



2023 SPECIALTY DRUGS PRIOR AUTHORIZATION LIST
Updated December 2023 to reference changes through April 2023

General Information:

Prior Authorization is required by BCBSMT for certain services to determine in advance the Medical Necessity or Experimental, Investigational and/or Unproven nature of certain care and services based on MCG Criteria, Medical Policy and Member benefits. The list below describes the services that require preauthorization.

Recommended Clinical Review is a process used to submit requests for review of coverage decisions in accordance with Medical Policy and Member contracts for a service (i.e., procedure, supply, drug or device) used to diagnose or treat an illness or condition. A recommended clinical review is recommended if a provider is uncertain if the service meets Medical Policy criteria. Contact provider customer service to determine if a service not on this list is subject to Medical Necessity review.

The presence of codes on this list does not necessarily indicate coverage under the Member benefits contract. Member contracts differ in their benefits. Consult the Member contract or contact a provider customer service representative to determine coverage for a specific drug code. Providers may also check eligibility and benefits through Availity® or the provider's preferred vendor to determine if a preauthorization is required. Not all requirements apply to each BCBSMT benefit plan.

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 BCBSMT (provider administered drug therapy or infusion site of care) or Carelon Medical Benefits Management (requests for oncology drugs that are supported by an oncology diagnosis).

For Medical Policy information, please access the BCBSMT Medical Policy Website
Carelon Medical Benefits Management = Med Oncology & Supportive Care
BCBSMT = Provider Administered Therapy Or Infusion Site Of Care
Send PA requests to BCBSMT for Provider Administered Therapy or Infusion Site of Care.
Send PA requests to Carelon for Medical Oncology and Supportive care unless drug requested has multiple indications. Carelon will only review requests for oncology drugs that are supported by an oncology diagnosis. Refer to the Update History / Prior Authorization Delegation Notes for details.

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

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

Table with 5 columns: Procedure Code, Category, Drug Product Name* Brand (generic), Managed By, Update History / Delegation Notes*** (Highlighted = Multiple Indications). Rows include Talvey, Elrexfio, Panzyga, and Cabazitaxel.

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| J9259 | Medical Oncology & Supportive Care | Paclitaxel protein-bound particles (american reagent) | Carelon | Add Effective 04/01/2024. Prior Authorization required through Carelon. |
| J9286 | Medical Oncology & Supportive Care | Columvi (glofitamab-gxbm) | Carelon | Add Effective 04/01/2024. Prior Authorization required through Carelon. |
| J9321 | Medical Oncology & Supportive Care | Epkinly (epcoritamab-bysp) | Carelon | Add Effective 04/01/2024. Prior Authorization required through Carelon. |
| Q2049 | Medical Oncology & Supportive Care | Imported Lipodox Inj | Carelon | Retire Effective 04/01/2024. |
| J1726 | Provider Administered Drug Therapy | Makena 10 Mg | BCBSMT | Retire effective 01/01/2024 |
| C9094 | Infusion Site of Care | Inj Sutimlimab-Jome 10 Mg | BCBSMT | Code Termed 10/01/2022 - This code is replaced with J1302 |
| J0129 | Infusion Site of Care | Abatacept Injection | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J0180 | Infusion Site of Care | Agalsidase Beta Injection | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J0219 | Infusion Site of Care | Inj Aval Alfa-Nqpt 4Mg | BCBSMT | Add effective 04/01/2023 |
| J0221 | Infusion Site of Care | Lumizyme (Alglucosidase Alfa) | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J0222 | Infusion Site of Care | Inj. Patisiran 0.1 Mg | BCBSMT | Prior Authorization required through BCBS. Add to Large Groups 10/01/2023. |
| J0223 | Infusion Site of Care | Inj Givosiran 0.5 Mg | BCBSMT | Prior Authorization required through BCBS. |
| J0224 | Infusion Site of Care | Inj. Lumasiran 0.5 Mg | BCBSMT | Add effective 04/01/2023 |
| J0490 | Infusion Site of Care | Benlysta (Belimumab) | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J0491 | Infusion Site of Care | Inj Anifrolumab-Fnia 1Mg | BCBSMT | Add effective 04/01/2023 |
| J0517 | Infusion Site of Care | Inj. Benralizumab 1 Mg | BCBSMT | Prior Authorization required through BCBS. |
| J0584 | Infusion Site of Care | Injection Burosumab-Twza 1M | BCBSMT | Prior Authorization required through BCBS. Add to Large Groups 10/01/2023. |
| J0598 | Infusion Site of Care | C-1 Esterase Cinryze | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J0638 | Infusion Site of Care | Canakinumab Injection | BCBSMT | Prior Authorization required through BCBS. |
| J0717 | Infusion Site of Care | Certolizumab Pegol Inj 1Mg | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J0791 | Infusion Site of Care | Inj Crizanlizumab-Tmca 5Mg | BCBSMT | Prior Authorization required through BCBS. |
| J1290 | Infusion Site of Care | Ecallantide Injection | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1300 | Infusion Site of Care | Eculizumab Injection | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1301 | Infusion Site of Care | Injection Edaravone 1 Mg | BCBSMT | Prior Authorization required through BCBS. |
| J1302 | Infusion Site of Care | Inj Sutimlimab-Jome 10 Mg | BCBSMT | Add Effective 07/01/2023 |

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| J1303 | Infusion Site of Care | Inj. Ravulizumab-Cwvz 10 Mg | BCBSMT | Prior Authorization required through BCBS. |
| J1305 | Infusion Site of Care | Inj Evinacumab-Dgnb 5Mg | BCBSMT | Add effective 04/01/2023 |
| J1306 | Infusion Site of Care | Injection Inclisiran 1 Mg | BCBSMT | Add effective 04/01/2023 |
| J1322 | Infusion Site of Care | Elosulfase Alfa Injection | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1458 | Infusion Site of Care | Galsulfase Injection | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1602 | Infusion Site of Care | Golimumab For Iv Use 1Mg | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1743 | Infusion Site of Care | Idursulfase Injection | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1745 | Infusion Site of Care | Infliximab Not Biosimil 10Mg | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1746 | Infusion Site of Care | Inj. Ibalizumab-Uiyk 10 Mg | BCBSMT | Prior Authorization required through BCBS. Add to Large Groups 10/01/2023. |
| J1786 | Infusion Site of Care | Imuglucerase Injection | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1823 | Infusion Site of Care | Inj. Inebilizumab-Cdon 1 Mg | BCBSMT | Add effective 04/01/2023 |
| J1931 | Infusion Site of Care | Laronidase Injection | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J2182 | Infusion Site of Care | Injection Mepolizumab 1Mg | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J2323 | Infusion Site of Care | Natalizumab Injection | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J2350 | Infusion Site of Care | Injection Ocrelizumab 1 Mg | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J2356 | Infusion Site of Care | Inj Tezepelumab-Ekko 1Mg | BCBSMT | Add effective 04/01/2023 |
| J2357 | Infusion Site of Care | Omalizumab Injection | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J2507 | Infusion Site of Care | Krystexxa (Pegloticase) | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J2786 | Infusion Site of Care | Injection Reslizumab 1Mg | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J2840 | Infusion Site of Care | Inj Sebelipase Alfa 1 Mg | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J3032 | Infusion Site of Care | Inj. Eptinezumab-Jjmr 1 Mg | BCBSMT | Prior Authorization required through BCBS. |
| J3060 | Infusion Site of Care | Inj Taliglucerase Alfa 10 U | BCBSMT | Prior Authorization required through BCBS. |
| J3241 | Infusion Site of Care | Inj. Teprotumumab-Trbw 10 Mg | BCBSMT | Prior Authorization required through BCBS. |
| J3245 | Infusion Site of Care | Inj. Tildrakizumab 1 Mg | BCBSMT | Prior Authorization required through BCBS. Add to Large Groups 10/01/2023. |

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| J3262 | Infusion Site of Care | Tocilizumab Injection | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J3358 | Infusion Site of Care | Ustekinumab Iv Inject 1 Mg | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J3380 | Infusion Site of Care | Injection Vedolizumab | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J3385 | Infusion Site of Care | Velaglucerase Alfa | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J3397 | Infusion Site of Care | Inj. Vestronidase Alfa-Vjvk | BCBSMT | Prior Authorization required through BCBS. Add to Large Groups 10/01/2023. |
| J9332 | Infusion Site of Care | Inj Efgartigimod 2Mg | BCBSMT | Add effective 04/01/2023 |
| Q5103 | Infusion Site of Care | Injection Inflectra | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| Q5104 | Infusion Site of Care | Injection Renflexis | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| Q5109 | Infusion Site of Care | Injection Ixifi 10 Mg | BCBSMT | Prior Authorization required through BCBS. |
| Q5121 | Infusion Site of Care | Inj. Avsola 10 Mg | BCBSMT | Prior Authorization required through BCBS. |
| J1459 | Infusion Site of Care, Medical Oncology & Supportive Care | Inj Ivig Privigen 500 Mg | Carelon or BCBSMT | Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1551 | Infusion Site of Care, Medical Oncology & Supportive Care | Inj Cutaquig 100 Mg | Carelon or BCBSMT | Add Effective to SOC 4/1/2023; Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. |
| J1554 | Infusion Site of Care, Medical Oncology & Supportive Care | Inj. Asceniv | Carelon or BCBSMT | Add Effective 4/1/2023; Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. |
| J1555 | Infusion Site of Care, Medical Oncology & Supportive Care | Inj Cuvitru 100 Mg | Carelon or BCBSMT | Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |

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| J1556 | Infusion Site of Care, Medical Oncology & Supportive Care | Inj Imm Glob Bivigam 500Mg | Carelon or BCBSMT | Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1557 | Infusion Site of Care, Medical Oncology & Supportive Care | (Gammaplex_(Injection, Immune Globulin, , Intravenous, Nonlyophilized (E.G., Liquid), 500 Mg) | Carelon or BCBSMT | Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1558 | Infusion Site of Care, Medical Oncology & Supportive Care | Inj. Xembify 100 Mg | Carelon or BCBSMT | Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. |
| J1559 | Infusion Site of Care, Medical Oncology & Supportive Care | Hizentra Injection | Carelon or BCBSMT | Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1561 | Infusion Site of Care, Medical Oncology & Supportive Care | Gamunex-C/Gammaked | Carelon or BCBSMT | Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1566 | Infusion Site of Care, Medical Oncology & Supportive Care | Injection, Immune Globulin, Intravenous, Lyophilized (E.G., Powder), Not Otherwise Specified, 500 Mg | Carelon or BCBSMT | Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1568 | Infusion Site of Care, Medical Oncology & Supportive Care | Octagam Injection | Carelon or BCBSMT | Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1569 | Infusion Site of Care, Medical Oncology & Supportive Care | Gammagard Liquid Injection | Carelon or BCBSMT | Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |

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| J1572 | Infusion Site of Care, Medical Oncology & Supportive Care | Flebogamma Injection | Carelon or BCBSMT | Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1575 | Infusion Site of Care, Medical Oncology & Supportive Care | Hyqvia 100Mg Immunoglobulin | Carelon or BCBSMT | Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| C9142 | Medical Oncology & Supportive Care | Alymsys (Bevacizumab-Maly) | Carelon | Add effective 01/01/2023 though will be removed and replaced with Q5126 04/01/2023, Prior Authorization required through Carelon. |
| C9146 | Medical Oncology & Supportive Care | Elahere (Mirvetuximab Soravtansine-Gynx) | Carelon | Code Termed 07/01/2023 - This code is replaced with J9063 |
| C9147 | Medical Oncology & Supportive Care | Imjudo (Tremelimumab-Actl) | Carelon | Code Termed 07/01/2023 - This code is replaced with J9347 |
| C9148 | Medical Oncology & Supportive Care | Tecvayli (Teclistamab-Cqyv) | Carelon | Code Termed 07/01/2023 - This code is replaced with J9380 |
| C9399 | Medical Oncology & Supportive Care | Unituxin (Dinutuximab) | Carelon | Code represents unclassified drugs or biologics. Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. |
| J0641 | Medical Oncology & Supportive Care | Inj Levoleucovorin Nos 0.5Mg | Carelon | Prior Authorization required through Carelon. |
| J0642 | Medical Oncology & Supportive Care | Injection Khapzory 0.5 Mg | Carelon | Prior Authorization required through Carelon. |
| J0882 | Medical Oncology & Supportive Care | Darbepoetin Alfa Esrd Use | Carelon | Prior Authorization required through Carelon. |
| J0896 | Medical Oncology & Supportive Care | Inj Luspatercept-Aamt 0.25Mg | Carelon | Prior Authorization required through Carelon. |
| J0897 | Medical Oncology & Supportive Care | Injection, Denosumab, 1 Mg, Prolia/Xgeva_(Denosumab) | Carelon | Prior Authorization required through Carelon. |
| J1442 | Medical Oncology & Supportive Care | Inj Filgrastim Excl Biosimil | Carelon | Prior Authorization required through Carelon. |
| J1447 | Medical Oncology & Supportive Care | Inj Tbo Filgrastim 1 Microg | Carelon | Prior Authorization required through Carelon. |
| J1448 | Medical Oncology & Supportive Care | Injection Trilaciclib 1Mg | Carelon | Prior Authorization required through Carelon. |
| J1449 | Medical Oncology & Supportive Care | Inj Eflapegrastim-Xnst 0.1Mg | Carelon | Add Effective 7/1/2023; Prior Authorization required through Carelon. |
| J2506 | Medical Oncology & Supportive Care | Inj Pegfilgrast Ex Bio 0.5Mg | Carelon | Prior Authorization required through Carelon. |
| J2820 | Medical Oncology & Supportive Care | Sargramostim Injection | Carelon | Prior Authorization required through Carelon. |

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| J2860 | Medical Oncology & Supportive Care | Injection Siltuximab | Carelon | Prior Authorization required through Carelon. |
| J3490 | Medical Oncology & Supportive Care | Unituxin (Dinutuximab) | Carelon | Code represents unclassified drugs or biologics. Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); Prior Authorization required through Carelon. |
| J3590 | Medical Oncology & Supportive Care | Unituxin (Dinutuximab) | Carelon | Code represents unclassified drugs or biologics. Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); Prior Authorization required through Carelon. |
| J9019 | Medical Oncology & Supportive Care | Erwinaze Injection | Carelon | Add effective 01/01/2023. Prior Authorization required through Carelon. |
| J9021 | Medical Oncology & Supportive Care | Inj Aspara Rylaze 0.1 Mg | Carelon | Add effective 01/01/2023. Prior Authorization required through Carelon. |
| J9022 | Medical Oncology & Supportive Care | Inj Atezolizumab 10 Mg | Carelon | Prior Authorization required through Carelon. |
| J9023 | Medical Oncology & Supportive Care | Injection Avelumab 10 Mg | Carelon | Prior Authorization required through Carelon. |
| J9032 | Medical Oncology & Supportive Care | Injection Belinostat 10Mg | Carelon | Effective 01/01/2023, Prior Authorization move from BCBS to Carelon. |
| J9037 | Medical Oncology & Supportive Care | Inj Belantamab Mafodont Blmf | Carelon | Prior Authorization required through Carelon. |
| J9039 | Medical Oncology & Supportive Care | Injection Blinatumomab | Carelon | Prior Authorization required through Carelon. |
| J9042 | Medical Oncology & Supportive Care | Brentuximab Vedotin Inj | Carelon | Prior Authorization required through Carelon. |
| J9043 | Medical Oncology & Supportive Care | Jevtana_(Cabazitaxel) | Carelon | Prior Authorization required through Carelon. |
| J9047 | Medical Oncology & Supportive Care | Injection Carfilzomib 1 Mg | Carelon | Prior Authorization required through Carelon. |
| J9055 | Medical Oncology & Supportive Care | Cetuximab Injection | Carelon | Prior Authorization required through Carelon. |
| J9057 | Medical Oncology & Supportive Care | Inj. Copanlisib 1 Mg | Carelon | Prior Authorization required through Carelon. |
| J9061 | Medical Oncology & Supportive Care | Inj Amivantamab-Vmjw | Carelon | Prior Authorization required through Carelon. |
| J9063 | Medical Oncology & Supportive Care | Inj Elahere 1 Mg | Carelon | Add Effective 7/1/2023; Prior Authorization required through Carelon. |
| J9118 | Medical Oncology & Supportive Care | Inj. Calaspargase Pegol-Mknl | Carelon | Add effective 01/01/2023; Prior Authorization required through Carelon. |
| J9119 | Medical Oncology & Supportive Care | Inj. Cemiplimab-Rwlc 1 Mg | Carelon | Prior Authorization required through Carelon. |
| J9144 | Medical Oncology & Supportive Care | Daratumumab Hyaluronidase | Carelon | Prior Authorization required through Carelon. |
| J9145 | Medical Oncology & Supportive Care | Injection Daratumumab 10 Mg | Carelon | Prior Authorization required through Carelon. |

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| J9153 | Medical Oncology & Supportive Care | Inj Daunorubicin Cytarabine | Carelon | Effective 01/01/2023, Prior Authorization move from BCBS to Carelon. Prior Authorization required through Carelon. |
| J9173 | Medical Oncology & Supportive Care | Inj. Durvalumab 10 Mg | Carelon | Prior Authorization required through Carelon. |
| J9176 | Medical Oncology & Supportive Care | Injection Elotuzumab 1Mg | Carelon | Prior Authorization required through Carelon. |
| J9177 | Medical Oncology & Supportive Care | Inj Enfort Vedo-Ejfv 0.25Mg | Carelon | Prior Authorization required through Carelon. |
| J9179 | Medical Oncology & Supportive Care | Halaven_(Eribulin) | Carelon | Prior Authorization required through Carelon. |
| J9203 | Medical Oncology & Supportive Care | Gemtuzumab Ozogamicin 0.1 Mg | Carelon | Prior Authorization required through Carelon. |
| J9204 | Medical Oncology & Supportive Care | Inj Mogamulizumab-Kpkc 1 Mg | Carelon | Prior Authorization required through Carelon. |
| J9205 | Medical Oncology & Supportive Care | Inj Irinotecan Liposome 1 Mg | Carelon | Prior Authorization required through Carelon. |
| J9207 | Medical Oncology & Supportive Care | Ixabepilone Injection | Carelon | Prior Authorization required through Carelon. |
| J9223 | Medical Oncology & Supportive Care | Inj. Lurbinectedin 0.1 Mg | Carelon | Prior Authorization required through Carelon. |
| J9227 | Medical Oncology & Supportive Care | Inj. Isatuximab-Irfc 10 Mg | Carelon | Prior Authorization required through Carelon. |
| J9228 | Medical Oncology & Supportive Care | Yervoy_(Ipilimumab) | Carelon | Prior Authorization required through Carelon. |
| J9229 | Medical Oncology & Supportive Care | Inj Inotuzumab Ozogam 0.1 Mg | Carelon | Prior Authorization required through Carelon. |
| J9264 | Medical Oncology & Supportive Care | Paclitaxel Protein Bound | Carelon | Prior Authorization required through Carelon. |
| J9266 | Medical Oncology & Supportive Care | Pegaspargase Injection | Carelon | Add effective 01/01/2023. Prior Authorization required through Carelon. |
| J9269 | Medical Oncology & Supportive Care | Inj. Tagraxofusp-Erzs 10 Mcg | Carelon | Prior Authorization required through Carelon. |
| J9271 | Medical Oncology & Supportive Care | Inj Pembrolizumab | Carelon | Prior Authorization required through Carelon. |
| J9272 | Medical Oncology & Supportive Care | Inj Dostarlimab-Gxly 10 Mg | Carelon | Prior Authorization required through Carelon. |
| J9273 | Medical Oncology & Supportive Care | Inj Tisotu Vedotin-Tftv 1Mg | Carelon | Prior Authorization required through Carelon. |
| J9274 | Medical Oncology & Supportive Care | Inj Tebentafusp-Tebn 1 Mcg | Carelon | Add code effective 01/01/2023 for drug Kimmtrak (tebentafusp-tebn) |
| J9281 | Medical Oncology & Supportive Care | Mitomycin Instillation | Carelon | Prior Authorization required through Carelon. |
| J9295 | Medical Oncology & Supportive Care | Injection Necitumumab 1 Mg | Carelon | Effective 01/01/2023, Prior Authorization move from BCBS to Carelon. Prior Authorization required through Carelon. |
| J9298 | Medical Oncology & Supportive Care | Inj Nivol Relatlimab 3Mg/1Mg | Carelon | Add effective 01/01/2023. Prior Authorization required through Carelon. |
| J9299 | Medical Oncology & Supportive Care | Injection Nivolumab | Carelon | Prior Authorization required through Carelon. |
| J9301 | Medical Oncology & Supportive Care | Obinutuzumab Inj | Carelon | Prior Authorization required through Carelon. |
| J9302 | Medical Oncology & Supportive Care | Ofatumumab Injection | Carelon | Prior Authorization required through Carelon. |
| J9303 | Medical Oncology & Supportive Care | Panitumumab Injection | Carelon | Prior Authorization required through Carelon. |

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| J9306 | Medical Oncology & Supportive Care | Injection Pertuzumab 1 Mg | Carelon | Prior Authorization required through Carelon. |
| J9308 | Medical Oncology & Supportive Care | Injection Ramucirumab | Carelon | Prior Authorization required through Carelon. |
| J9309 | Medical Oncology & Supportive Care | Inj Polatuzumab Vedotin 1Mg | Carelon | Prior Authorization required through Carelon. |
| J9311 | Medical Oncology & Supportive Care | Inj Rituximab Hyaluronidase | Carelon | Effective 01/01/2023, Prior Authorization required through Carelon. |
| J9313 | Medical Oncology & Supportive Care | Inj. Lumoxiti 0.01 Mg | Carelon | Prior Authorization required through Carelon. |
| J9316 | Medical Oncology & Supportive Care | Pertuzu Trastuzu 10 Mg | Carelon | Prior Authorization required through Carelon. |
| J9317 | Medical Oncology & Supportive Care | Sacituzumab Govitecan-Hziy | Carelon | Prior Authorization required through Carelon. |
| J9325 | Medical Oncology & Supportive Care | Inj Talimogene Laherparepvec | Carelon | Effective 01/01/2023, Prior Authorization required through Carelon. |
| J9331 | Medical Oncology & Supportive Care | Inj Sirolimus Prot Part 1 Mg | Carelon | Prior Authorization required through Carelon. |
| J9345 | Medical Oncology & Supportive Care | Inj, Retifanlimab-Dlwr, 1 Mg | Carelon | Add Effective 01/01/2024. Prior Authorization required through Carelon. |
| J9347 | Medical Oncology & Supportive Care | Inj Tremelimumab-Actl 1 Mg | Carelon | Add Effective 7/1/2023; Prior Authorization required through Carelon. |
| J9348 | Medical Oncology & Supportive Care | Inj. Naxitamab-Gqgk 1 Mg | Carelon | Prior Authorization required through Carelon. |
| J9349 | Medical Oncology & Supportive Care | Inj. Tafasitamab-Cxix | Carelon | Prior Authorization required through Carelon. |
| J9350 | Medical Oncology & Supportive Care | Inj Mosunetuzumab-Axgb 1 Mg | Carelon | Add Effective 01/01/2024. Prior Authorization required through Carelon. |
| J9352 | Medical Oncology & Supportive Care | Injection Trabectedin 0.1Mg | Carelon | Prior Authorization required through Carelon. |
| J9353 | Medical Oncology & Supportive Care | Inj. Margetuximab-Cmkb 5 Mg | Carelon | Prior Authorization required through Carelon. |
| J9354 | Medical Oncology & Supportive Care | Inj Ado-Trastuzumab Emt 1Mg | Carelon | Prior Authorization required through Carelon. |
| J9355 | Medical Oncology & Supportive Care | Inj Trastuzumab Excl Biosimi | Carelon | Prior Authorization required through Carelon. |
| J9356 | Medical Oncology & Supportive Care | Inj. Herceptin Hylecta 10Mg | Carelon | Prior Authorization required through Carelon. |
| J9358 | Medical Oncology & Supportive Care | Inj Fam-Trastu Deru-Nxki 1Mg | Carelon | Prior Authorization required through Carelon. |
| J9359 | Medical Oncology & Supportive Care | Inj Lon Tesirin-Lpyl 0.075Mg | Carelon | Prior Authorization required through Carelon. |
| J9380 | Medical Oncology & Supportive Care | Inj Teclistamab Cqyv 0.5 Mg | Carelon | Add Effective 7/1/2023; Prior Authorization required through Carelon. |
| J9999 | Medical Oncology & Supportive Care | Unituxin (Dinutuximab) | Carelon | Code represents unclassified drugs or biologics. Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); Prior Authorization required through Carelon. |
| Q2043 | Medical Oncology & Supportive Care | Provenge_(Sipuleucel-T) | Carelon | Prior Authorization required through Carelon. |

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| Q2050 | Medical Oncology & Supportive Care | Doxil/Lipodox_(Doxorubicin Liposomal) | Carelon | Prior Authorization required through Carelon. |
| Q4081 | Medical Oncology & Supportive Care | Epoetin Alfa 100 Units Esrd | Carelon | Prior Authorization required through Carelon. |
| Q5101 | Medical Oncology & Supportive Care | Injection Zarxio | Carelon | Prior Authorization required through Carelon. |
| Q5105 | Medical Oncology & Supportive Care | Inj Retacrit Esrd On Dialysi | Carelon | Prior Authorization required through Carelon. |
| Q5106 | Medical Oncology & Supportive Care | Inj Retacrit Non-Esrd Use | Carelon | Prior Authorization required through Carelon. |
| Q5107 | Medical Oncology & Supportive Care | Inj Mvasi 10 Mg | Carelon | Prior Authorization required through Carelon. |
| Q5108 | Medical Oncology & Supportive Care | Injection Fulphila | Carelon | Prior Authorization required through Carelon. |
| Q5110 | Medical Oncology & Supportive Care | Nivestym | Carelon | Prior Authorization required through Carelon. |
| Q5111 | Medical Oncology & Supportive Care | Injection Udenyca 0.5 Mg | Carelon | Prior Authorization required through Carelon. |
| Q5112 | Medical Oncology & Supportive Care | Inj Ontruzant 10 Mg | Carelon | Prior Authorization required through Carelon. |
| Q5113 | Medical Oncology & Supportive Care | Inj Herzuma 10 Mg | Carelon | Prior Authorization required through Carelon. |
| Q5114 | Medical Oncology & Supportive Care | Inj Ogivri 10 Mg | Carelon | Prior Authorization required through Carelon. |
| Q5115 | Medical Oncology & Supportive Care | Inj Truxima 10 Mg | Carelon | Prior Authorization required through Carelon. |
| Q5116 | Medical Oncology & Supportive Care | Inj. Trazimera 10 Mg | Carelon | Prior Authorization required through Carelon. |
| Q5117 | Medical Oncology & Supportive Care | Inj. Kanjinti 10 Mg | Carelon | Prior Authorization required through Carelon. |
| Q5118 | Medical Oncology & Supportive Care | Inj. Zirabev 10 Mg | Carelon | Prior Authorization required through Carelon. |
| Q5119 | Medical Oncology & Supportive Care | Inj Ruxience 10 Mg | Carelon | Prior Authorization required through Carelon. |
| Q5120 | Medical Oncology & Supportive Care | Inj Pegfilgrastim-Bmez 0.5Mg | Carelon | Prior Authorization required through Carelon. |
| Q5122 | Medical Oncology & Supportive Care | Inj Nyvepria | Carelon | Prior Authorization required through Carelon. |
| Q5123 | Medical Oncology & Supportive Care | Inj. Riabni 10 Mg | Carelon | Prior Authorization required through Carelon. |
| Q5125 | Medical Oncology & Supportive Care | Inj Releuko 1 Mcg | Carelon | Add effective 04/01/2023. Prior Authorization required through Carelon. |
| Q5126 | Medical Oncology & Supportive Care | Inj Alymsys 10 Mg | Carelon | Add Effective 4/1/2023 to replace C9142. Prior Authorization required through Carelon. |
| Q5127 | Medical Oncology & Supportive Care | Inj Stimufend 0.5 Mg | Carelon | Add Effective 7/1/2023; Prior Authorization required through Carelon. |
| Q5129 | Medical Oncology & Supportive Care | Inj Vegzelma 10 Mg | Carelon | Add Effective 7/1/2023; Prior Authorization required through Carelon. |
| Q5130 | Medical Oncology & Supportive Care | Inj Fynetra 0.5 Mg | Carelon | Add Effective 7/1/2023; Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. |

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| J0881 | Medical Oncology & Supportive Care, Provider Administered Drug Therapy | Darbepoetin Alfa Non-Esrd | Carelon or BCBSMT | Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. |
| J0885 | Medical Oncology & Supportive Care, Provider Administered Drug Therapy | Epoetin Alfa Non-Esrd | Carelon or BCBSMT | Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. |
| J1599 | Medical Oncology & Supportive Care, Provider Administered Drug Therapy | Injection, Immune Globulin, Intravenous, Nonlyophilized (E.G., Liquid), Not Otherwise Specified, 500 Mg | Carelon or BCBSMT | Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J9035 | Medical Oncology & Supportive Care, Provider Administered Drug Therapy | Bevacizumab Injection | Carelon or BCBSMT | Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. |
| J9312 | Medical Oncology & Supportive Care, Provider Administered Drug Therapy | Inj. Rituximab 10 Mg | Carelon or BCBSMT | Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. |
| 90283 | Provider Administered Drug Therapy | Human Ig Iv | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| 90284 | Provider Administered Drug Therapy | Human Ig Sc | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| 90378 | Provider Administered Drug Therapy | Rsv Mab Im 50Mg | BCBSMT | Prior Authorization required through BCBS. |
| C9257 | Provider Administered Drug Therapy | Bevacizumab Injection | BCBSMT | Prior Authorization required through BCBS. |
| J0202 | Provider Administered Drug Therapy | Injection Alemtuzumab | BCBSMT | Prior Authorization required through BCBS. |
| J0565 | Provider Administered Drug Therapy | Inj Bezlotoxumab 10 Mg | BCBSMT | Prior Authorization required through BCBS. |
| J0567 | Provider Administered Drug Therapy | Inj. Cerliponase Alfa 1 Mg | BCBSMT | Prior Authorization required through BCBS. Add to Large Groups 10/01/2023. |
| J0585 | Provider Administered Drug Therapy | Injection Onabotulinumtoxina | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J0586 | Provider Administered Drug Therapy | Abobotulinumtoxina | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |

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| J0587 | Provider Administered Drug Therapy | Inj Rimabotulinumtoxinb | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J0588 | Provider Administered Drug Therapy | Xeomin (Incobotulinumtoxina) | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J0775 | Provider Administered Drug Therapy | Collagenase Clost Hist Inj | BCBSMT | Prior Authorization required through BCBS. |
| J0888 | Provider Administered Drug Therapy | Epoetin Beta Non Esrd | BCBSMT | Prior Authorization required through BCBS. |
| J1325 | Provider Administered Drug Therapy | Epoprostenol Injection | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1411 | Provider Administered Drug Therapy | Inj Hemgenix Per Tx Dose | BCBSMT | Add effective 01/01/2024 |
| J1428 | Provider Administered Drug Therapy | Inj Eteplirsen 10 Mg | BCBSMT | Prior Authorization required through BCBS. |
| J1562 | Provider Administered Drug Therapy | Vivaglobin Inj | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1675 | Provider Administered Drug Therapy | Histrelin Acetate | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J1950 | Provider Administered Drug Therapy | Leuprolide Acetate /3.75 Mg | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J2278 | Provider Administered Drug Therapy | Ziconotide Injection | BCBSMT | Prior Authorization required through BCBS. |
| J2326 | Provider Administered Drug Therapy | Inj Nusinersen 0.1Mg | BCBSMT | Prior Authorization required through BCBS. |
| J2502 | Provider Administered Drug Therapy | Inj Pasireotide Long Acting | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J2562 | Provider Administered Drug Therapy | Plerixafor Injection | BCBSMT | Prior Authorization required through BCBS. |
| J2941 | Provider Administered Drug Therapy | Somatropin Injection | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J3121 | Provider Administered Drug Therapy | Inj Testostero Enanthate 1Mg | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J3145 | Provider Administered Drug Therapy | Testosterone Undecanoate 1Mg | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J3285 | Provider Administered Drug Therapy | Treprostinil Injection | BCBSMT | Prior Authorization required through BCBS. |
| J3315 | Provider Administered Drug Therapy | Triptorelin Pamoate | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J3398 | Provider Administered Drug Therapy | Inj Luxturna 1 Billion Vec G | BCBSMT | Prior Authorization required through BCBS. |

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| J3399 | Provider Administered Drug Therapy | Inj Onase Abepar-Xioi Treat | BCBSMT | Prior Authorization required through BCBS. |
| J7178 | Provider Administered Drug Therapy | Inj Human Fibrinogen Con Nos | BCBSMT | Prior Authorization required through BCBS. |
| J7340 | Provider Administered Drug Therapy | Carbidopa Levodopa Ent 100Ml | BCBSMT | Prior Authorization required through BCBS. |
| J9029 | Provider Administered Drug Therapy | Inj Adstiladrin Per Tx Dos | BCBSMT | Add effective 01/01/2024 |
| J9155 | Provider Administered Drug Therapy | Degarelix Injection | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J9202 | Provider Administered Drug Therapy | Goserelin Acetate Implant | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J9217 | Provider Administered Drug Therapy | Leuprolide Acetate Suspnsion | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J9218 | Provider Administered Drug Therapy | Leuprolide Acetate Injeciton | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J9219 | Provider Administered Drug Therapy | Leuprolide Acetate Implant | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J9225 | Provider Administered Drug Therapy | Vantas Implant | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| J9226 | Provider Administered Drug Therapy | Supprelin La Implant | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| Q2041 | Provider Administered Drug Therapy | Axicabtagene Ciloleucel Car+ | BCBSMT | Prior Authorization required through BCBS. |
| Q2042 | Provider Administered Drug Therapy | Tisagenlecleucel Car-Pos T | BCBSMT | Prior Authorization required through BCBS. |
| Q2053 | Provider Administered Drug Therapy | Brexucabtagene Car Pos T | BCBSMT | Prior Authorization required through BCBS. |

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| Q2054 | Provider Administered Drug Therapy | Lisocabtagene Mara Car Pos T | BCBSMT | Prior Authorization required through BCBS. |
| Q2055 | Provider Administered Drug Therapy | Idecabtagene Vicleucel Car | BCBSMT | Prior Authorization required through BCBS. |
| Q2056 | Provider Administered Drug Therapy | Ciltacabtagene Car-Pos T | BCBSMT | Add effective 01/01/2023 |
| S0157 | Provider Administered Drug Therapy | Becaplermin Gel 1% 0.5 Gm | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |
| S0189 | Provider Administered Drug Therapy | Testosterone Pellet 75 Mg | BCBSMT | Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023. |

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