Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
	/ Specialty Drug Medical Infusion	scia				
90378	/ Specialty Drug Medical Infusion	Synagis (palivizumab)	RX504.009	Respiratory Syncytial Virus (RSV) Immunoprophylaxis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
C9098	/ Specialty Drug	Carvykti (ciltacabtagene autoleucel)	RX502.061 OTH903.027	Oncologic Medications Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBS.
	Medical Infusion / Specialty Drug	Avastin (bevacizumab)	OTH903.020	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
	Modical Infusion	Orencia (abatacept)	OTH903.015 RX501.113	Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)  Abatacept	Infusion Site of Care	Prior Authorization required through BCBS.
10129	/ Specialty Drug Medical Infusion		RX501.096 RX501.067	Specialty Medication Administration Site of Care		
10180	/ Specialty Drug Medical Infusion	Fabrazyme (agalsidase beta)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
	/ Specialty Drug	Lemtrada (alemtuzumab)	RX501.077		Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0221	/ Specialty Drug	Lumizyme (alglucosidase alfa)	RX501.067 RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
10222	Modical Infusion	Onpattro (patisiran)	RX501.096 RX501.102	Specialty Medication Administration Site of Care Patisiran (Onpattro)	Infusion Site of Care	Prior Authorization required through BCBS.
10223	Medical Infusion	Givlaari (givosiran)	RX501.125 RX501.096	Gluorina	Infusion Site of Care	Prior Authorization required through BCBS.
-	/ Specialty Drug		NAJU1.090	Specialty inedication Administration Site of Care		

Math	10490						
MedModeMod			Benlysta (belimumab)	RX501.116		Infusion Site of Care	Prior Authorization required through BCBS.
The control of the co	J0517	Medical Infusion	Fasenra (benralizumab)	RX501.100	Benralizumab	Infusion Site of Care	Prior Authorization required through BCBS.
	IOPEE	Modical Infusion	Testers (headatan meh)			Don't don't delete be a series of Don't Thomas	
	10565	/ Specialty Drug	Zinpiava (beziotoxumab)	RX501.093	Beziotoxumab		Prior Authorization required through BCBS.
The control of the co	J0567	/ Specialty Drug	Brineura (cerliponase alfa)			Provider Administered Drug Therapy	Prior Authorization required through BCBS.
May be a company of the company of	10584		Crysvita (burosumab-twza)			Infusion Site of Care	Prior Authorization required through BCBS.
American ServicesServicesServicesAmerican ServicesAmerican Services <td>10585</td> <td>Medical Infusion</td> <td>Botox (onahotulinumtoxinA)</td> <td>RX501.019</td> <td>Botulinum Toxin</td> <td>Provider Administered Drug Therany</td> <td>Prior Authorization required through RCRS</td>	10585	Medical Infusion	Botox (onahotulinumtoxinA)	RX501.019	Botulinum Toxin	Provider Administered Drug Therany	Prior Authorization required through RCRS
		/ Specialty Drug Medical Infusion					
	J0586	/ Specialty Drug	Dysport (abobotulinumtoxinA)			Provider Administered Drug Therapy	Prior Authorization required through BCBS.
	J0587		Myobloc (rimabotulinumtoxinB)			Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Fig. 19	10588		Xeomin (incobotulinumtoxinA)	RX501.019		Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Hear to the second of the seco	IOEOR	Modical Infusion	Cinna (C1 esteras inhibitar)			Infusion Site of Care	
	10598	/ Specialty Drug	Cinryze (C1 esterase innibitor)				Prior Authorization required through BCBS.
Column	J0638		Ilaris (canakinumab)			Infusion Site of Care	Prior Authorization required through BCBS.
Modern State 1982Modern State 1982Mo	J0641		Fusilev_(Levoleucovorin Calcium)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Hear Programment of the Company of t	10642	Medical Infusion	Khanzory (Levoleucovorin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM
Company		/ Specialty Drug Medical Infusion	7 - 7-1				
The Composition of the Compositi	J0717	/ Specialty Drug				Infusion Site of Care	Prior Authorization required through BCBS.
Mater         Mater <th< td=""><td>J0775</td><td></td><td></td><td>RX501.073</td><td>Clostridial Collagenase for Fibroproliferative Disorders</td><td>Provider Administered Drug Therapy</td><td>Prior Authorization required through BCBS.</td></th<>	J0775			RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
See	J0791	Medical Infusion				Infusion Site of Care	Prior Authorization required through BCBS.
Math			No. COD Assess (Declaration				AIM will review requests for oncology drugs that are supported by an oncology diagnosi
1962	J0881					Provider Administered Drug TherapyMedical Oncology 8	Strape प्रिप्क Garguested is not associated with an oncology diagnosis, it will be reviewed by
Mary		Advantage Landau and Advantage Landau and Advantage Landau and Lan		A18.6	Districted Colleges		BCBS.  AIM will review requests for oncology drugs that are supported by an oncology diagnosi
The control of the co	J0882		ESRD, Aranesp_(Darbepoetin alfa)			Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
Mathematical   Math			Non-ESRD Enggan/Procest /Engel-				AIM will review requests for oncology drugs that are supported by an oncology diagnosi
March   Marc	J0885					Provider Administered Drug TherapyMedical Oncology 8	Supporting Carriested is not associated with an oncology diagnosis, it will be reviewed by
Proc.   Proc	IUSSS	Medical Infusion		PY501 069	Frythronniacic.Stimulating Agents (FSAs)	Provider Administered Drug Therany	Prior Authorization required through BCBS
Math		Modical Infusion					
March   Marc	10896		Reblozyl_(Luspatercept-aamt)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	
Martin   M	10897	Medical Infusion				Provider Administered Drus TherapyMedical Oncology 9	PA thru BCBS add effective 08/01/2022; AIM will review requests for oncology drugs the
March   Marc			Prolia/Xgeva_(Denosumab)				
Marchane Montane with state of the state of	J1290		Kalbitor (ecallantide)			Infusion Site of Care	Prior Authorization required through BCBS.
March   Marc	J1300	Medical Infusion	Soliris (eculizumah)	RX501.066	Eculizumab	Infusion Site of Care	
Part	11300	/ Specialty Drug	John's (eculzumab)				Frior Additionation required unrough BCB3.
Series of Series	J1301	/ Specialty Drug	Radicava (edaravone)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
	J1303	Medical Infusion	Ultomiris (ravulizumab-cwvz)		Ravulizumab-cwvz	Infusion Site of Care	Prior Authorization required through BCBS.
Professor   Prof	11377	Medical Infusion	Viminim (eloculface alfa)	RX501.067		Infusion Site of Care	Prior Authorization required through BCRS
		/ Specialty Drug					
Process   Proc	J1325	/ Specialty Drug	Flolan, Veletri (epoprostenol)	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Marie	J1428		Exondys 51 (eteplirsen)	RX501.084	Eteplirsen	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
March   Marc	11442	Modical Infusion	Neurogen (Filgractim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM
Section   Sect		/ Specialty Drug Medical Infusion					
	J1447	/ Specialty Drug	Granix_(Tbo-Filgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
March   Marc	J1448		Cosela (trilaciclib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
	11458	Medical Infusion	Naglazyme (galsulfase)			Infusion Site of Care	Prior Authorization required through RCRS
March   Marc		/ Specialty Drug		RX501.096 AIM	Specialty Medication Administration Site of Care AIM Clinical Guidelines		
March   Marc	J1459	/ Specialty Drug	intravenous, nonlyophilized (e.g.,	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Infusion Site of CareMedical Oncology & Supportive Care	
		Medical Infusion	Liquid), 500 mg Cutaquig (Immune Globulin (Human)-	RX501.096			BCBS.
	J1551	/ Specialty Drug	hipp)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	
	J1554					Medical Oncology & Supportive Care	
		/ Specialty Drug	slra)				BCBS.
Marcia   M	J1555					Infusion Site of CareMedical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis if the drug requested is not associated with an oncology diagnosis, it will be reviewed by
		/ Specialty Drug	Subcutaneous)	RX501.096	Specialty Medication Administration Site of Care		BCBS.
Machanishan	J1556					Infusion Site of CareMedical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
		/ Specialty Drug			Specialty Medication Administration Site of Care		BCBS.
Marcia inflace	J1557					Infusion Site of CareMedical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
1955   1965				RX501.097	Specialty Medication Administration Site of Care		BCBS.
Medical Informacy Control Medical Informacy (March Medical Med	J1558					Infusion Site of CareMedical Oncology & Supportive Care	
Medical Infection   Medi		/ Specialty Drug		RX504.003			
	11550			RX501.098	Specialty Medication Administration Site of Care		
Medical Infliciance   Proportion Property   Supporting Care   Proportion Property   Supporting Care		Medical Infusion	100 mg)  Hizentra_(Injection, immune globulin	RX501.098 AIM	Soecialty Medication Administration Site of Care AIM Clinical Guidelines		AIM will review requests for oncology drugs that are supported by an oncology diagnosi
	11339	Medical Infusion	100 mg)  Hizentra_(Injection, immune globulin , 100 mg)	RX501.003 RX501.098 AIM RX504.003	Seecialty Medication Administration Site of Care AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])		AIM will review requests for oncology drugs that are supported by an oncology diagnosi If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
March   Marc		Medical Infusion / Specialty Drug	100 mg) Hizentra_(Injection, immune globulin, 100 mg) Gamunex/Gamunex-	RX501.098 AIM RX504.003 RX501.099	Seecialty Medication Administration Site of Care AM Clinical Guidelines Immunoglobulin (ig) Therapy (including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care AM Clinical Guidelines	Infusion Site of CareMedical Oncology & Supportive Care	AMM will review requests for oncology drugs that are supported by an oncology diagnos if the drug requested is not associated with an oncology diagnosis, it will be reviewed b BCBS.  AIM will review requests for oncology drugs that are supported by an oncology diagnos
Second Process   Seco		Medical Infusion / Specialty Drug Medical Infusion	Hizentra_(Injection, immune globulin , 100 mg) Gamunex/Gamunex- C/Gammaked_(Injection, immune globulin, , nonlyophilized (e.g., liquid),	RX501.098 AIM RX504.003 RX501.099 AIM RX504.003	Seecially Medication Administration Site of Care.  AM Clinical Guidelines Immunoglobulin (Igi Therapy (including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Seecially Medication Administration Site of Care  AM Clinical Guidelines Immunoglobulin (Igi Therapy (including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Infusion Site of CareMedical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosit, if the drug requested is not associated with an oncology diagnosis, it will be reviewed b BCBS.  AIM will review requests for oncology drugs that are supported by an oncology diagnosit if the drug requested is not associated with an oncology diagnosis, it will be reviewed by
Medical InfoScorial Programs (Programs of Programs of	J1561	Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	100 mg)  Hizentra_(Injection, immune globulin, 100 mg)  Gamunex/Gamunex- C/Gammaked_(Injection, immune globulin, , nonlyophilized (e.g., liquid), 500 mg)	RX501.098 AIM RX501.099 AIM RX501.099 AIM RX501.003	Seecialty Medication Administration Site of Care  AM Clinical Guidelines  Immunoglobulin (Ig Therapy (including intravenous [IVIG] and Subcutaneous Ig [SCIG])  Specialty Medication Administration Site of Care  AM Clinical Guidelines  Immunoglobulin (Ig Therapy (including infravenous [IVIG] and Subcutaneous Ig [SCIG])  Specialty Medication Administration Site of Care	Infusion Site of CareMedical Oncology & Supportive Can Infusion Site of CareMedical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnos 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 diagnos if the drug requested is not associated with an oncology diagnosis, it will be reviewed b BCBS.
Foreign   Fore	J1561	Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion	Hizentra_(Injection, immune globulin , 100 mg) Gamunex/Gamunex- C/Gammaked_(Injection, immune globulin, nonhyophilized (e.g., liquid), 500 mg) Vivaglobin (immune globulin subcutaneous)	RX501.098 AIM RX501.099 AIM RX501.099 AIM RX501.003	Seecialty 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  Immunoglobulin (Ig) Therapy (including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Infusion Site of CareMedical Oncology & Supportive Can Infusion Site of CareMedical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnos 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 diagnos if the drug requested is not associated with an oncology diagnosis, it will be reviewed b BCBS.
Maded Inflated Systatis Four Maded Inflated Systatis Four Maded Inflated Systatis Four Maded Inflated Systatis Four Maded Inflated Maded Inflated Systatis Four Maded Inflated Maded Inflated Systatis Four Maded Inflated Systatis Four Maded Inflated Maded Inflate	J1561 J1562	Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Hizentra (Injection, immune globulin, 100 mg)  Gamunex/Gamunex- C/Gammaked_ (Injection, immune globulin, nonhyohilized (e.g., liquid), 500 mg)  Vivaglobin (immune globulin subcutaneous) Injection, immune globulin,	MS01.098 AIM MS04.003 RXS01.099 AIM RXS04.003 RXS04.003 AIM	Soecialty Medication Administration Site of Care  AM Clinical Guidelines  Immunoglobulin (ig Therapy (including Intravenous [IVIG] and Subcutaneous Ig [SCIG])  Specialty Medication Administration Site of Care  AIM Clinical Guidelines  Immunoglobulin (ig Therapy (including Intravenous [IVIG] and Subcutaneous Ig [SCIG])  Specialty Medication Administration Site of Care  Immunoglobulin (ig) Therapy (including Intravenous [IVIG] and Subcutaneous Ig [SCIG])  AIM Clinical Guidelines	Infusion Site of CareMedical Oncology & Supportive Care Infusion Site of CareMedical Oncology & Supportive Care Provider Administered Drug Therapy	AIM will review requests for oncology drugs that are supported by an oncology diagnos if the drug requested in or associated with an oncology diagnosis, it will be reviewed by BCBS.  Alf will review requests for oncology drugs that are supported by an oncology diagnosi if the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.  Prior Authorization required through BCBS.  AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
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Specialty Drug   Region   Property   Region	11561 11562 11566 11568 11569 11572 11575	Medical Infusion / Specialty Drug Medica	100 mg) Hitentra_(Injection, immune globulin . 100 mg) Gamunev/Gamunev (Camunev (Camunev (Camunev (Camunev (Camunev (Camunev )	RSS04.008 RSS04.008 RSS04.008 RSS04.003 RSS04.003 RSS04.003 RSS04.003 RSS04.003 RSS04.003 RSS04.003 RSS04.003 RSS01.101 AIM RSS04.003 RSS01.102 AIM RSS04.003 RSS01.103 AIM RSS04.003 RSS01.105	Secialty Medication Administration Site of Care  AM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG])  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of CareMedical Oncology & Supportive Can Infusion Site of CareMedical Oncology & Supportive Can Provider Administered Drug Therapy Infusion Site of CareMedical Oncology & Supportive Can	AM will review requests for oncology drugs that are supported by an oncology diagnosi fit the drug requested in or associated with an oncology diagnosis, it will be reviewed b BCBS.  Alm will review requests for oncology drugs that are supported by an oncology diagnosis, it will be reviewed b pCBS.  Prior Authorization required through BCBS.  Alm will review requests for oncology drugs that are supported by an oncology diagnosis, it will be reviewed b pCBS.  Alm 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 b pCBS.  Alm 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 b pCBS.  Alm 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 b pCBS.  Alm 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 b pCBS.  Alm 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 b pCBS.  Alm will review requests for oncology drugs that are supported by an oncology diagnosis of the drug requested is not associated with an oncology diagnosis, it will be reviewed b pCBS.  Alm will review requests for oncology drugs that are supported by an oncology diagnosis of the drug requested is not associated with an oncology diagnosis, it will be reviewed b pCBS.
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Specialty Drug	11561 11562 11566 11568 11569 11572 11575 11599 11602 11675	Medical Infusion / Specialty Drug Medical Infusion	100 mg)  Hitentra_(Injection, immune globulin . 100 mg)  Gamunev/Gamunev  (Gamunev/Gamunev  (Gamunev/Gamunev  Godini, nonlyophilited (e.g., liquid), 500 mg)  Injection, immune globulin, subscutaneous)  Injection, immune globulin, intravenous, lyophilited (e.g., powder, not otherwise specified, 500 mg)  Octapam, (injection, immune globulin, intravenous, lyophilited (e.g., liquid), 500 mg)  Gammagard fauor (injection, immune globulin, intravenous, nonlyophilited (e.g., liquid), 500 mg)  Gammagard fauor (injection, immune globulin, intravenous, nonlyophilited (e.g., liquid), 1000 mg)  Hydyda (Injection, immune globulin, intravenous, nonlyophilited (e.g., liquid), 1000 mg)  Hydyda (Injection, immune globulin, intravenous, nonlyophilited (e.g., liquid), 1000 mg)  Hydyda (Injection, immune globulin, intravenous, nonlyophilited (e.g., liquid), 1000 mg)  Simponi Aria (golimumab)  histrein accetate  Makena (hydroxyprogesterone caprotete)	RSS01.09 RSS01.09 RSS01.09 RSS01.00	Seecialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Seecialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG])  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  AIM Clinical Guidelines Immunoglobulin (ig) Therapy (including intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Sit	Infusion Site of CareMedical Oncology & Supportive Care Infusion Site of CareMedical Oncology & Supportive Care Provider Administered Drug Therapy Infusion Site of CareMedical Oncology & Supportive Care Provider Administered Drug TherapyMedical Oncology & Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy	AM will review requests for oncology drugs that are supported by an oncology diagnosi fit the drug requested in or associated with an oncology diagnosis, it will be reviewed b BCBS.  Alf will review requests for oncology drugs that are supported by an oncology diagnosi, and will review requests for oncology drugs that are supported by an oncology diagnosis, it will be reviewed be a consistent of the control
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Proposition / Drugstar Administration or Drugstar Administration required through BCBS.	11561 11562 11566 11568 11569 11572 11575 11599 11602 11675 11726 11743 11745	Medical Infusion / Specialty Drug Medical Infusion	100 mg) Gamune/Gamunes (Crāmmaked [Injection, immune globulin 1,100 mg) Gamune/Gamunes (Crāmmaked [Injection, immune globulin, nonhyophilized (e.g., liquid), 500 mg) Vivaglobin (minume globulin, subscitutaneous), pophilized (e.g., liquid), 500 mg) Gamungerous, lyophilized (e.g., liquid), 500 mg) Godgam (Injection, immune globulin, intravenous, nonhyophilized (e.g., liquid), 500 mg) Gamunggard liquid (Injection, immune globulin, intravenous, nonhyophilized, (e.g., liquid), 500 mg) Hedgamin (Probagamina berbagamina) Gamunggard liquid (Injection, immune globulin, intravenous, nonhyophilized, (e.g., liquid), 500 mg) Hedgamina (Injection, immune globulin, intravenous, nonhyophilized, (e.g., liquid), 500 mg) Hedgamina (Injection, immune globulin, intravenous, nonhyophilized (e.g., liquid), 500 mg) Simponi Aria (galimumab) histrielin acetate Makena (hydroxyprogesterone caprotate) Elaprase (idursulfase) Remicade (inflisimab) Trogarao (ibalizumab ulyk) Cerezyme (imiglucerase) Adduraxyme (laronidase)	RSSQL058 RSSQL058 RSSQL068 RSSQL068 RSSQL068 RSSQL063 RSSQL066	Secialty Medication Administration Site of Care  AM Clinical Guidelines Immunoglobulin (ig) Therapy (including Intravenous [IVIG] and Subcutaneous ig [SCIG]) Secialty Medication Administration Site of Care  AM Clinical Guidelines Immunoglobulin (ig) Therapy (including Intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  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 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  Immunoglobulin (ig) Therapy (including Intravenous [IVIG] and Subcutaneous ig [SCIG]) Specialty Medication Administration Site of Care  Immunoglobulin (	Infusion Site of CareMedical Oncology & Supportive Can Infusion Site of CareMedical Oncology & Supportive Can Provider Administered Drug Therapy Infusion Site of CareMedical Oncology & Supportive Can Provider Administered Drug TherapyMedical Oncology & Infusion Site of Care	AM will review requests for oncology drugs that are supported by an oncology diagnosi if the drug requested in or associated with an oncology diagnosis, it will be reviewed by BCBS.  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J2323	Medical Infusion / Specialty Drug	Tysabri (natalizumab)	RX501.059 RX501.096	Natalizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J2326	Medical Infusion	Spinraza (nusinersen)	RX501.086	Nusinersen	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
12350	/ Specialty Drug Medical Infusion	Ocrevus (ocrelizumab)	RX501.085	Ocrelizumab	Infusion Site of Care	Prior Authorization required through BCBS.
	/ Specialty Drug Medical Infusion	Ocrevus (ocrenzumab)	RX501.096 RX501.058	Specialty Medication Administration Site of Care Omalizumab		Prior Authorization required through BCBS.
J2357	/ Specialty Drug	Xolair (omalizumab)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J2502	Medical Infusion / Specialty Drug	Signifor LAR (pasireotide)	RX501.079	Pasireotide	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J2505	Medical Infusion	Neulasta_(Pegfilgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Retire effective 04/01/2022.
		Neulasta Onpro Kit (Pegfilgrastim) Neulasta_(Pegfilgrastim)			Medical Oncology & Supportive Care	
J2506	/ Specialty Drug	Neulasta Onpro Kit (Pegfilgrastim)	AIM RX501.120	AIM Clinical Guidelines Pegloticase	Medical Oncology & Supportive Care	Add effective 04/01/2022. Prior Authorization required through AIM.
J2507	Medical Infusion / Specialty Drug	Krystexxa (pegloticase)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J2562	Medical Infusion	Mozobil (plerixafor)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J2786	/ Specialty Drug Medical Infusion	Cingair (reslizumab)	RX501.083	Reslizumab	Infusion Site of Care	Prior Authorization required through BCBS.
12786	/ Specialty Drug Medical Infusion	Cinqair (resilzumab)	RX501.096	Specialty Medication Administration Site of Care		Prior Authorization required through BCBS.
J2820	/ Specialty Drug	Leukine_(Sargramostim )	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J2840	Medical Infusion	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.
J2860	/ Specialty Drug Medical Infusion	Sylvant (Siltuximab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	/ Specialty Drug Medical Infusion		Aut	Particular distriction		The Addiction required though Aim.
J2941	/ Specialty Drug	Humatrope, Saizen (somatropin)	RX501.040	Human Growth Hormone (GH)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J3032	Medical Infusion / Specialty Drug	Vyepti (eptinezumab-jjmr)	RX501.124 RX501.096	Eptinezumab-jjmr  Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J3060	Medical Infusion	Elelyso (taliglucerase alfa)	RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBS.
	/ Specialty Drug Medical Infusion		RX501.096 SUR717.001	Specialty Medication Administration Site of Care Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
J3121	/ Specialty Drug	testosterone enanthate	RX501.076	Testosterone Replacement Therapies	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J3145	Medical Infusion / Specialty Drug	Aveed (testosterone undecanoate)	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.
J3241	Medical Infusion	Tepezza (teprotumumab-trbw)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
	/ Specialty Drug Medical Infusion		RX501.110 RX501.096	Teprotumumab Specialty Medication Administration Site of Care		
J3245	/ Specialty Drug	Ilumya (tildrakizumab-asmn)	RX501.123	Tildrakizumab-asmn	Infusion Site of Care	Prior Authorization required through BCBS.
J3262	Medical Infusion / Specialty Drug	Actemra (toclizumab)	RX501.096 RX501.115	Specialty Medication Administration Site of Care Tocilizumab	Infusion Site of Care	Prior Authorization required through BCBS.
J3285	Medical Infusion	Remodulin (treprostinil)	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
	/ Specialty Drug Medical Infusion	, , , , , ,	RX502.061	Oncology Medications		
J3315	/ Specialty Drug	Trelstar (triptorelin pamoate)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J3358	Medical Infusion / Specialty Drug	Stelara (ustekinumab for intravenous use)	RX501.096 RX501.114	Specialty Medication Administration Site of Care Ustekinumab	Infusion Site of Care	Prior Authorization required through BCBS.
J3380	Medical Infusion	Entyvio (vedolizumab)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
	/ Specialty Drug Medical Infusion		RX501.117 RX501.067	Vedolizumab Enzyme-Replacement Therapy for Lysosomal Storage Disorders		
J3385	/ Specialty Drug	vpriv (veragiucerase arra)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J3397	Medical Infusion / Specialty Drug	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.
13398	Medical Infusion	Luxturna (voretigene neparvovec-rzyl		Gene Therapy for Inherited Retinal Dystrophy	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
	/ Specialty Drug Medical Infusion	Zolgensma (onasemnogene				
13399	/ Specialty Drug	abeparvovec-xioi)	RX501.104	Onasemnogene Abeparvovec-xioi	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J7178	Medical Infusion / Specialty Drug	RiaSTAP (human fibrinogen	RX501.072	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J7340	Medical Infusion	Duopa (carbidopa/levodopa enteral	RX504.015	Levodopa-Carbidopa Enteral Suspension (e.g. Duopa) for The Treatment of Parkinson Disease.	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
	/ Specialty Drug Medical Infusion					
J9022	/ Specialty Drug	Tecentriq_(Atezolizumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9023	Medical Infusion / Specialty Drug	Bavencio_(Avelumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
			AIM	AIM Clinical Guidelines		AIM will review requests for oncology drugs that are supported by an oncology diagnosis
19035	Medical Infusion / Specialty Drug	Avastin_(Bevacizumab)	OTH903.027 OTH903.020	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions	Provider Administered Drug TherapyMedical Oncology &	Strapording Carquested is not associated with an oncology diagnosis, it will be reviewed by
			OTH903.015	Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)		BCBS.
10027						
J9037	Medical Infusion / Specialty Drug	Blenrep (Belantamab mafodotin-blmf		AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19037	/ Specialty Drug Medical Infusion			AIM Clinical Guidelines	Medical Oncology & Supportive Care  Medical Oncology & Supportive Care	
19039	/ Specialty Drug	Blincyto_(Blinatumomab)	AIM	AIM Clinical Guidelines  AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	/ Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug		) AIM	AIM Clinical Guidelines		
19039	/ Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion	Blincyto_(Blinatumomab)	AIM	AIM Clinical Guidelines  AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9039 J9042	/ Specialty Drug Medical Infusion	Blincyto_(Blinatumomab)  Adcetris_(Brentuximab vedotin)  Jevtana_(Cabazitaxel)	AIM AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care  Medical Oncology & Supportive Care	Prior Authorization required through AlM.  Prior Authorization required through AlM.  Prior Authorization required through AlM.
19039 19042 19043	/ Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	Blincyto_(Blinatumomab)  Adcetris_(Brentuximab vedotin)  Jevtana_(Cabazitaxel)  Kyprolis_(Carfilzomib)	AIM AIM AIM AIM AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AlM.
19039 19042 19043	/ Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Trug Medical Infusion / Specialty Drug Medical Infusion	Blincyto_(Blinatumomab)  Adcetris_(Brentuximab vedotin)  Jevtana_(Cabazitaxel)	AIM AIM AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care  Medical Oncology & Supportive Care  Medical Oncology & Supportive Care	Prior Authorization required through AlM.  Prior Authorization required through AlM.  Prior Authorization required through AlM.
19039 19042 19043	/ Specialty Drug. Medical Infusion	Blincyto_(Blinatumomab)  Adcetris_(Brentuximab vedotin)  Jevtana_(Cabazitaxel)  Kyprolis_(Carfilzomib)	AIM AIM AIM AIM AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AlM.
J9039 J9042 J9043 J9047 J9055	/ Specialty Drug. Medical Infusion	Blincyto_(Blinatumomab)  Adcetris_(Brentusimab vedotin)  Jevtana_(Cabazitaxel)  Kyprolis_(Carfizomib)  Erbitux_(Cetusimab)  Aliqopa_(Copanlisib)	AIM AIM AIM AIM AIM AIM AIM AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9039 J9042 J9043 J9047 J9055 J9057	/ Specialty Drug Medical Infusion	Blincyto_(Blinatumomab)  Adcetris_(Brentunimab vedotin)  Jevtana_(Cabazitaxel)  Kyprolis_(Carfizomib)  Erbitus_(Cettuimab )  Aliqopa_(Copanlisib)  Amivantamab-vmjw	AIM	AM Clinical Guidelines  AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Add effective 10/01/2022. Prior Authorization required through AIM.
J9039 J9042 J9043 J9047 J9055	/ Specialty Drug. Medical Infusion / Specialty Drug.	Blincyto_(Blinatumomab)  Adcetris_(Brentumimab vedotin)  Jevtana_(Cabazitaxel)  Kyprolis_(Carfizomib)  Erbitux_(Cetusimab)  Aliqopa_(Copanlisib)  Amiwantamab-vmjw  Libtayo (Cemiplimab-wic)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9039 J9042 J9043 J9047 J9055 J9057	/ Specialty Drug Medical Infusion / Medical Infusion / Medical Infusion / Medical Infusion	Blincyto_(Blinatumomab)  Adcetris_(Brentusimab vedotin)  Jevtana_(Cabazitaxel)  Kyprolis_(Carfitromib)  Erbitux_(Certusimab )  Aliqopa_(Copanlisib)  Arnivantamvnjw  Libtayo (Cemplinnab -wkc)  Daralex-Faspro_(Baratumumab-	AIM	AM Clinical Guidelines  AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Add effective 10/01/2022. Prior Authorization required through AIM.
19039 19042 19043 19047 19055 19057 19061	/ Specially Drug Medical Infusion / Medica	Blincyto_(Blinatumomab)  Adcetris_(Brentumimab vedotin)  Jevtana_(Cabazitaxel)  Kyprolis_(Carfizomib)  Erbitux_(Cetusimab)  Aliqopa_(Copanlisib)  Amiwantamab-vmjw  Libtayo (Cemiplimab-wic)	AIM	AM Clinical Guidelines  AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Add effective 10/01/2022. Prior Authorization required through AIM.  Prior Authorization required through AIM.
19039 19042 19043 19047 19055 19057 19061 19119 19144	/ Specialty Drug, Medical Infusion / Specialty Drug	Blincyto_(Blinatumomab)  Adcetris_(Brentusimab vedotin)  Jevtana_(Cabazitaxel)  Kyprolis_(Carlizomib)  Erbitux_(Cetusimab)  Aliqopa_(Copanlisib)  Amiwantamab-vmjw  Libtayo (Cemiplimab-vvic)  Darzaler-Rappo_(Daratumumab- hyalurondase-libyaluronab-vic)  Darzaler_(Daratumumab)	AIM	AM Clinical Guidelines  AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Add effective 10/01/2022. Prior Authorization required through AIM.
19039 19042 19043 19047 19055 19057 19061 19119	/ Specially Drug Medical Influsion / Specially Drug / S	Blincyto_(Blinatumomab)  Adcetris_(Brentumimab vedotin)  Jevtana_(Cabazitaxel)  Kyprolis_(Carfizomib)  Erbitux_(Cetusimab)  Aliqopa_(Copanlisib)  Amivantamab-vmjw  Libtayo (Cemiplimab-rwic)  Darzaler-Aspro_(Daratumumab-hyaturonidase-Blinatumumab- Darzaler_(Coratumumab)	AIM	AM Clinical Guidelines  AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Add effective 10/01/2022. Prior Authorization required through AIM.  Prior Authorization required through AIM.  Prior Authorization required through AIM.
19039 19042 19043 19047 19055 19057 19061 19119 19144	/ Specially Drug. Medical Influsion / Medical Influsio	Blincyto_(Blinatumomab)  Adcetris_(Brentusimab vedotin)  Jevtana_(Cabazitaxel)  Kyprolis_(Carlizomib)  Erbitux_(Cetusimab)  Aliqopa_(Copanlisib)  Amiwantamab-vmjw  Libtayo (Cemiplimab-vvic)  Darzaler-Rappo_(Daratumumab- hyalurondase-libyaluronab-vic)  Darzaler_(Daratumumab)	AIM	AIM Clinical Guidelines  Oncology Medications	Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Add effective 10/01/2022. Prior Authorization required through AIM.
J9039 J9042 J9043 J9047 J9055 J9057 J9061 J9119 J9144 J9145 J9155	/ Specially Drug. Medical Influsion / Specially Drug. Medical Infl	Blincyto_(Blinatumomab)  Adcetris_(Brentumimab vedotin)  Jevtana_(Cabazitavel)  Kyprolis_(Carlizomib)  Erbitux_(Cetusimab)  Aliqopa_(Copanlisib)  Arnivantamab-vmjw  Libtayo (Cemplimab-rwlc)  Darzalee-Faspro_(Daratumumab-hyaluronidase-filis)  Darzales_(Daratumumab)  Firmagon (degarelix)  Imfinai_(Durvalumab)	AIM	AM Clinical Guidelines  AIM Clinical Guidelines  G	Medical Oncology & Supportive Care  Provider Administered Drug Therapy	Prior Authorization required through AIM.  Add effective 10/01/2022. Prior Authorization required through AIM.
J9039 J9042 J9043 J9047 J9055 J9057 J9061 J9119 J9144 J9145 J9155 J9173 J9176	/ Specially Drug. Medical Influsion / Specially Drug.	Blincyto_(Blinatumomab)  Adcetris_(Brentumimab vedotin)  Jevtana_(Cabazitaxel)  Kyprolis_(Carlizomib)  Erbitux_(Cetumab)  Aliqopa_(Copanlisib)  Amiwantamab-vmjw  Libtayo (Cemiplimab-rwlc)  Darzaler-Faspro_(Garatumumab-hyaluronidase-filo- phyaluronidase-filo- phyaluronidase-filo- Infinita_(Durvalumab)  Infinita_(Durvalumab)	AIM	AM Clinical Guidelines  AIM Clinical Guidelines	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9039 J9042 J9043 J9047 J9055 J9057 J9061 J9119 J9144 J9145 J9155 J9173 J9176	/ Specially Drug. Medical Influsion / Specially Drug. / Medical Influsion / Specially Drug. / Medical Influsion / Specially Drug.	Blincyto_(Blinatumomab)  Adcetris_(Brentumimab vedotin)  Jevtana_(Cabazitaxel)  Kyprolis_(Carfizomib)  Erbitux_(Cetusimab)  Aliqopa_(Copanlisib)  Amivantamab-vmjw  Libtayo (Cemiplimab-rwic)  Darzaler-Aspro_(Daratumumab-hyatumodase-filed  Firmagon (degarelix)  Imfinzi_(Durvalumab)  Empickii_(Edotuzmab)  Padcev_(Fan-trastuzumab  dedevutecam-risk)	AIM	AM Clinical Guidelines  AIM Clinical Guidelines	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9039 J9042 J9043 J9047 J9055 J9057 J9061 J9119 J9144 J9145 J9155 J9173 J9176	/ Specially Drug. Medical Influsion / Specially Drug.	Blincyto_(Blinatumomab)  Adcetris_(Brentusimab vedotin)  Jevtana_(Cabazitaxel)  Kyprolis_(Cerfilcomib)  Erbitus_(Certilcomib)  Erbitus_(Cetucimab )  Aliqopa_(Copanlisib)  Arnivantamavmjw  Libtayo (Cemiplimab-rwic)  Darzaler_Fappo_(Daratumumab-hyaluronidase-(lih)  Darzaler_(Daratumumab)  Ermigni (Gouratumumab)  Empliciti_(Elotuzumab)  Padcev_(Fan-trastuzumab  denutecan-naki)  Halaven_(Erbulin)	AIM	AM Clinical Guidelines  AIM Clinical Guidelines	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9039 J9042 J9043 J9047 J9055 J9057 J9061 J9119 J9144 J9145 J9155 J9173 J9176	/ Specially Drug. Medical Influsion / Specially Engl. Medical Influsion / Specially Engl. Medical Influsion / Specially Engl. Medical Influsion / Specially Drug. Medical Influsion / Medi	Blincyto_(Blinatumomab)  Adcetris_(Brentusimab vedotin)  Jevtana_(Cabazitaxel)  Kyprolis_(Cerfilcomib)  Erbitus_(Certilcomib)  Erbitus_(Cetucimab )  Aliqopa_(Copanlisib)  Arnivantamavmjw  Libtayo (Cemiplimab-rwic)  Darzaler_Fappo_(Daratumumab-hyaluronidase-(lih)  Darzaler_(Daratumumab)  Ermigni (Gouratumumab)  Empliciti_(Elotuzumab)  Padcev_(Fan-trastuzumab  denutecan-naki)  Halaven_(Erbulin)	AIM	AM Clinical Guidelines  AIM Clinical Guidelines	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19039 19042 19043 19047 19055 19057 19061 19119 19444 19155 19173 19176 19177	/ Specially Drug. Medical Influsion / Specially Drug.	Blincyto_(Blinatumomab) Adcetris_(Brentusimab vedotin) Jectana_(Cabazitaxel) Ryprolis_(Carfitromib) Erbitux_(Certitromib) Erbitux_(Cetusimab ) Adlopa_(Copanlisib) Arnivantamab-walv Libtayo (Cemiplimab-rwlc) Darzaler_appo_(Daratumumab-hyalturonibase-filip) Darzaler_(Caratumumab-hyalturonibase-filip) Empliciti_(Clotutumab) Empliciti_(Elotutumab) Padcec_(Fam-trastuzumab denutecan-nuki) Halaven_(Eribulin) Zoludex (goserelin acetate implant)	AIM	AM Clinical Guidelines	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19039 19042 19043 19047 19055 19057 19061 19119 19144 19145 19177 19179 19202	/ Specially Drug. Medical Influsion / Specially Crug.	Blincyto_(Blinatumomab) Adcetris_(Brentusimab vedotin) jevtana_(Cabazitaxet) Kyprolis_(Carfitromib) Erbitux_(Certusimab) Allopa_(Copanlisib) Arnivantamab-waly Libtayo (Cemiplimab-rwkc) Darzaler_Aspo_(Daratumumab-hyaluronidase-(jih) Darzaler_Aspo_(Daratumumab-hyaluronidase-(jih) Libtayo (Certusimab) Empliciti_(Cloturumab) Empliciti_(Eloturumab) Empliciti_(Eloturumab) Halaven_(Eribulin) Zoladex (goserelin acetate implant) Mylotarg_(Gemturumab ozogamicin)	AIM	AM Clinical Guidelines	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19039 19042 19043 19047 19055 19057 19061 19119 19444 19155 19173 19176 19177	/ Specially Drug. Medical Influsion / Specially Chair / Specially	Blincyto (Blinatumomab)  Adcetris (Brentuximab vedotin)  Jevtana (Cabazitaxel)  Kyprolis (Carfizomib)  Erbitus (Cettuimab )  Aliqopa (Copanlisib)  Amivantamab vmjw  Libtayo (Cemiplimab -wkc)  Darzaler -Epor (Daratumumab-hyaluronidase-fijib)  Darzaler (Daratumumab)  Firmagon (degarelid)  Imfinzi (Guratumab)  Padcev (Fam-trastuzumab  defuntecam-naki)  Halaven (Erfolin)  Zoladok (goserelin acetate implant)  Mylotarg (Gemtuzumab ozogamica)  Poteligeo (Mogamulizumab kpkc)	AIM	AM Clinical Guidelines	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19039 19042 19043 19047 19055 19057 19061 19119 19144 19145 19177 19179 19202	/ Specially Drug. Medical Influsion / Medi	Blincyto (Blinatumomab)  Adcetris (Brentuximab vedotin)  Jevtana (Cabazitaxel)  Kyprolis (Carfizomib)  Erbitus (Cettuimab )  Aliqopa (Copanlisib)  Amivantamab vmjw  Libtayo (Cemiplimab -wkc)  Darzaler -Epor (Daratumumab-hyaluronidase-fijib)  Darzaler (Daratumumab)  Firmagon (degarelid)  Imfinzi (Guratumab)  Padcev (Fam-trastuzumab  defuntecam-naki)  Halaven (Erfolin)  Zoladok (goserelin acetate implant)  Mylotarg (Gemtuzumab ozogamica)  Poteligeo (Mogamulizumab kpkc)	AIM	AM Clinical Guidelines	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19039 19042 19043 19047 19055 19057 19061 19119 19144 19145 19155 19177 19179 19202	/ Specially Drug. Medical Influsion / Specially Crug. Medical Influsion /	Blincyto_(Blinatumomab)  Adcetris_(Brentusimab vedotin)  Jevtana_(Cabazitaxel)  Kyprolis_(Carfizomib)  Erbitus_(Cetusimab )  Aliqopa_(Copanlisib)  Anivantamab-vmiw  Libtayo (Cemiplimab rwic)  Darzlece-Faspo_(Daratumumab-hyaluronidase-filis)  Darzlece-Faspo_(Daratumumab-hyaluronidase-filis)  Darzlece-Faspo_(Daratumumab)  Empliciti_(Elotusumab)  Paddew_(Fan-trastusumab)  derustecan-ruski)  Halaven_(Erbitin)  Zoladex (goserelin acetate implant)  Mylotarg_(Gemtusumab zoagamicin)  Poteligeo_(Mogamulizumab kpkc)  Onlvyde_(Irinotecan iposome)	AIM	AM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19039 19042 19043 19047 19055 19057 19061 19119 19144 19145 19177 19179 19202 19203	/ Specially Drug. Medical Influsion / Specially Crug.	Blincyto (Blinatumomab)  Adcetris (Brentusimab vedotin)  Jevtana (Cabazitaxel)  Kyprolis (Carfizomib)  Erbitus (Cettusimab )  Aliqopa (Copanlisib)  Amiwartamab vmiw  Libtayo (Cemiplimab rwic)  Dazaler-Espor (Dazatumumab- hyaluronidase-filih)  Dazaler-Caparo (Gegarelis)  Firmagon (Gegarelis)  Firmagon (Gegarelis)  Empliciti (Elotusumab)  Padcev (Fan-trastusumab  deruxtecan-raki)  Halaven (Erfolin)  Zolidex (goserelin acetate implant)  Mylotarg (Gemtusumab ozogamicin)  Poteligeo (Mogamulkumab- kpkc)  Onivyde (Irinotecan ilposome)	AIM	AM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19039 19042 19043 19047 19055 19057 19061 19119 19144 19145 19177 19179 19202 19203	/ Specially Drug. Medical Influsion / Specially Experiment / Special	Blincyto (Blinatumomab)  Adcetris (Brentusimab vedotin)  Jevtana (Cabazitaxel)  Kyprolis (Carfizomib)  Erbitux (Certusimab )  Aliqopa (Copanlisib)  Amivantamab-wnjw  Libtayo (Cemiplimab-wkc)  Darzaler-Faspro (Daratumumab- hyaltrondiase-filis)  Darzaler (Daratumumab)  Firmagon (degarelix)  Imfinzi (Durvalumab)  Pendecy (Fant-tratuzumab  deruxtean-nxki)  Halaven (Erbulin )  Zolades (goserelin acetate implant)  Mylotarg (Gemtuzumab ozogamicin)  Poteligeo (Mogamulizumab-kpkc)  Onivyde (Irinotecan ilposome)  Izempra (Ikabepilone)	AIM	AM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19039 19042 19043 19047 19055 19057 19061 19119 19144 19155 19173 19176 19177 19179 19202 19203 19204 19205	/ Specially Drug. Medical Influsion / Specially Crug. Medical Influsion / Specially Crug. Medical Influsion / Specially Crug. Medical Influsion / Specially Crug. / Medical Influsion / Specially Crug.	Blincyto_(Blinatumomab)  Adcetris_(Brentusimab vedotin)  Jectana_(Cabazitaxel)  kyprolis_(Carfitromib)  Erbitux_(Certitromib)  Erbitux_(Certitromib)  Erbitux_(Certusimab )  Aliqopa_(Copanlisib)  Arnivantamab-walv  Libtayo (Cemiplimab-rwlc)  Darzaler_Appo_(Daratumumab-hyalturonibase-filip)  Darzaler_(Daratumumab-hyalturonibase-filip)  Darzaler_(Daratumumab)  Empliciti_(Elotuzumab)  Empliciti_(Elotuzumab)  Padcer_(Fam-trastuzumab  derustecan-nuk)  Halaven_(Eribulin)  Zolades (goserelin acetate implant)  Mylotara_(Gentuzumab coogamicin)  Poteligeo_(Mogamulizumab-kpkc)  Onivyde_(Urinotecan ilposomo)  Eligard, Lupron Depot- Lupron Depot- Leligrad, Lupron Depot- Ped (lepondiea cetate, for depot suspension, 7.3 brosepension)	AIM	AM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19039 19042 19043 19047 19047 19055 19057 19061 19119 19144 19155 19177 19179 19202 19203 19204 19205	/ Specially Drug. Medical Influsion / Specially Crug.	Blincyto_(Blinatumomab) Adcetris_(Brentunimab vedotin) Jevtana_(Cabazitaxel) Kyprolis_(Carfizomib) Erbitus_(Certizomib) Erbitus_(Cetuximab ) Aliqopa_(Copanisib) Anivantamab-wniw Libtayo (Cemiplimab rwic) Darzaler_(Sopro, (Daratumumab-hyaluronidase-filis) Darzaler_(Doratumumab) Firmagon (degarelix) Irimagon (degarelix) Empliciti_(Totuzumab) Paddeu_(Fan-trastutumab derustecon-maki) Halaven_(Erbitin) Zoladex (goserelin acetate implant) Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan iposome) bempra_(kabepolnone) Isignor_ Luspon Depot, Lupon Depot- Ped (leporolide acetate, for depot sesseension, Zo-Ease) leuprolide acetate, non depot	AIM	AM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19039 19042 19043 19047 19055 19057 19061 19119 19144 19155 19173 19176 19177 19179 19202 19203 19204 19205	/ Specially Drug. Medical Influsion / Specially Engl. Medical Influsion / Medi	Blincyto_(Blinatumomab) Adcetris_(Brentunimab vedotin) Jevtana_(Cabazitaxel) Kyprolis_(Carfizomib) Erbitus_(Certizomib) Erbitus_(Cetuximab ) Aliqopa_(Copanisib) Anivantamab-wniw Libtayo (Cemiplimab rwic) Darzaler_(Sopro, (Daratumumab-hyaluronidase-filis) Darzaler_(Doratumumab) Firmagon (degarelix) Irimagon (degarelix) Empliciti_(Totuzumab) Paddeu_(Fan-trastutumab derustecon-maki) Halaven_(Erbitin) Zoladex (goserelin acetate implant) Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan iposome) bempra_(kabepolnone) Isignor_ Luspon Depot, Lupon Depot- Ped (leporolide acetate, for depot sesseension, Zo-Ease) leuprolide acetate, non depot	AIM	AM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
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19039   19042   19043   19047   19055   19057   19056   19057   19058   19059   19044   19145   19155   19157   19179   19202   19203   19204   19205   19207   19217   19218   19223   19225   19225   19226   19227   19228   1922	/ Specially Drug. Medical Influsion / Specially Engl. Medical Infl	Blincyto_(Blinatumomab) Adcetris_(Brentusimab vedotin) Jevtana_(Cabazitaxel) Kyprolis_(Carfizomib) Erbitus_(Cetusimab ) Aliqopa_(Copanlisib) Anivantamab-wniw Libtayo (Cemiplimab-wic) Darzalec_Copanlisib) Darzalec_Copanlisib Darzalec_Copanlisib Portalec_Copanlisib Darzalec_Copanlisib Pirmagon (degarelis) Firmagon (degarelis) Firmagon (degarelis) Firmagon (degarelis) Padcev_(Fam-trastusumab-hyalurolidase-fijib) Padcev_(Fam-trastusumab) Padcev_(Fam-trastusumab) Padcev_(Fam-trastusumab) Padcev_(Fam-trastusumab deruxtecam-raki) Halaven_(Eriolin) Zoladex (goserelin acetate implant) Mylotarg_(Gemtusumab-lozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(trinotecan iposome) Itempra_(tabeplone) Lieuprolide acetate, for depot suspension_7.5 mg) Lieuprolide acetate, for depot ped (peuprolide acetate, nor depot Viadur (leuprolide acetate implant) Zepreloa_(turbinectedin) Vantas (histrelin implant) Supprelin LA (histrelin implant) Sarclisa_(insturimab) Besponsa_(inotuzumab) ozogamicin) Parxanec_(Padlizael protein-bound	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AM Clinical Guidelines  AIM Clinical Guidelines  Conadotropin-Releasing Hormone (GnRH) Agonists and Antagonists  Conadotropin-Releasing Hormone (GnRH) Agonists and Antagonists  AIM Clinical Guidelines  AIM Clinical Guidel	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Prior Authorization required through BCBS.
19039   19042   19043   19047   19055   19057   19056   19057   19066   19119   19144   19145   19155   19173   19176   19177   19179   19202   19203   19204   19205   19207   19218   19219   19223   19226   19226   19228   19229   19229   19228   19229   19229   19229   19228   19229   19229   19228   19229   19229   19228   19229   19229   19229   19229   19229   19228   19229   19229   19229   19228   19229   19229   19229   19229   19229   19229   19229   19229   19229   19228   19229   1922	/ Specially Drug. Medical Influsion / Specially Crug. Medical Influsion / Medical Infl	Blincyto_(Blinatumomab) Adcetris_(Brentusimab vedotin) Jevtana_(Cabazitaxel) Kyprolis_(Carfizomib) Erbitus_(Cetusimab ) Aliqopa_(Copanlisib) Anivantamab-wniw Libtayo (Cemiplimab-wic) Darzalec_Copanlisib) Darzalec_Copanlisib Darzalec_Copanlisib Portalec_Copanlisib Darzalec_Copanlisib Pirmagon (degarelis) Firmagon (degarelis) Firmagon (degarelis) Firmagon (degarelis) Padcev_(Fam-trastusumab-hyalurolidase-fijib) Padcev_(Fam-trastusumab) Padcev_(Fam-trastusumab) Padcev_(Fam-trastusumab) Padcev_(Fam-trastusumab deruxtecam-raki) Halaven_(Eriolin) Zoladex (goserelin acetate implant) Mylotarg_(Gemtusumab-lozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(trinotecan iposome) Itempra_(tabeplone) Lieuprolide acetate, for depot suspension_7.5 mg) Lieuprolide acetate, for depot ped (peuprolide acetate, nor depot Viadur (leuprolide acetate implant) Zepreloa_(turbinectedin) Vantas (histrelin implant) Supprelin LA (histrelin implant) Sarclisa_(insturimab) Besponsa_(inotuzumab) ozogamicin) Parxanec_(Padlizael protein-bound	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AM Clinical Guidelines  Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists  AM Clinical Guidelines  Conadotropin-Releasing Hormone (GnRH) Agonists and Antagonists  Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists  Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists  Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists  AM Clinical Guidelines	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Prior Authorization required through BCBS.  Prior Authorization required through AIM.
19039   19042   19043   19047   19055   19057   19056   19057   19066   19119   19144   19145   19155   19173   19176   19177   19179   19202   19203   19204   19205   19207   19218   19219   19223   19226   19226   19226   19226   19226   19228   19229   19264   19264   19264   19265   19227   19228   19228   19229   19264   19264   19265   19229   19264   19228   19229   19264   19269   1926	/ Specially Drug. Medical Influsion / Specially Crug. Medical Influsion / Medical Influsio	Blincyta (Blinatumomab) Adcetris (Brentusimab vedotin) Jevtana (Cabazitaxel) Kyprolis (Carfitromib) Erbitux (Certitromib) Erbitux (Certitromib) Arivana (Copanisib) Arnivantamab-walve Libtayo (Cemiplimab-rwkc) Darzaler Appro, (Daratumumab-hyaluronidase-filih) Darzaler (Daratumumab-hyaluronidase-filih) Darzaler (Garatumumab) Firmagon (degaretik) Imfinzi (Duruslumab) Empliciti (Elotuzumab) Padcev (Fiam-trastuzumab demutecan-mak) Halaven (Eribulin ) Zoladex (goserelin acetate implant) Mylotarg (Germtuzumab ozogamicin) Poteligoo (Mogamulizumab perioritri (Grinderia Injant) Mylotarg (Germtuzumab ozogamicin) Poteligoo (Mogamulizumab perioritri (Grinderia Injant) Wylotarg (Germtuzumab ozogamicin) Poteligora (Mogamulizumab ozogamicin) Poteligora (Mogamulizumab ozogamicin) Vadra (Pieuprolide acetate implant) Eligard, Lupron Depot- Ped (leuprolide acetate, for depot suspension, acetate) Eligard, Lupron Depot- Vadur (Reuprolide acetate implant) Zepzeloz (Lurbinectedin) Vantas (histrelin implant) Sarclisa (Itisturimab-irfc) Yervoy (Ipilimumab) Besponsa (Inotuzumab ozogamicin) Abraxane (Paclitaxel protein-bound particles) Elzonris (Tagrasofusp-erzs )	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Prior Authorization required through BCBS.  Prior Authorization required through BCBS.  Prior Authorization required through BCBS.  Prior Authorization required through AIM.
19039 19042 19043 19047 19047 19055 19057 19061 19119 19144 19145 19177 19179 19202 19203 19204 19207 19217 19218 19217 19218 19223 19226 19227 19228 19228 19228 19228 19229 19264	/ Specially Drug. Medical Influsion / Specially Crug. Medical Influsion / Medical Influsio	Blincyto_(Blinatumomab) Adcetris_(Brentusimab vedotin) Jevtana_(Cabazitaxel) Kyprolis_(Carfitromib) Erbitux_(Certusimab) Adloopa_(Copanlisib) Arnivantamab-walve Libtayo (Cemiplimab-rwkc) Darzaler_appo_(Baratumumab-hyaluronidase-filip) Darzaler_appo_(Baratumumab-hyaluronidase-filip) Darzaler_(Constitumumab) Empliciti_(Elotuzumab) Empliciti_(Elotuzumab) Empliciti_(Elotuzumab) Empliciti_(Elotuzumab) Padcev_(Fam-trastuzumab demutecan-mabl) Halaven_(Eribulin) Zoladex (goserelin acetate implant) Mylotara_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab penderutecan-mable Eligard_Lupron Depot_tupron Depot- Ped (teporide acetate, for depot suspension_Catale, Icuprolide acetate, non depot Vladur (leuprolide acetate implant) Vantas (histrelln implant) Sarcitaa_(Isatusimab-irfc) Yervoy_(Ipilimumab) Besponsa_(Inotuzumab ozogamicin) Abraxane_(Paclitaxel protein-bound particles) Elzooris_(Tagraxofusp-erzs ) Keytruda_(Pembrolizumab)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AM Clinical Guidelines	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19039 19042 19043 19047 19047 19055 19057 19061 19119 19144 19155 19173 19176 19177 19202 19203 19204 19205 19207 19218 19217 19218 19227 19228 19226 19227 19228	/ Specially Drug. Medical Influsion / Specially Crug.	Blincyto_(Blinatumomab) Adcetris_(Brentusimab vedotin) Jectana_(Cabazitaxel) kyprolis_(Carfitromib) Erbitux_(Certitromib) Erbitux_(Certitromib) Erbitux_(Certitromib) Arivana_(Copanlisib) Arnivantamab-walve Libtayo (Cemiplimab-rwlc) Darzalex_Espo_(Daratumumab-hyalturonidase-(lip) Darzalex_(Constumumab) Padcev_(Fam-trastuzumab) Empliciti_(Elotuzumab) Padcev_(Fam-trastuzumab derustean-nuk) Halaven_(Eribulin) Zoladex (goserelin acetate implant) Mylotara_(Gemtuzumab coogamicin) Poteligeo_(Mogamulzumab-kpkc) Onivyde_(Irindetean liposome) Eligard, Lupron Depot_Lupron Depot- Ped (leuprolide acetate, non depot Vladur (leuprolide acetate, non depot Vladur (leuprolide acetate, non depot Vladur (leuprolide acetate implant) Superelin A (histrelin implant) Superelin (A (histrelin implant) Superelin (A (histrelin implant) Sarclisa_(Isatusimab-irfc) Yervoy_(Ipilimumab) Besponia_(Inotuzumab oogamicin) Abraxane_(Paclitaxel protein-bound particles) Elzonris_(Tagraxofusp-ers )	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Medical Oncology & Supportive Care  Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Prior Authorization required through BCBS.  Prior Authorization required through AIM.  Prior Authorization required through BCBS.  Prior Authorization required through BCBS.  Prior Authorization required through AIM.
19039   19042   19043   19047   19045   19047   19055   19057   19061   19119   19144   19145   19177   19179   19203   19207   19217   19218   19223   19225   19227   19228   19228   19229   19226   19227   19228   19229   19264   19269   19271   19228   19229   19264   19269   19271   19228   19229   19264   19269   19271   19228   19229   19264   19269   19271   19228   19229   19264   19269   19271   19228   19229   19264   19269   19271   19228   19229   19264   19229   19264   19269   19271   19271   19228   19229   19264   19269   19271   19271   19271   19272   19275   19276   19276   19277   19276   19276   19277   19276   19277   19276   19277   19276   19277   19276   19277   19276   19277   19276   19277   19276   19277   19276   19277   19276   19277   19276   19277   19276   19277   19276   19277   19277   19276   19277   19276   19277   1927	/ Specially Drug. Medical Influsion / Specially Crug. Medical Influsion /	Blincyto_(Blinatumomab) Adcetris_(Brentusimab vedotin) Jevtana_(Cabazitaxel) Kyprolis_(Carfitromib) Erbitux_(Certusimab) Adloopa_(Copanlisib) Arnivantamab-walve Libtayo (Cemiplimab-rwkc) Darzaler_appo_(Baratumumab-hyaluronidase-filip) Darzaler_appo_(Baratumumab-hyaluronidase-filip) Darzaler_(Constitumumab) Empliciti_(Elotuzumab) Empliciti_(Elotuzumab) Empliciti_(Elotuzumab) Empliciti_(Elotuzumab) Padcev_(Fam-trastuzumab demutecan-mabl) Halaven_(Eribulin) Zoladex (goserelin acetate implant) Mylotara_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab penderutecan-mable Eligard_Lupron Depot_tupron Depot- Ped (teporide acetate, for depot suspension_Catale, Icuprolide acetate, non depot Vladur (leuprolide acetate implant) Vantas (histrelln implant) Sarcitaa_(Isatusimab-irfc) Yervoy_(Ipilimumab) Besponsa_(Inotuzumab ozogamicin) Abraxane_(Paclitaxel protein-bound particles) Elzooris_(Tagraxofusp-erzs ) Keytruda_(Pembrolizumab)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AM Clinical Guidelines	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19039 19042 19043 19047 19047 19055 19057 19061 19119 19144 19145 19177 19179 19202 19203 19204 19207 19217 19218 19229 19228 19227 19228 19229 19264 19229 19264	/ Specially Drug. Medical Influsion / Specially Crug. Medical Influsion / Medical Influsio	Blincyto_(Blinatumomab) Adcetris_(Brentusimab vedotin) Jevtana_(Cabazitaxel) Kyprolis_(Carfilcomib) Erbitux_(Certusimab) Allopa_(Copanlisib) Arnivantamab-walve Libtayo (Cemiplimab-rwic) Darzalex_Fappo_(Daratumumab-hyaluronidase-filis) Darzalex_Fappo_(Daratumumab-hyaluronidase-filis) Darzalex_Fappo_(Daratumumab-hyaluronidase-filis) Empliciti_(Elotuzumab) Fadcev_(Fam-trastuzumab) demutecan-maki Halaven_(Erbulin) Zoladex (goserelin acetate implant) Mylotarg_(Gemtuzumab coggamicin) Poteligeo_(Moggamultzumab-kpkc) Onivyde_(Irinotecan lipsome) Isempra_(Isabepilone) Eligard, Lupron Depot. Lupron Depot- Ped (leuprolide acetate implant) Vantas_(Pacitaved, non depot Vadur (leuprolide acetate implant) Supprelin_LA (historielin implant) Supprelin_LA (historielin implant) Besponsa_(Inotuzumab) Besponsa_(Inotuzumab) Besponsa_(Inotuzumab) Besponsa_(Inotuzumab) Besponsa_(Inotuzumab) Besponsa_(Inotuzumab) Dostarlimab-gely Tisotumab-gely Tisotumab-geloturab)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AM Clinical Guidelines Conadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Conadotropin-Releasing Hormone (GnRH) Agonists and Antagonists AM Clinical Guidelines	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Medical Oncology & Supportive Care  Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Prior Authorization Prior
19039   19042   19043   19047   19055   19057   19061   19119   19144   19145   19155   19177   19179   19202   19203   19207   19218   19227   19228   19225   19226   19227   19228   19227   19228   19229   19228   19229   19228   19229   19228   19227   19228   19229   19228   19228   19229   19228   19228   19229   19228   19229   19228   19228   19228   19229   19228   19229   19228   19229   19228   19228   19228   19228   19228   19228   19228   19229   19228   1922	/ Specially Drug. Medical Influsion / Specially Crug. Medical Infl	Blincyto_(Blinatumomab) Adcetris_(Brentusimab vedotin) Jevtana_(Cabazitaxel) Kyprolis_(Carfizomib) Erbitus_(Cetusimab ) Aliqopa_(Copanisib) Anivantamab-myw Libtayo (Cemiplimab rwic) Darzaler_(Sopanisib) Darzaler_(Doratumumab-hyaluronidase-filis) Darzaler_(Doratumumab-hyaluronidase-filis) Darzaler_(Bortumumab) Firmagon (degarelis) Imfinzi_(Durusimab) Padcev_(Fan-trastusumab) derustecan-rasis) Halaven_(Erbitin) Zoladex (goserelin acetate implant) Mylotarg_(Gemtuzumab ozogamicin) Poteligeo_(Mogamulizumab-kpkc) Onivyde_(Irinotecan iposome) Ibempra_(Isaberjoleno) Ibempra_(	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AM Clinical Guidelines	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Medical Oncology & Supportive Care  Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Prior Authorization required through BCBS.  Prior Authorization required through AIM.

19299	Medical Infusion / Specialty Drug	Opdivo_(Nivolumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9301	Medical Infusion / Specialty Drug	Gazyva_(Obinutuzumab )	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19302	Medical Infusion	Arzerra (Ofatumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	/ Specialty Drug Medical Infusion					
19303	/ Specialty Drug Medical Infusion	Vectibix_(Panitumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19306	/ Specialty Drug	Perjeta_(Pertuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19308	Medical Infusion / Specialty Drug	Cyramza_(Ramucirumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19309	Medical Infusion	Polivy (Polatuzumab vedotin-piiq)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	/ Specialty Drug Medical Infusion		AIM	AIM Clinical Guidelines		AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
J9312	/ Specialty Drug	Rituxan*_(Rituximab)	RX502.030	Rituximab and Biosimilars for Non-Oncologic Indications	Provider Administered Drug TherapyMedical Oncology &	Surapporting Garguested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J9313		Lumoxiti (Moxetumomab pasudotox-	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9316		Phesgo_(Pertuzumab-Trastuzumab-	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	/ Specialty Drug Medical Infusion	Hyaluronidase-zzxf)				
J9317	/ Specialty Drug	Trodelvy_(Sacituzumab-govitecan)  Fyarro (sirolimus albumin bound	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
J9331	/ Specialty Drug		AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
19348	Medical Infusion / Specialty Drug	Danyelza_(Naxitamab-gqgk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19349	Medical Infusion / Specialty Drug	Monjuvi_(Tafasitamab-cxix)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19352	Medical Infusion	Yondelis_(Trabectedin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	/ Specialty Drug Medical Infusion				Medical Oncology & Supportive Care	
19353	/ Specialty Drug Medical Infusion	Margenza_(Margetuximab-cmkb)	AIM	AIM Clinical Guidelines		Prior Authorization required through AIM.
19354	/ Specialty Drug	Kadcyla_(Ado-Trastuzumab )	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19355	Medical Infusion / Specialty Drug	Herceptin_(Trastuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19356	Medical Infusion	Herceptin Hylecta_(Trastuzumab- hyaluronidase-oysk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19358	Medical Infusion	Enhertu_(Fam-trastuzumab	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	/ Specialty Drug Medical Infusion	deruxtecan-nxki)				
19359	/ Specialty Drug Medical Infusion	Loncastuximab Tesirine-lpyl	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Q2041	/ Specialty Drug	Yescarta (axicabtagene ciloleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Q2042	Medical Infusion / Specialty Drug	Kymriah (tisagenlecleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Q2043	Medical Infusion	Provenge_(Sipuleucel-T)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q2049	/ Specialty Drug Medical Infusion	Doxil/Lipodox_(Doxorubicin	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	/ Specialty Drug Medical Infusion	liposomal) Doxil/Lipodox_(Doxorubicin				
Q2050	/ Specialty Drug		AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q2053	Medical Infusion / Specialty Drug	Tecartus (brexucabtagene autoleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBS.
Q2054	Medical Infusion / Specialty Drug	Tecartus (brexucabtagene autoleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBS.
Q2056	Medical Infusion	Ciltacabtagene car pos t	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add (REPLACE C9098 which AMA termed 10/01/2022)
Q2055	/ Specialty Drug Medical Infusion	Abecma (idecabtagene vicleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBS.
	/ Specialty Drug Medical Infusion				- "	
Q4081	/ Specialty Drug Medical Infusion	ESRD, Epogen/Procrit_(Epoetin Alfa)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5101	/ Specialty Drug	Zarxio_(Filgrastim-sndz)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5103	Medical Infusion / Specialty Drug	Inflectra (infliximab-dyyb)	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Q5104	Medical Infusion / Specialty Drug	Renflexis (infliximab-abda) - NON-	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
	Medical Infusion		AIM	AIM Clinical Guidelines		AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Q5105	/ Specialty Drug	Retacrit_(Epoetin alfa-epbx)	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.
Q5106	Medical Infusion	Retacrit (Epoetin alfa-epbx)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Q5106	/ Specialty Drug	Retacrit_(Epoetin alia-epox)	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	wedical Offcology & supportive care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5107	Medical Infusion / Specialty Drug	Mvasi_(Bevacizumab-awwb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5108	Medical Infusion	Fulphila_(Pegfilgrastim-jmdb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5109	/ Specialty Drug Medical Infusion	Ixifi (infliximab-qbtx) - NON-	RX501.051	Infliximab and Associated Biosimilars	Infusion Site of Care	Prior Authorization required through BCBS.
	/ Specialty Drug Medical Infusion					
Q5110	/ Specialty Drug	Nivestym_(Filgrastim-aafi)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5111	/ Specialty Drug	Udenyca_(Pegfilgrastim-cbqv)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5112	Medical Infusion / Specialty Drug	Ontruzant_(Trastuzumab-dttb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5113	Medical Infusion	Herzuma_(Trastuzumab-pkrb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5114	/ Specialty Drug Medical Infusion	Ogivri (Trastuzumab-dkst)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	/ Specialty Drug	-0[navaragn.nvsr)				AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Q5115	Medical Infusion / Specialty Drug	Truxima_(Rituximab-abbs)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
Q5116	Medical Infusion	Trazimera_(Trastuzumab-qyyp)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	BCBS.  Prior Authorization required through AIM.
	/ Specialty Drug Medical Infusion					
Q5117	/ Specialty Drug	Kanjinti_(Trastuzumab-anns)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5118	Medical Infusion / Specialty Drug	Zirabev_(Bevacizumab-bvzr)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5119	Medical Infusion	Ruxience (Rituximab-pvvr)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
	/ Specialty Drug		RX502.030	Rituximab and Biosimilars for Non-Oncologic Indications		BCBS.
Q5120	Medical Infusion / Specialty Drug	Ziextenzo_(Pegfilgrastim-bmez)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5121	Medical Infusion / Specialty Drug	Avsola (infliximab-axxq)	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Q5122	Medical Infusion	Nyvepria (Pegfilgrastim-apgf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	/ Specialty Drug					AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Q5123	Medical Infusion / Specialty Drug	Riabni_(Rituximab-arrx)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
S0157	Medical Infusion	Regranex (becaplermin gel)	RX501.034	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-	Provider Administered Drug Therapy	BCBS.  Prior Authorization required through BCBS.
11	/ Specialty Drug	(acceleration Bes)	SUR717.001	Orthopedic Conditions  Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
	Administration of the					
50189	Medical Infusion / Specialty Drug	Testopel (testosterone pellets)	RX501.007	Hormone Replacement Therapies (HRT) Using Implanted Pellets for Women and Delayed Puberty	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
S0189		Testopel (testosterone pellets)		Hormone Replacement Therapies (HRT) Using Implanted Pellets for Women and Delayed Puberty Testosterone Replacement Therapies	Provider Administered Drug Therapy	Prior Authorization required through BCBS.

 $<sup>\</sup>begin{tabular}{ll} ** Trademarks are the property of their respective owners. \end{tabular}$ 

Please note that checking eligibility and benefits and/or the fact that a service has been preauthorized is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's cretificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.

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