

This list includes procedure code changes for Medical Benefit Specialty Pharmacy that may require benefit prior authorization through Blue Cross Blue Shield of Montana effective Jan. 1, 2024.

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
- 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).

Utilization Management Process

This file is a searchable PDF.
Press "CTRL" and "F" keys at the same time to bring up the search box. Enter a procedure code or description of the service.

[For Medical Policy information, please access the BCBSMT Medical Policy Website](#)

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).

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.

Procedure Code	Service Category	Code Description	Managed By	Updates
J1551	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Cutaquig) 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 Provider Administered Drug Therapy 01/01/25.

J1554	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Asceniv) 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 Provider Administered Drug Therapy 01/01/25.
Q5106	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Epoetin Alfa-Epbx Biosimilar (Retacrit) (For Non-Esrd Use) 1000 Units	Carelon or BCBSMT	Added to Infusion Site of Care 04/01/24. 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 Provider Administered Drug Therapy 01/01/25.
Q5115	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Rituximab-Abbs Biosimilar (Truxima) 10 Mg	Carelon or BCBSMT	Added to Infusion Site of Care 04/01/24. 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 Provider Administered Drug Therapy 01/01/25.
Q5119	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Rituximab-Pvvr Biosimilar (Ruxience) 10 Mg	Carelon or BCBSMT	Added to Infusion Site of Care 04/01/24. 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 Provider Administered Drug Therapy 01/01/25.
Q5123	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Rituximab-Arrx Biosimilar (Riabni) 10 Mg	Carelon or BCBSMT	Added to Infusion Site of Care 04/01/24. 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 Provider Administered Drug Therapy 01/01/25.
J0219	Infusion Site of Care, Provider Administered Drug Therapy	Injection Avalglucosidase Alfa-Ngpt 4 Mg	BCBSMT	Add to Provider Administered Therapy category 01/01/25. Prior Authorization required through BCBS.
J0485	Infusion Site of Care, Provider Administered Drug Therapy	Injection Belatacept 1 Mg	BCBSMT	Add to Infusion Site of Care effective 04/01/2024. Add to Provider Administered Therapy 01/01/25. Prior Authorization required through BCBS.
J0491	Infusion Site of Care, Provider Administered Drug Therapy	Injection Anifrolumab-Fnia 1 Mg	BCBSMT	Add to Provider Administered Therapy category 01/01/25. Prior Authorization required through BCBS.
J0517	Infusion Site of Care, Provider Administered Drug Therapy	Injection Benralizumab 1 Mg	BCBSMT	Add to Provider Administered Therapy category 01/01/25. Prior Authorization required through BCBS.
J0791	Infusion Site of Care, Provider Administered Drug Therapy	Injection Crizanlizumab-Tmca 5 Mg	BCBSMT	Add to Provider Administered Therapy category 01/01/25. Prior Authorization required through BCBS.
J1301	Infusion Site of Care, Provider Administered Drug Therapy	Injection Edaravone 1 Mg	BCBSMT	Add to Provider Administered Therapy category 01/01/25. Prior Authorization required through BCBS.

J1302	Infusion Site of Care, Provider Administered Drug Therapy	Injection Sutimlimab-Jome 10 Mg	BCBSMT	Add to Provider Administered Therapy category 01/01/25. Prior Authorization required through BCBS.
J1303	Infusion Site of Care, Provider Administered Drug Therapy	Injection Ravulizumab-Cwvz 10 Mg	BCBSMT	Add to Provider Administered Therapy category 01/01/25. Prior Authorization required through BCBS.
J1305	Infusion Site of Care, Provider Administered Drug Therapy	Injection Evinacumab-Dgnb 5Mg	BCBSMT	Add to Provider Administered Therapy category 01/01/25. Prior Authorization required through BCBS.
J1306	Infusion Site of Care, Provider Administered Drug Therapy	Injection Inclisiran 1 Mg	BCBSMT	Add to Provider Administered Therapy category 01/01/25. Prior Authorization required through BCBS.
J1823	Infusion Site of Care, Provider Administered Drug Therapy	Injection Inebilizumab-Cdon 1 Mg	BCBSMT	Add to Provider Administered Therapy category 01/01/25. Prior Authorization required through BCBS.
J1930	Infusion Site of Care, Provider Administered Drug Therapy	Injection Lanreotide 1 Mg	BCBSMT	Add to Infusion Site of Care effective 04/01/2024. Add to Provider Administered Therapy 01/01/25. Prior Authorization required through BCBS.
J2353	Infusion Site of Care, Provider Administered Drug Therapy	Injection Octreotide Depot Form For Intramuscular Injection 1 Mg	BCBSMT	Add to Infusion Site of Care effective 04/01/2024. Add to Provider Administered Therapy 01/01/25. Prior Authorization required through BCBS.
J2354	Infusion Site of Care, Provider Administered Drug Therapy	Injection Octreotide Non-Depot Form For Subcutaneous Or Intravenous Injection 25 Mcg	BCBSMT	Add to Infusion Site of Care effective 04/01/2024. Add to Provider Administered Therapy 01/01/25. Prior Authorization required through BCBS.
J2356	Infusion Site of Care, Provider Administered Drug Therapy	Injection Tezepelumab-Ekko 1 Mg	BCBSMT	Add to Provider Administered Therapy category 01/01/25. Prior Authorization required through BCBS.
J2796	Infusion Site of Care, Provider Administered Drug Therapy	Injection Romiplostim 10 Micrograms	BCBSMT	Add to Infusion Site of Care effective 04/01/2024. Add to Provider Administered Therapy 01/01/25. Prior Authorization required through BCBS.
J3032	Infusion Site of Care, Provider Administered Drug Therapy	Injection Eptinezumab-Jjmr 1 Mg	BCBSMT	Add to Provider Administered Therapy category 01/01/25. Prior Authorization required through BCBS.
J3111	Infusion Site of Care, Provider Administered Drug Therapy	Injection Romosozumab-Aqqg 1 Mg	BCBSMT	Add to Infusion Site of Care effective 04/01/2024. Add to Provider Administered Therapy 01/01/25. Prior Authorization required through BCBS.
J3241	Infusion Site of Care, Provider Administered Drug Therapy	Injection Teprotumumab-Trbw 10 Mg	BCBSMT	Add to Provider Administered Therapy category 01/01/25. Prior Authorization required through BCBS.
J7183	Infusion Site of Care, Provider Administered Drug Therapy	Injection Von Willebrand Factor Complex (Human) Wilate 1 I.U. Vwf:Rco	BCBSMT	Add to Infusion Site of Care effective 04/01/2024. Add to Provider Administered Therapy 01/01/25. Prior Authorization required through BCBS.
J9332	Infusion Site of Care, Provider Administered Drug Therapy	Injection Efgartigimod Alfa-Fcab 2Mg	BCBSMT	Add to Provider Administered Therapy category 01/01/25. Prior Authorization required through BCBS.
Q5109	Infusion Site of Care, Provider Administered Drug Therapy	Injection Infliximab-Qbtx Biosimilar (Ixifi) 10 Mg	BCBSMT	Add to Provider Administered Therapy category 01/01/25. Prior Authorization required through BCBS.

C9169	Medical Oncology & Supportive Care	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Carelon	Code represents unclassified drugs or biologics. Prior Authorization required through Carelon. Add new drugs effective 10/01/24: Wyost/Jubbonti, Tevimbra, Anktiva, Hercessi, Imdeltra (all but Hercessi have specific codes effective 1/1/25); Add new drugs effective 01/01/25: Lymphir, Nypozi, Rytelo
C9170	Medical Oncology & Supportive Care	Injection, tarlatamab-dlle, 1 mg	Carelon	Code represents unclassified drugs or biologics. Prior Authorization required through Carelon. Add new drugs effective 10/01/24: Wyost/Jubbonti, Tevimbra, Anktiva, Hercessi, Imdeltra (all but Hercessi have specific codes effective 1/1/25); Add new drugs effective 01/01/25: Lymphir, Nypozi, Rytelo
C9399	Medical Oncology & Supportive Care	Unclassified Drugs Or Biologics	Carelon	Code represents unclassified drugs or biologics. Prior Authorization required through Carelon. Add new drugs effective 10/01/24: Wyost/Jubbonti, Tevimbra, Anktiva, Hercessi, Imdeltra (all but Hercessi have specific codes effective 1/1/25); Add new drugs effective 01/01/25: Lymphir, Nypozi, Rytelo
J0641	Medical Oncology & Supportive Care	Injection Levoleucovorin Not Otherwise Specified 0.5 Mg	Carelon	Retire Effective 01/01/2025
J3490	Medical Oncology & Supportive Care	Unclassified Drugs	Carelon	Code represents unclassified drugs or biologics. Prior Authorization required through Carelon. Add new drugs effective 10/01/24: Wyost/Jubbonti, Tevimbra, Anktiva, Hercessi, Imdeltra (all but Hercessi have specific codes effective 1/1/25); Add new drugs effective 01/01/25: Lymphir, Nypozi, Rytelo
J3590	Medical Oncology & Supportive Care	Unclassified Biologics	Carelon	Code represents unclassified drugs or biologics. Prior Authorization required through Carelon. Add new drugs effective 10/01/24: Wyost/Jubbonti, Tevimbra, Anktiva, Hercessi, Imdeltra (all but Hercessi have specific codes effective 1/1/25); Add new drugs effective 01/01/25: Lymphir, Nypozi, Rytelo

J9329	Medical Oncology & Supportive Care	Injection, tislelizumab-jsgr, 1mg	Carelon	Code represents unclassified drugs or biologics. Prior Authorization required through Carelon. Add new drugs effective 10/01/24: Wyost/Jubbonti,TeVimbra,Anktiva,Hercessi,Imdeltra (all but Hercessi have specific codes effective 1/1/25); Add new drugs effective 01/01/25: Lymphir, Nypozi, Rytelo
J9999	Medical Oncology & Supportive Care	Not Otherwise Classified Antineoplastic Drugs	Carelon	Code represents unclassified drugs or biologics. Prior Authorization required through Carelon. Add new drugs effective 10/01/24: Wyost/Jubbonti,TeVimbra,Anktiva,Hercessi,Imdeltra (all but Hercessi have specific codes effective 1/1/25); Add new drugs effective 01/01/25: Lymphir, Nypozi, Rytelo
Q5136	Medical Oncology & Supportive Care	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	Carelon	Code represents unclassified drugs or biologics. Prior Authorization required through Carelon. Add new drugs effective 10/01/24: Wyost/Jubbonti,TeVimbra,Anktiva,Hercessi,Imdeltra (all but Hercessi have specific codes effective 1/1/25); Add new drugs effective 01/01/25: Lymphir, Nypozi, Rytelo
J1576	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Panzyga) Intravenous Non-Lyophilized (E.G. Liquid) 500 Mg	Carelon	Added to Medical Oncology & Supportive Care 04/01/24. Add to Provider Administered Drug Therapy 01/01/25. 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.
J0172	Provider Administered Drug Therapy	Injection, Aducanumab-Avwa, 2 Mg	BCBSMT	Add Effective 01/01/2025
J0174	Provider Administered Drug Therapy	Injection, Lecanemab-Irmb, 1 Mg	BCBSMT	Add Effective 01/01/2025
J0175	Provider Administered Drug Therapy	donanemab-azbt	BCBSMT	Add Effective 01/01/2025
J0218	Provider Administered Drug Therapy	Injection, Olipudase Alfa-Rpcp, 1 Mg	BCBSMT	Add Effective 01/01/2025
J0223	Provider Administered Drug Therapy	Injection, givosiran, 0.5 mg	BCBSMT	Add Effective 01/01/2025
J0224	Provider Administered Drug Therapy	Injection, lumasiran, 0.5 mg	BCBSMT	Add Effective 01/01/2025
J0225	Provider Administered Drug Therapy	Injection, vutrisiran, 1 mg	BCBSMT	Add Effective 01/01/2025
J0589	Provider Administered Drug Therapy	Injection, Daxibotulinumtoxina-Lanm, 1 Unit	BCBSMT	Add Effective 01/01/2025
J1203	Provider Administered Drug Therapy	Injection, Cipaglucosidase Alfa-Atga, 5 Mg	BCBSMT	Add Effective 01/01/2025
J1304	Provider Administered Drug Therapy	Injection, Tofersen, 1 Mg	BCBSMT	Add Effective 01/01/2025

J1426	Provider Administered Drug Therapy	Injection, Casimersen, 10 Mg	BCBSMT	Add Effective 01/01/2025
J1427	Provider Administered Drug Therapy	Injection, Viltolarsen, 10 Mg	BCBSMT	Add Effective 01/01/2025
J1429	Provider Administered Drug Therapy	Injection, Golodirsen, 10 Mg	BCBSMT	Add Effective 01/01/2025
J1747	Provider Administered Drug Therapy	Injection, Spesolimab-Sbzo, 1 Mg	BCBSMT	Add Effective 01/01/2025
J2267	Provider Administered Drug Therapy	mirikizumab-mrkz	BCBSMT	Add Effective 01/01/2025
J2327	Provider Administered Drug Therapy	Injection, Risankizumab-Rzaa, Intravenous, 1 Mg	BCBSMT	Add Effective 01/01/2025
J2329	Provider Administered Drug Therapy	Injection, Ublituximab-Xiiy, 1Mg	BCBSMT	Add Effective 01/01/2025
J2508	Provider Administered Drug Therapy	Injection, Pegunigalsidase Alfa-lwxj, 1 Mg	BCBSMT	Add Effective 01/01/2025
J3247	Provider Administered Drug Therapy	secukinumab (intravenous)	BCBSMT	Add Effective 01/01/2025
J3393	Provider Administered Drug Therapy	Injection, betibeglogene autotemcel, per treatment	BCBSMT	Add Effective 01/01/2025
J3394	Provider Administered Drug Therapy	Injection, lovetibeglogene autotemcel, per treatment	BCBSMT	Add Effective 01/01/2025
J9333	Provider Administered Drug Therapy	Injection, Rozanolixizumab-Noli, 1 Mg	BCBSMT	Add Effective 01/01/2025
J9334	Provider Administered Drug Therapy	Injection, Efgartigimod Alfa, 2 Mg And Hyaluronidase-Qvfc	BCBSMT	Add Effective 01/01/2025
J9376	Provider Administered Drug Therapy	Injection, Pozelimab-Bbfg, 1 Mg	BCBSMT	Add Effective 01/01/2025
Q5133	Provider Administered Drug Therapy	Injection, Tocilizumab-Bavi (Tofidence), Biosimilar, 1 Mg	BCBSMT	Add Effective 01/01/2025
Q5134	Provider Administered Drug Therapy	Injection, Natalizumab-Sztn (Tyruko), Biosimilar, 1 Mg	BCBSMT	Add Effective 01/01/2025
Q5138	Provider Administered Drug Therapy	ustekinumab-auub	BCBSMT	Add Effective 01/01/2025
J0223	Infusion Site of Care	Injection Givosiran 0.5 Mg	BCBSMT	Prior Authorization required through BCBS.
J0224	Infusion Site of Care	Injection Lumasiran 0.5 Mg	BCBSMT	Prior Authorization required through BCBS.
J0881	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Darbeoetin Alfa 1 Microgram (Non-Esrd Use)	Carelon or BCBSMT	Added to Infusion Site of Care 04/01/24. 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	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Epoetin Alfa (For Non-Esrd Use) 1000 Units	Carelon or BCBSMT	Added to Infusion Site of Care 04/01/24. 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.

J1459	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Privigen) Intravenous Non-Lyophilized (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.
J1555	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (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.
J1556	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Bivigam) 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.
J1557	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Gammaplex) Intravenous Non-Lyophilized (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.
J1558	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (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, Provider Administered Drug Therapy	Injection Immune Globulin (Hizentra) 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.
J1561	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Gamunex-C/Gammaked) Non-Lyophilized (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.
J1566	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	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.
J1568	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Octagam) 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.
J1569	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Gammagard Liquid) Non-Lyophilized (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.

J1572	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin (Flebogamma/Flebogamma Dif) Intravenous Non-Lyophilized (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.
J1575	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin/Hyaluronidase (Hyqvia) 100 Mg Immuneoglobulin	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	Infusion Site of Care, Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Rituximab 10 Mg	Carelon or BCBSMT	Added to Infusion Site of Care 04/01/24. 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.
J0129	Infusion Site of Care, Provider Administered Drug Therapy	Injection Abatacept 10 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician Not For Use When Drug Is Self Administered)	BCBSMT	Prior Authorization required through BCBS.
J0180	Infusion Site of Care, Provider Administered Drug Therapy	Injection Agalsidase Beta 1 Mg	BCBSMT	Prior Authorization required through BCBS.
J0221	Infusion Site of Care, Provider Administered Drug Therapy	Injection Alglucosidase Alfa (Lumizyme) 10 Mg	BCBSMT	Prior Authorization required through BCBS.
J0222	Infusion Site of Care, Provider Administered Drug Therapy	Injection Patisiran 0.1 Mg	BCBSMT	Prior Authorization required through BCBS.
J0490	Infusion Site of Care, Provider Administered Drug Therapy	Injection Belimumab 10 Mg	BCBSMT	Prior Authorization required through BCBS.
J0584	Infusion Site of Care, Provider Administered Drug Therapy	Injection Burosumab-Twza 1 Mg	BCBSMT	Prior Authorization required through BCBS.
J0598	Infusion Site of Care, Provider Administered Drug Therapy	Injection C-1 Esterase Inhibitor (Human) Cinryze 10 Units	BCBSMT	Prior Authorization required through BCBS.
J0638	Infusion Site of Care, Provider Administered Drug Therapy	Injection Canakinumab 1 Mg	BCBSMT	Prior Authorization required through BCBS.

J0717	Infusion Site of Care, Provider Administered Drug Therapy	Injection Certolizumab Pegol 1 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician Not For Use When Drug Is Self Administered)	BCBSMT	Prior Authorization required through BCBS.
J1290	Infusion Site of Care, Provider Administered Drug Therapy	Injection Ecallantide 1 Mg	BCBSMT	Prior Authorization required through BCBS.
J1300	Infusion Site of Care, Provider Administered Drug Therapy	Injection Eculizumab 10 Mg	BCBSMT	Prior Authorization required through BCBS.
J1322	Infusion Site of Care, Provider Administered Drug Therapy	Injection Elosulfase Alfa 1Mg	BCBSMT	Prior Authorization required through BCBS.
J1458	Infusion Site of Care, Provider Administered Drug Therapy	Injection Galsulfase 1 Mg	BCBSMT	Prior Authorization required through BCBS.
J1602	Infusion Site of Care, Provider Administered Drug Therapy	Injection Golimumab 1 Mg For Intravenous Use	BCBSMT	Prior Authorization required through BCBS.
J1743	Infusion Site of Care, Provider Administered Drug Therapy	Injection Idursulfase 1 Mg	BCBSMT	Prior Authorization required through BCBS.
J1745	Infusion Site of Care, Provider Administered Drug Therapy	Injection Infliximab Excludes Biosimilar 10 Mg	BCBSMT	Prior Authorization required through BCBS.
J1746	Infusion Site of Care, Provider Administered Drug Therapy	Injection Ibalizumab-Uiyk 10 Mg	BCBSMT	Prior Authorization required through BCBS.
J1786	Infusion Site of Care, Provider Administered Drug Therapy	Injection Imiglucerase 10 Units	BCBSMT	Prior Authorization required through BCBS.
J1931	Infusion Site of Care, Provider Administered Drug Therapy	Injection Laronidase 0.1 Mg	BCBSMT	Prior Authorization required through BCBS.
J2182	Infusion Site of Care, Provider Administered Drug Therapy	Injection Mepolizumab 1 Mg	BCBSMT	Prior Authorization required through BCBS.
J2323	Infusion Site of Care, Provider Administered Drug Therapy	Injection Natalizumab 1 Mg	BCBSMT	Prior Authorization required through BCBS.
J2350	Infusion Site of Care, Provider Administered Drug Therapy	Injection Ocrelizumab 1 Mg	BCBSMT	Prior Authorization required through BCBS.
J2357	Infusion Site of Care, Provider Administered Drug Therapy	Injection Omalizumab 5 Mg	BCBSMT	Prior Authorization required through BCBS.
J2507	Infusion Site of Care, Provider Administered Drug Therapy	Injection Pegloticase 1 Mg	BCBSMT	Prior Authorization required through BCBS.
J2786	Infusion Site of Care, Provider Administered Drug Therapy	Injection Reslizumab 1 Mg	BCBSMT	Prior Authorization required through BCBS.
J2840	Infusion Site of Care, Provider Administered Drug Therapy	Injection Sebelipase Alfa 1 Mg	BCBSMT	Prior Authorization required through BCBS.

J3060	Infusion Site of Care, Provider Administered Drug Therapy	Injection Taliglucerase Alfa 10 Units	BCBSMT	Prior Authorization required through BCBS.
J3245	Infusion Site of Care, Provider Administered Drug Therapy	Injection Tildrakizumab 1 Mg	BCBSMT	Prior Authorization required through BCBS.
J3262	Infusion Site of Care, Provider Administered Drug Therapy	Injection Tocilizumab 1 Mg	BCBSMT	Prior Authorization required through BCBS.
J3358	Infusion Site of Care, Provider Administered Drug Therapy	Ustekinumab For Intravenous Injection 1 Mg	BCBSMT	Prior Authorization required through BCBS.
J3380	Infusion Site of Care, Provider Administered Drug Therapy	Injection Vedolizumab Intravenous 1 Mg	BCBSMT	Prior Authorization required through BCBS.
J3385	Infusion Site of Care, Provider Administered Drug Therapy	Injection Velaglucerase Alfa 100 Units	BCBSMT	Prior Authorization required through BCBS.
J3397	Infusion Site of Care, Provider Administered Drug Therapy	Injection Vestronidase Alfa-Vj bk 1 Mg	BCBSMT	Prior Authorization required through BCBS.
Q5103	Infusion Site of Care, Provider Administered Drug Therapy	Injection Infliximab-Dyyb Biosimilar (Inflectra) 10 Mg	BCBSMT	Prior Authorization required through BCBS.
Q5104	Infusion Site of Care, Provider Administered Drug Therapy	Injection Infliximab-Abda Biosimilar (Renflexis) 10 Mg	BCBSMT	Prior Authorization required through BCBS.
Q5121	Infusion Site of Care, Provider Administered Drug Therapy	Injection Infliximab-Axxq Biosimilar (Avsola) 10 Mg	BCBSMT	Prior Authorization required through BCBS.
C9163	Medical Oncology & Supportive Care	Talvey (Talquetamab-Tgvs)	Carelon	Add Effective 04/01/2024, to be replaced by code J3055 7/1/24. Prior Authorization required through Carelon.
C9165	Medical Oncology & Supportive Care	Elrexio (Elranatamab-Bcmm)	Carelon	Add Effective 07/01/2024, replaced code C9165 7/1/24. Prior Authorization required through Carelon.
J0642	Medical Oncology & Supportive Care	Injection Levoleucovorin (Khapzory) 0.5 Mg	Carelon	Prior Authorization required through Carelon.
J0882	Medical Oncology & Supportive Care	Injection Darbepoetin Alfa 1 Microgram (For Esrd On Dialysis)	Carelon	Prior Authorization required through Carelon.
J0896	Medical Oncology & Supportive Care	Injection Luspatercept-Aamt 0.25 Mg	Carelon	Prior Authorization required through Carelon.
J0897	Medical Oncology & Supportive Care	Injection Denosumab 1 Mg	Carelon	Prior Authorization required through Carelon.
J1323	Medical Oncology & Supportive Care	Injection Elranatamab-Bcmm 1 Mg	Carelon	Add Effective 04/01/2024, to be replaced by code J1323 7/1/24. Prior Authorization required through Carelon.
J1442	Medical Oncology & Supportive Care	Injection Filgrastim (G-Csf) Excludes Biosimilars 1 Microgram	Carelon	Prior Authorization required through Carelon.
J1447	Medical Oncology & Supportive Care	Injection Tbo-Filgrastim 1 Microgram	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	Injection Eflapegrastim-Xnst 0.1 Mg	Carelon	Prior Authorization required through Carelon.
J2506	Medical Oncology & Supportive Care	Injection Pegfilgrastim Excludes Biosimilar 0.5 Mg	Carelon	Prior Authorization required through Carelon.
J2820	Medical Oncology & Supportive Care	Injection Sargramostim (Gm-Csf) 50 Mcg	Carelon	Prior Authorization required through Carelon.
J2860	Medical Oncology & Supportive Care	Injection Siltuximab 10 Mg	Carelon	Prior Authorization required through Carelon.
J3055	Medical Oncology & Supportive Care	Injection Talquetamab-Tgvs 0.25 Mg	Carelon	Add Effective 07/01/2024, replaced code C9163 7/1/24. Prior Authorization required through Carelon.
J3263	Medical Oncology & Supportive Care	Loqtorzi (toripalimab-tpzi)	Carelon	Add Effective 10/01/2024
J9019	Medical Oncology & Supportive Care	Injection Asparaginase (Erwinaze) 1 000 Iu	Carelon	Prior Authorization required through Carelon.
J9021	Medical Oncology & Supportive Care	Injection Asparaginase Recombinant (Rylaze) 0.1 Mg	Carelon	Prior Authorization required through Carelon.
J9022	Medical Oncology & Supportive Care	Injection 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 10 Mg	Carelon	Prior Authorization required through Carelon.
J9035	Medical Oncology & Supportive Care	Injection Bevacizumab 10 Mg	Carelon	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. (This code is no longer reviewed by BCBS effective 10/01/2024)
J9037	Medical Oncology & Supportive Care	Injection Belantamab Mafodotin-Blmf 0.5 Mg	Carelon	Retire Effective 04/01/24
J9039	Medical Oncology & Supportive Care	Injection Blinatumomab 1 Microgram	Carelon	Prior Authorization required through Carelon.
J9042	Medical Oncology & Supportive Care	Injection Brentuximab Vedotin 1 Mg	Carelon	Prior Authorization required through Carelon.
J9043	Medical Oncology & Supportive Care	Injection Cabazitaxel 1 Mg	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	Injection Cetuximab 10 Mg	Carelon	Prior Authorization required through Carelon.
J9057	Medical Oncology & Supportive Care	Injection Copanlisib 1 Mg	Carelon	Retire Effective 04/01/24
J9061	Medical Oncology & Supportive Care	Injection Amivantamab-Vmjw 2 Mg	Carelon	Prior Authorization required through Carelon.
J9063	Medical Oncology & Supportive Care	Injection Mirvetuximab Soravtansine-Gynx 1 Mg	Carelon	Prior Authorization required through Carelon.
J9064	Medical Oncology & Supportive Care	Injection Cabazitaxel (Sandoz) Not Therapeutically Equivalent To J9043 1 Mg	Carelon	Add Effective 04/01/2024. Prior Authorization required through Carelon.
J9118	Medical Oncology & Supportive Care	Injection Calaspargase Pegol-Mknl 10 Units	Carelon	Prior Authorization required through Carelon.

J9119	Medical Oncology & Supportive Care	Injection Cemiplimab-Rwlc 1 Mg	Carelon	Prior Authorization required through Carelon.
J9144	Medical Oncology & Supportive Care	Injection Daratumumab 10 Mg And Hyaluronidase-Fihj	Carelon	Prior Authorization required through Carelon.
J9145	Medical Oncology & Supportive Care	Injection Daratumumab 10 Mg	Carelon	Prior Authorization required through Carelon.
J9153	Medical Oncology & Supportive Care	Injection Liposomal 1 Mg Daunorubicin And 2.27 Mg Cytarabine	Carelon	Prior Authorization required through Carelon.
J9173	Medical Oncology & Supportive Care	Injection Durvalumab 10 Mg	Carelon	Prior Authorization required through Carelon.
J9176	Medical Oncology & Supportive Care	Injection Elotuzumab 1 Mg	Carelon	Prior Authorization required through Carelon.
J9177	Medical Oncology & Supportive Care	Injection Enfortumab Vedotin-Ejfv 0.25 Mg	Carelon	Prior Authorization required through Carelon.
J9179	Medical Oncology & Supportive Care	Injection Eribulin Mesylate 0.1 Mg	Carelon	Prior Authorization required through Carelon.
J9203	Medical Oncology & Supportive Care	Injection Gemtuzumab Ozogamicin 0.1 Mg	Carelon	Prior Authorization required through Carelon.
J9204	Medical Oncology & Supportive Care	Injection Mogamulizumab-Kpkc 1 Mg	Carelon	Prior Authorization required through Carelon.
J9205	Medical Oncology & Supportive Care	Injection Irinotecan Liposome 1 Mg	Carelon	Prior Authorization required through Carelon.
J9207	Medical Oncology & Supportive Care	Injection Ixabepilone 1 Mg	Carelon	Prior Authorization required through Carelon.
J9223	Medical Oncology & Supportive Care	Injection Lurbinectedin 0.1 Mg	Carelon	Prior Authorization required through Carelon.
J9227	Medical Oncology & Supportive Care	Injection Isatuximab-lrfc 10 Mg	Carelon	Prior Authorization required through Carelon.
J9228	Medical Oncology & Supportive Care	Injection Ipilimumab 1 Mg	Carelon	Prior Authorization required through Carelon.
J9229	Medical Oncology & Supportive Care	Injection Inotuzumab Ozogamicin 0.1 Mg	Carelon	Prior Authorization required through Carelon.
J9258	Medical Oncology & Supportive Care	Injection Paclitaxel Protein-Bound Particles (Teva) Not Therapeutically Equivalent To J9264 1 Mg	Carelon	Add Effective 07/01/24
J9259	Medical Oncology & Supportive Care	Injection Paclitaxel Protein-Bound Particles (American Regent) Not Therapeutically Equivalent To J9264 1 Mg	Carelon	Add Effective 04/01/2024. Prior Authorization required through Carelon.
J9264	Medical Oncology & Supportive Care	Injection Paclitaxel Protein-Bound Particles 1 Mg	Carelon	Prior Authorization required through Carelon.
J9266	Medical Oncology & Supportive Care	Injection Pegaspargase Per Single Dose Vial	Carelon	Prior Authorization required through Carelon.
J9269	Medical Oncology & Supportive Care	Injection Tagraxofusp-Erzs 10 Micrograms	Carelon	Prior Authorization required through Carelon.

J9271	Medical Oncology & Supportive Care	Injection Pembrolizumab 1 Mg	Carelon	Prior Authorization required through Carelon.
J9272	Medical Oncology & Supportive Care	Injection Dostarlimab-Gxly 10 Mg	Carelon	Prior Authorization required through Carelon.
J9273	Medical Oncology & Supportive Care	Injection Tisotumab Vedotin-Tftv 1 Mg	Carelon	Prior Authorization required through Carelon.
J9274	Medical Oncology & Supportive Care	Injction Tebentafusp-Tebn 1 Microgram	Carelon	Prior Authorization required through Carelon.
J9281	Medical Oncology & Supportive Care	Mitomycin Pyelocalyceal Instillation 1 Mg	Carelon	Prior Authorization required through Carelon.
J9286	Medical Oncology & Supportive Care	Injection Glofitamab-Gxhm 2.5 Mg	Carelon	Add Effective 04/01/2024. Prior Authorization required through Carelon.
J9295	Medical Oncology & Supportive Care	Injection Necitumumab 1 Mg	Carelon	Prior Authorization required through Carelon.
J9298	Medical Oncology & Supportive Care	Injection Nivolumab And Relatlimab-Rmbw 3 Mg/1 Mg	Carelon	Prior Authorization required through Carelon.
J9299	Medical Oncology & Supportive Care	Injection Nivolumab 1 Mg	Carelon	Prior Authorization required through Carelon.
J9301	Medical Oncology & Supportive Care	Injection Obinutuzumab 10 Mg	Carelon	Prior Authorization required through Carelon.
J9302	Medical Oncology & Supportive Care	Injection Ofatumumab 10 Mg	Carelon	Prior Authorization required through Carelon.
J9303	Medical Oncology & Supportive Care	Injection Panitumumab 10 Mg	Carelon	Prior Authorization required through Carelon.
J9306	Medical Oncology & Supportive Care	Injection Pertuzumab 1 Mg	Carelon	Prior Authorization required through Carelon.
J9308	Medical Oncology & Supportive Care	Injection Ramucirumab 5 Mg	Carelon	Prior Authorization required through Carelon.
J9309	Medical Oncology & Supportive Care	Injection Polatuzumab Vedotin-Piiq 1 Mg	Carelon	Prior Authorization required through Carelon.
J9311	Medical Oncology & Supportive Care	Injection Rituximab 10 Mg And Hyaluronidase	Carelon	Prior Authorization required through Carelon.
J9313	Medical Oncology & Supportive Care	Injection Moxetumomab Pasudotox-Tdfk 0.01 Mg	Carelon	Retire Effective 04/01/24
J9316	Medical Oncology & Supportive Care	Injection Pertuzumab Trastuzumab And Hyaluronidase-Zzxf Per 10 Mg	Carelon	Prior Authorization required through Carelon.
J9317	Medical Oncology & Supportive Care	Injection Sacituzumab Govitecan-Hziy 2.5 Mg	Carelon	Prior Authorization required through Carelon.
J9321	Medical Oncology & Supportive Care	Injection Epcoritamab-Bysp 0.16 Mg	Carelon	Add Effective 04/01/2024. Prior Authorization required through Carelon.

J9325	Medical Oncology & Supportive Care	Injection Talimogene Laherparepvec Per 1 Million Plaque Forming Units	Carelon	Prior Authorization required through Carelon.
J9331	Medical Oncology & Supportive Care	Injection Sirolimus Protein-Bound Particles 1 Mg	Carelon	Prior Authorization required through Carelon.
J9345	Medical Oncology & Supportive Care	Injection Retifanlimab-Dlwr 1 Mg	Carelon	Add Effective 01/01/2024. Prior Authorization required through Carelon.
J9347	Medical Oncology & Supportive Care	Injection Tremelimumab-Actl 1 Mg	Carelon	Prior Authorization required through Carelon.
J9348	Medical Oncology & Supportive Care	Injection Naxitamab-Gqgk 1 Mg	Carelon	Prior Authorization required through Carelon.
J9349	Medical Oncology & Supportive Care	Injection Tafasitamab-Cxix 2 Mg	Carelon	Prior Authorization required through Carelon.
J9350	Medical Oncology & Supportive Care	Injection Mosunetuzumab-Axgb 1 Mg	Carelon	Add Effective 01/01/2024. Prior Authorization required through Carelon.
J9352	Medical Oncology & Supportive Care	Injection Trabectedin 0.1 Mg	Carelon	Prior Authorization required through Carelon.
J9353	Medical Oncology & Supportive Care	Injection Margetuximab-Cmkb 5 Mg	Carelon	Prior Authorization required through Carelon.
J9354	Medical Oncology & Supportive Care	Injection Ado-Trastuzumab Emtansine 1 Mg	Carelon	Prior Authorization required through Carelon.
J9355	Medical Oncology & Supportive Care	Injection Trastuzumab Excludes Biosimilar 10 Mg	Carelon	Prior Authorization required through Carelon.
J9356	Medical Oncology & Supportive Care	Injection Trastuzumab 10 Mg And Hyaluronidase-Oysk	Carelon	Prior Authorization required through Carelon.
J9358	Medical Oncology & Supportive Care	Injection Fam-Trastuzumab Deruxtecan-Nxki 1 Mg	Carelon	Prior Authorization required through Carelon.
J9359	Medical Oncology & Supportive Care	Injection Loncastuximab Tesirine-Lpyl 0.075 Mg	Carelon	Prior Authorization required through Carelon.
J9361	Medical Oncology & Supportive Care	Ryzneuta (efbemalenograstim alfa-vuxw)	Carelon	Add Effective 10/01/2024
J9380	Medical Oncology & Supportive Care	Injection Teclistamab-Cqyv 0.5 Mg	Carelon	Prior Authorization required through Carelon.
Q2043	Medical Oncology & Supportive Care	Sipuleucel-T Minimum Of 50 Million Autologous Cd54+ Cells Activated With Pap-Gm-Csf Including Leukapheresis And All Other Preparatory Procedures Per Infusion	Carelon	Prior Authorization required through Carelon.

Q2049	Medical Oncology & Supportive Care	Injection Doxorubicin Hydrochloride Liposomal Imported Lipodox 10 Mg	Carelon	Retire Effective 04/01/24
Q2050	Medical Oncology & Supportive Care	Injection Doxorubicin Hydrochloride Liposomal Not Otherwise Specified 10Mg	Carelon	Prior Authorization required through Carelon.
Q4081	Medical Oncology & Supportive Care	Injection Epoetin Alfa 100 Units (For Esrd On Dialysis)	Carelon	Prior Authorization required through Carelon.
Q5101	Medical Oncology & Supportive Care	Injection Filgrastim-Sndz Biosimilar (Zarxio) 1 Microgram	Carelon	Prior Authorization required through Carelon.
Q5105	Medical Oncology & Supportive Care	Injection Epoetin Alfa-Epbx Biosimilar (Retacrit) (For Esrd On Dialysis) 100 Units	Carelon	Prior Authorization required through Carelon.
Q5107	Medical Oncology & Supportive Care	Injection Bevacizumab-Awwb Biosimilar (Mvasi) 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5108	Medical Oncology & Supportive Care	Injection Pegfilgrastim-Jmdb (Fulphila) Biosimilar 0.5 Mg	Carelon	Prior Authorization required through Carelon.
Q5110	Medical Oncology & Supportive Care	Injection Filgrastim-Aafi Biosimilar (Nivestym) 1 Microgram	Carelon	Prior Authorization required through Carelon.
Q5111	Medical Oncology & Supportive Care	Injection Pegfilgrastim-Cbqv (Udenyca) Biosimilar 0.5 Mg	Carelon	Prior Authorization required through Carelon.
Q5112	Medical Oncology & Supportive Care	Injection Trastuzumab-Dttb Biosimilar (Ontruzant) 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5113	Medical Oncology & Supportive Care	Injection Trastuzumab-Pkrb Biosimilar (Herzuma) 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5114	Medical Oncology & Supportive Care	Injection Trastuzumab-Dkst Biosimilar (Ogivri) 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5116	Medical Oncology & Supportive Care	Injection Trastuzumab-Qyyp Biosimilar (Trazimera) 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5117	Medical Oncology & Supportive Care	Injection Trastuzumab-Anns Biosimilar (Kanjinti) 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5118	Medical Oncology & Supportive Care	Injection Bevacizumab-Bvzr Biosimilar (Zirabev) 10 Mg	Carelon	Prior Authorization required through Carelon.

Q5120	Medical Oncology & Supportive Care	Injection Pegfilgrastim-Bmez (Ziextenzo) Biosimilar 0.5 Mg	Carelon	Prior Authorization required through Carelon.
Q5122	Medical Oncology & Supportive Care	Injection Pegfilgrastim-Apgf (Nyvepria) Biosimilar 0.5 Mg	Carelon	Prior Authorization required through Carelon.
Q5125	Medical Oncology & Supportive Care	Injection Filgrastim-Ayow Biosimilar (Releuko) 1 Microgram	Carelon	Prior Authorization required through Carelon.
Q5126	Medical Oncology & Supportive Care	Injection Bevacizumab-Maly Biosimilar (Alymsys) 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5127	Medical Oncology & Supportive Care	Injection Pegfilgrastim-Fpgk (Stimufend) Biosimilar 0.5 Mg	Carelon	Prior Authorization required through Carelon.
Q5129	Medical Oncology & Supportive Care	Injection Bevacizumab-Adcd (Vegzelma) Biosimilar 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5130	Medical Oncology & Supportive Care	Injection Pegfilgrastim-Pbbk (Fylnetra) Biosimilar 0.5 Mg	Carelon	Prior Authorization required through Carelon.
J1599	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Immune Globulin Intravenous Non-Lyophilized (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.
90283	Provider Administered Drug Therapy	Immune Globulin (Igiv) Human For Intravenous Use	BCBSMT	Prior Authorization required through BCBS.
90284	Provider Administered Drug Therapy	Immune Globulin (Scig) Human For Use In Subcutaneous Infusions 100 Mg Each	BCBSMT	Prior Authorization required through BCBS.
90378	Provider Administered Drug Therapy	Respiratory Syncytial Virus Monoclonal Antibody Recombinant For Intramuscular Use 50 Mg Each	BCBSMT	Prior Authorization required through BCBS.
C9257	Provider Administered Drug Therapy	Injection Bevacizumab 0.25 Mg	BCBSMT	Retire Effective 10/01/2024
J0202	Provider Administered Drug Therapy	Injection Alemtuzumab 1 Mg	BCBSMT	Prior Authorization required through BCBS.
J0565	Provider Administered Drug Therapy	Injection Bezlotoxumab 10 Mg	BCBSMT	Retire Effective 10/01/2024
J0567	Provider Administered Drug Therapy	Injection Cerliponase Alfa 1 Mg	BCBSMT	Prior Authorization required through BCBS.

J0585	Provider Administered Drug Therapy	Injection Onabotulinumtoxina 1 Unit	BCBSMT	Added to Infusion Site of Care 04/01/24. Removed from Infusion Site of Care 10/01/24. Prior Authorization required through BCBS.
J0586	Provider Administered Drug Therapy	Injection Abobotulinumtoxina 5 Units	BCBSMT	Added to Infusion Site of Care 04/01/24. Removed from Infusion Site of Care 10/01/24. Prior Authorization required through BCBS.
J0587	Provider Administered Drug Therapy	Injection Rimabotulinumtoxina 100 Units	BCBSMT	Added to Infusion Site of Care 04/01/24. Removed from Infusion Site of Care 10/01/24. Prior Authorization required through BCBS.
J0588	Provider Administered Drug Therapy	Injection Incobotulinumtoxin A 1 Unit	BCBSMT	Added to Infusion Site of Care 04/01/24. Removed from Infusion Site of Care 10/01/24. Prior Authorization required through BCBS.
J0741	Provider Administered Drug Therapy	Injection Cabotegravir And Rilpivirine 2Mg/3Mg	BCBSMT	Add Effective 07/01/2024. Prior Authorization required through BCBS.
J0775	Provider Administered Drug Therapy	Injection Collagenase Clostridium Histolyticum 0.01 Mg	BCBSMT	Prior Authorization required through BCBS.
J0888	Provider Administered Drug Therapy	Injectin Epoetin Beta 1 Microgram (For Non Esrd Use)	BCBSMT	Prior Authorization required through BCBS.
J1325	Provider Administered Drug Therapy	Injection Epoprostenol 0.5 Mg	BCBSMT	Retire Effective 10/01/2024
J1411	Provider Administered Drug Therapy	Injection Etranacogene Dezaparvovec-Drlb Per Therapeutic Dose	BCBSMT	Add effective 01/01/2024. Prior Authorization required through BCBS.
J1412	Provider Administered Drug Therapy	Injection Valoctocogene Roxaparvovec-Rvox Per MI Containing Nominal 2 X 10 ¹³ Vector Genomes	BCBSMT	Add effective 04/01/2024. Prior Authorization required through BCBS.
J1413	Provider Administered Drug Therapy	Injection Delandistrogene Moxeparvovec-Rokl Per Therapeutic Dose	BCBSMT	Add effective 04/01/2024. Prior Authorization required through BCBS.
J1428	Provider Administered Drug Therapy	Injection Eteplirsien 10 Mg	BCBSMT	Prior Authorization required through BCBS.
J1562	Provider Administered Drug Therapy	Injection Immune Globulin (Vivaglobin) 100 Mg	BCBSMT	Prior Authorization required through BCBS.
J1675	Provider Administered Drug Therapy	Injection Histrelin Acetate 10 Micrograms	BCBSMT	Retire Effective 10/01/2024
J1726	Provider Administered Drug Therapy	Injection Hydroxyprogesterone Caproate (Makena) 10 Mg	BCBSMT	Retire Effective 01/01/2024.
J1950	Provider Administered Drug Therapy	Injection Leuprolide Acetate (For Depot Suspension) Per 3.75 Mg	BCBSMT	Retire Effective 10/01/2024

J1961	Provider Administered Drug Therapy	Injection Lenacapavir 1 Mg	BCBSMT	Add Effective 07/01/2024. Prior Authorization required through BCBS.
J2278	Provider Administered Drug Therapy	Injection Ziconotide 1 Microgram	BCBSMT	Retire Effective 10/01/2024
J2326	Provider Administered Drug Therapy	Injection Nusinersen 0.1 Mg	BCBSMT	Prior Authorization required through BCBS.
J2502	Provider Administered Drug Therapy	Injection Pasireotide Long Acting 1 Mg	BCBSMT	Retire Effective 10/01/2024
J2562	Provider Administered Drug Therapy	Injection Plerixafor 1 Mg	BCBSMT	Prior Authorization required through BCBS.
J2941	Provider Administered Drug Therapy	Injection Somatropin 1 Mg	BCBSMT	Prior Authorization required through BCBS.
J3121	Provider Administered Drug Therapy	Injection Testosterone Enanthate 1Mg	BCBSMT	Retire Effective 10/01/2024
J3145	Provider Administered Drug Therapy	Injection Testosterone Undecanoate 1 Mg	BCBSMT	Retire Effective 10/01/2024
J3285	Provider Administered Drug Therapy	Injection Treprostinil 1 Mg	BCBSMT	Retire Effective 10/01/2024
J3315	Provider Administered Drug Therapy	Injection Triptorelin Pamoate 3.75 Mg	BCBSMT	Retire Effective 10/01/2024
J3398	Provider Administered Drug Therapy	Injection Voretigene Neparvovec-Rzyl 1 Billion Vector Genomes	BCBSMT	Prior Authorization required through BCBS.
J3399	Provider Administered Drug Therapy	Injection Onasemnogene Apeparvovec-Xioi Per Treatment Up To 5X10 ¹⁵ Vector Genomes	BCBSMT	Prior Authorization required through BCBS.
J3401	Provider Administered Drug Therapy	Beremagene Geperpavec-Svdt For Topical Administration Containing Nominal 5 X 10 ⁹ Pfu/MI Vector Genomes Per 0.1 MI	BCBSMT	Add effective 04/01/2024. Prior Authorization required through BCBS.
J7178	Provider Administered Drug Therapy	Injection Human Fibrinogen Concentrate Not Otherwise Specified 1 Mg	BCBSMT	Retire Effective 10/01/2024
J7340	Provider Administered Drug Therapy	Carbidopa 5 Mg/Levodopa 20 Mg Enteral Suspension 100 MI	BCBSMT	Retire Effective 10/01/2024
J9029	Provider Administered Drug Therapy	Intravesical Instillation Nadofaragene Firadenovec-Vncg Per Therapeutic Dose	BCBSMT	Add effective 01/01/2024. Prior Authorization required through BCBS.
J9155	Provider Administered Drug Therapy	Injection Degarelix 1 Mg	BCBSMT	Retire Effective 10/01/2024
J9202	Provider Administered Drug Therapy	Goserelin Acetate Implant Per 3.6 Mg	BCBSMT	Retire Effective 10/01/2024
J9217	Provider Administered Drug Therapy	Leuprolide Acetate (For Depot Suspension) 7.5 Mg	BCBSMT	Retire Effective 10/01/2024

J9218	Provider Administered Drug Therapy	Leuprolide Acetate Per 1 Mg	BCBSMT	Retire Effective 10/01/2024
J9219	Provider Administered Drug Therapy	Leuprolide Acetate Implant 65 Mg	BCBSMT	Retire Effective 10/01/2024
J9225	Provider Administered Drug Therapy	Histrelin Implant (Vantas) 50 Mg	BCBSMT	Retire Effective 10/01/2024
J9226	Provider Administered Drug Therapy	Histrelin Implant (Supprelin La) 50 Mg	BCBSMT	Retire Effective 10/01/2024
Q2041	Provider Administered Drug Therapy	Axicabtagene Ciloleucef Up To 200 Million Autologous Anti-Cd19 Car Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	BCBSMT	Prior Authorization required through BCBS.
Q2042	Provider Administered Drug Therapy	Tisagenlecleucef Up To 600 Million Car-Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	BCBSMT	Prior Authorization required through BCBS.
Q2053	Provider Administered Drug Therapy	Brexucabtagene Autoleucef Up To 200 Million Autologous Anti-Cd19 Car Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	BCBSMT	Prior Authorization required through BCBS.
Q2054	Provider Administered Drug Therapy	Lisocabtagene Maraleucef Up To 110 Million Autologous Anti-Cd19 Car-Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	BCBSMT	Prior Authorization required through BCBS.

Q2055	Provider Administered Drug Therapy	Idecabtagene Vicleucel Up To 460 Million Autologous B-Cell Maturation Antigen (Bcma) Directed Car-Positive T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	BCBSMT	Prior Authorization required through BCBS.
Q2056	Provider Administered Drug Therapy	Ciltacabtagene Autoleucel Up To 100 Million Autologous B-Cell Maturation Antigen (Bcma) Directed Car-Positive T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	BCBSMT	Prior Authorization required through BCBS.
S0157	Provider Administered Drug Therapy	Becaplermin Gel 0. 01% 0. 5 Gm	BCBSMT	Retire Effective 10/01/2024
S0189	Provider Administered Drug Therapy	Testosterone Pellet 75Mg	BCBSMT	Retire Effective 10/01/2024

Important Notes:

Prior authorization is required for some members/services/drugs before services are rendered to confirm medical necessity as defined by the member's health benefit plan.

Usually, the provider is responsible for requesting prior authorization before performing a service if the member is seeing an in-network provider. Sometimes, a plan may require the member to request prior authorization for services.

Once a prior authorization request is received and processed, the decision is communicated to the provider.

If you have questions, call the prior authorization number on the member's ID card.

This is not an exhaustive list 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. Member contracts differ in their benefits. Always check eligibility and benefits first through the Availity® Essentials (availity.com) or your preferred web vendor portal to confirm coverage and other important details, including prior authorization or pre-notification requirements and vendors, if applicable. For some services/members, prior authorization may be required through Blue Cross and Blue Shield of Montana. For other services/members, BCBSMT has contracted with Caelon Medical Benefits Management for utilization management and related services.

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Please note that checking eligibility and benefits and/or the fact that a service has received prior authorization is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. The information provided does not constitute coding or legal advice. Physicians and other health care providers should use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment, and to submit claims using the most appropriate code(s) based upon the medical record documentation, coding guidelines and reference materials.

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