

## 2021 SPECIALTY DRUGS PREAUTHORIZATION LIST FOR INFUSION SITE-OF-CARE or PROVIDER ADMINISTERED DRUG THERAPIES (Including Cellular Immunotherapy, Gene Therapy and Other Medical Benefit Drug Therapies)

### General Information:

Preauthorization 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.

Predetermination 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 predetermination 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.

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

| Procedure Code | Effective Date | Drug Product Name*                                    | Reason for Preauthorization Requirement | Updates               |
|----------------|----------------|---|---|-----------------------|
| J3241          | 1/1/2021       | Tepezza (teprotumumab-trbw)                           | Infusion Site of Care                   | Added to 2021 PA list |
| J3032          | 1/1/2021       | Vyepti (eptinezumab-jjmr)                             | Infusion Site of Care                   | Added to 2021 PA list |
| J0223          | 1/1/2021       | Givlaari (givosiran)                                  | Infusion Site of Care                   | Added to 2021 PA list |
| J0791          | 1/1/2021       | Adakveo (crizanlizumab-tmca)                          | Infusion Site of Care                   | Added to 2021 PA list |
| J1303          | 1/1/2021       | Ultomiris (ravulizumab-cwvz)                          | Infusion Site of Care                   | Added to 2021 PA list |
| J1558          | 1/1/2021       | Xembify (immune globulin subcutaneous, human-klhw)    | Infusion Site of Care                   | Added to 2021 PA list |
| Q5121          | 1/1/2021       | Avsola (infliximab-axxq)                              | Infusion Site of Care                   | Added to 2021 PA list |
| J0129          | 1/1/2018       | Orencia (abatacept)                                   | Infusion Site of Care                   | -                     |
| J0180          | 1/1/2018       | Fabrazyme (agalsidase beta)                           | Infusion Site of Care                   | -                     |
| J0221          | 1/1/2018       | Lumizyme (alglucosidase alfa)                         | Infusion Site of Care                   | -                     |
| J0490          | 1/1/2018       | Benlysta (belimumab)                                  | Infusion Site of Care                   | -                     |
| J0598          | 1/1/2018       | Cinryze (C1 esterase inhibitor)                       | Infusion Site of Care                   | -                     |
| J0717          | 1/1/2018       | Cimzia (certolizumab pegol)                           | Infusion Site of Care                   | -                     |
| J1290          | 1/1/2018       | Kalbitor (ecallantide)                                | Infusion Site of Care                   | -                     |
| J1300          | 1/1/2018       | Soliris (eculizumab)                                  | Infusion Site of Care                   | -                     |
| J1322          | 1/1/2018       | Vimizim (elosulfase alfa)                             | Infusion Site of Care                   | -                     |
| J1458          | 1/1/2018       | Naglazyme (galsulfase)                                | Infusion Site of Care                   | -                     |
| J1459          | 1/1/2018       | Privigen (immune globulin intravenous)                | Infusion Site of Care                   | -                     |
| J1555          | 1/1/2018       | Cuvitru (immune globulin subcutaneous)                | Infusion Site of Care                   | -                     |
| J1556          | 1/1/2018       | Bivigam (immune globulin intravenous)                 | Infusion Site of Care                   | -                     |
| J1557          | 1/1/2018       | Gammaflex (immune globulin intravenous)               | Infusion Site of Care                   | -                     |
| J1559          | 1/1/2018       | Hizentra (immune globulin subcutaneous)               | Infusion Site of Care                   | -                     |
| J1561          | 1/1/2018       | Gamunex-C, Gammaked (immune globulin intravenous)     | Infusion Site of Care                   | -                     |
| J1561          | 1/1/2018       | Gamunex-C, Gammaked (immune globulin intravenous)     | Infusion Site of Care                   | -                     |
| J1566          | 1/1/2018       | Carimune, Gammagard S-D (immune globulin intravenous) | Infusion Site of Care                   | -                     |
| J1566          | 1/1/2018       | Carimune, Gammagard S-D (immune globulin intravenous) | Infusion Site of Care                   | -                     |
| J1568          | 1/1/2018       | Octagam (immune globulin intravenous)                 | Infusion Site of Care                   | -                     |
| J1569          | 1/1/2018       | Gammagard (immune globulin intravenous)               | Infusion Site of Care                   | -                     |
| J1572          | 1/1/2018       | Flebogamma (immune globulin intravenous)              | Infusion Site of Care                   | -                     |
| J1575          | 1/1/2018       | HyQvia (immune globulin subcutaneous)                 | Infusion Site of Care                   | -                     |
| J1602          | 1/1/2018       | Simponi Aria (golimumab)                              | Infusion Site of Care                   | -                     |
| J1743          | 1/1/2018       | Elaprase (idursulfase)                                | Infusion Site of Care                   | -                     |
| J1745          | 1/1/2018       | Remicade (infliximab)                                 | Infusion Site of Care                   | -                     |
| J1786          | 1/1/2018       | Cerezyme (imiglucerase)                               | Infusion Site of Care                   | -                     |
| J1931          | 1/1/2018       | Aldurazyme (laronidase)                               | Infusion Site of Care                   | -                     |
| J2182          | 1/1/2018       | Nucala (mepolizumab)                                  | Infusion Site of Care                   | -                     |
| J2323          | 1/1/2018       | Tysabri (natalizumab)                                 | Infusion Site of Care                   | -                     |
| J2350          | 1/1/2018       | Ocrevus (ocrelizumab)                                 | Infusion Site of Care                   | -                     |
| J2357          | 1/1/2018       | Xolair (omalizumab)                                   | Infusion Site of Care                   | -                     |
| J2507          | 1/1/2018       | Krystexxa (pegloticase)                               | Infusion Site of Care                   | -                     |
| J2786          | 1/1/2018       | Cinqair (reslizumab)                                  | Infusion Site of Care                   | -                     |

|       |          |  |                                    |               |
|-------|----------|--|------------------------------------|---------------|
| J2840 | 1/1/2018 | Kanuma (sebelipase alfa)   | Infusion Site of Care              | _             |
| J3262 | 1/1/2018 | Actemra (tocilizumab)  | Infusion Site of Care              | _             |
| J3358 | 1/1/2018 | Stelara (ustekinumab for intravenous use)  | Infusion Site of Care              | _             |
| J3380 | 1/1/2018 | Entyvio (vedolizumab)  | Infusion Site of Care              | _             |
| J3385 | 1/1/2018 | Vpriv (velaglucerase alfa)   | Infusion Site of Care              | _             |
| 90283 | 1/1/2019 | IVIG (immune globulin intravenous)   | Provider Administered Drug Therapy | Added to list |
| 90284 | 1/1/2019 | SCIG   | Provider Administered Drug Therapy | Added to list |
| J0585 | 1/1/2019 | Botox (onabotulinumtoxinA)   | Provider Administered Drug Therapy | Added to list |
| J0586 | 1/1/2019 | Dysport (abobotulinumtoxinA)   | Provider Administered Drug Therapy | Added to list |
| J0587 | 1/1/2019 | Myobloc (rimabotulinumtoxinB)  | Provider Administered Drug Therapy | Added to list |
| J0588 | 1/1/2019 | Xeomin (incobotulinumtoxinA)   | Provider Administered Drug Therapy | Added to list |
| J1325 | 1/1/2019 | Flolan, Veletri (epoprostenol)   | Provider Administered Drug Therapy | Added to list |
| J1562 | 1/1/2019 | Vivaglobin (immune globulin subcutaneous)  | Provider Administered Drug Therapy | Added to list |
| J1599 | 1/1/2019 | IVIG (immune globulin intravenous)   | Provider Administered Drug Therapy | Added to list |
| J1675 | 1/1/2019 | histrelin acetate  | Provider Administered Drug Therapy | Added to list |
| J1726 | 1/1/2019 | Makena (hydroxyprogesterone caproate)  | Provider Administered Drug Therapy | Added to list |
| J1950 | 1/1/2019 | Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, per 3.75 mg)     | Provider Administered Drug Therapy | Added to list |
| J2502 | 1/1/2019 | Signifor LAR (pasireotide)   | Provider Administered Drug Therapy | Added to list |
| J2941 | 1/1/2019 | Humatrope, Saizen (somatropin)   | Provider Administered Drug Therapy | Added to list |
| J3121 | 1/1/2019 | testosterone enanthate   | Provider Administered Drug Therapy | Added to list |
| J3145 | 1/1/2019 | Aveed (testosterone undecanoate)   | Provider Administered Drug Therapy | Added to list |
| J3315 | 1/1/2019 | Trelstar (triptorelin pamoate)   | Provider Administered Drug Therapy | Added to list |
| J9035 | 1/1/2019 | Avastin (bevacizumab)  | Provider Administered Drug Therapy | Added to list |
| J9035 | 1/1/2019 | Avastin (bevacizumab)  | Provider Administered Drug Therapy | Added to list |
| J9155 | 1/1/2019 | Firmagon (degarelix)   | Provider Administered Drug Therapy | Added to list |
| J9202 | 1/1/2019 | Zoladex (goserelin acetate implant)  | Provider Administered Drug Therapy | Added to list |
| J9217 | 1/1/2019 | Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 mg) | Provider Administered Drug Therapy | Added to list |
| J9218 | 1/1/2019 | leuprolide acetate, non depot  | Provider Administered Drug Therapy | Added to list |
| J9219 | 1/1/2019 | Viadur (leuprolide acetate implant)  | Provider Administered Drug Therapy | Added to list |
| J9225 | 1/1/2019 | Vantas (histrelin implant)   | Provider Administered Drug Therapy | Added to list |
| J9226 | 1/1/2019 | Supprelin LA (histrelin implant)   | Provider Administered Drug Therapy | Added to list |
| Q5109 | 1/1/2019 | Ixifi (infliximab-qbtX) - NON-PREFERRED  | Infusion Site of Care              | Added to list |
| S0157 | 1/1/2019 | Regranex (becaplermin gel)   | Provider Administered Drug Therapy | Added to list |
| S0189 | 1/1/2019 | Testopel (testosterone pellets)  | Provider Administered Drug Therapy | Added to list |
| 90378 | 1/1/2019 | Synagis (palivizumab)  | Provider Administered Drug Therapy | _             |
| C9257 | 1/1/2019 | Avastin (bevacizumab)  | Provider Administered Drug Therapy | _             |
| J0202 | 1/1/2019 | Lemtrada (alemtuzumab)   | Provider Administered Drug Therapy | _             |
| J0517 | 1/1/2019 | Fasenra (benralizumab)   | Infusion Site of Care              | _             |
| J0565 | 1/1/2019 | Zinplava (bezlotoxumab)  | Provider Administered Drug Therapy | _             |
| J0638 | 1/1/2019 | Ilaris (canakinumab)   | Provider Administered Drug Therapy | _             |
| J0775 | 1/1/2019 | Xiaflex (collagenase, clostridium histolyticum)  | Provider Administered Drug Therapy | _             |
| J0881 | 1/1/2019 | Aranesp (darbepoetin alfa )  | Provider Administered Drug Therapy | _             |
| J0885 | 1/1/2019 | Epogen (epoetin alfa)  | Provider Administered Drug Therapy | _             |
| J0885 | 1/1/2019 | Epogen (epoetin alfa)  | Provider Administered Drug Therapy | _             |
| J0888 | 1/1/2019 | Mircera (pegylated-epoetin beta)   | Provider Administered Drug Therapy | _             |
| J1301 | 1/1/2019 | Radicava (edaravone)   | Infusion Site of Care              | _             |
| J1428 | 1/1/2019 | Exondys 51 (eteplirsen)  | Provider Administered Drug Therapy | _             |
| J2278 | 1/1/2019 | Prialt (ziconotide)  | Provider Administered Drug Therapy | _             |
| J2326 | 1/1/2019 | Spinraza (nusinersen)  | Provider Administered Drug Therapy | _             |
| J2562 | 1/1/2019 | Mozobil (plerixafor)   | Provider Administered Drug Therapy | _             |
| J2860 | 1/1/2019 | Sylvant (siltuximab)   | Provider Administered Drug Therapy | _             |
| J3060 | 1/1/2019 | Elelyso (taliglucerase alfa)   | Provider Administered Drug Therapy | _             |
| J3285 | 1/1/2019 | Remodulin (treprostinil)   | Provider Administered Drug Therapy | _             |
| J7178 | 1/1/2019 | RiaSTAP (human fibrinogen concentrate)   | Provider Administered Drug Therapy | _             |
| J7340 | 1/1/2019 | Duopa (carbidopa/levodopa enteral suspension)  | Provider Administered Drug Therapy | _             |
| J9022 | 1/1/2019 | Tecentriq (atezolizumab)   | Provider Administered Drug Therapy | _             |
| J9023 | 1/1/2019 | Bavencio (avelumab)  | Provider Administered Drug Therapy | _             |
| J9032 | 1/1/2019 | Beleodaq (belinostat)  | Provider Administered Drug Therapy | _             |
| J9039 | 1/1/2019 | Blinicyto (blinatumomab)   | Provider Administered Drug Therapy | _             |
| J9043 | 1/1/2019 | Jevtana (cabazitaxel)  | Provider Administered Drug Therapy | _             |
| J9047 | 1/1/2019 | Kyprolis (carfilzomib)   | Provider Administered Drug Therapy | _             |
| J9145 | 1/1/2019 | Darzalex (daratumumab)   | Provider Administered Drug Therapy | _             |
| J9176 | 1/1/2019 | Empliciti (elotuzumab)   | Provider Administered Drug Therapy | _             |
| J9203 | 1/1/2019 | Mylotarg (gemtuzumab ozogamicin)   | Provider Administered Drug Therapy | _             |
| J9205 | 1/1/2019 | Onivyde (irinotecan liposome)  | Provider Administered Drug Therapy | _             |
| J9228 | 1/1/2019 | Yervoy (ipilimumab)  | Provider Administered Drug Therapy | _             |
| J9264 | 1/1/2019 | Abraxane (paclitaxel protein-bound particles)  | Provider Administered Drug Therapy | _             |
| J9271 | 1/1/2019 | Keytruda (pembrolizumab)   | Provider Administered Drug Therapy | _             |
| J9295 | 1/1/2019 | Portrazza (necitumumab)  | Provider Administered Drug Therapy | _             |
| J9299 | 1/1/2019 | Opdivo (nivolumab)   | Provider Administered Drug Therapy | _             |
| J9301 | 1/1/2019 | Gazyva (obinutuzumab)  | Provider Administered Drug Therapy | _             |
| J9306 | 1/1/2019 | Perjeta (pertuzumab)   | Provider Administered Drug Therapy | _             |
| J9308 | 1/1/2019 | Cyramza (ramucirumab)  | Provider Administered Drug Therapy | _             |

|       |           |  |                                    |               |
|-------|-----------|--|------------------------------------|---------------|
| J9312 | 1/1/2019  | Rituxan (rituximab)                            | Provider Administered Drug Therapy | -             |
| J9325 | 1/1/2019  | Imlygic (talimogene laherparepvec)             | Provider Administered Drug Therapy | -             |
| J9352 | 1/1/2019  | Yondelis (trabectedin)                         | Provider Administered Drug Therapy | -             |
| J9354 | 1/1/2019  | Kadcyla (ado-trastuxumab emtansine)            | Provider Administered Drug Therapy | -             |
| Q2041 | 1/1/2019  | Yescarta (axicabtagene ciloleucel)             | Provider Administered Drug Therapy | -             |
| Q2043 | 1/1/2019  | Provenge (sipuleucel-T)                        | Provider Administered Drug Therapy | -             |
| J0222 | 1/1/2020  | Onpattro (patisiran)                           | Provider Administered Drug Therapy | Added to list |
| J0567 | 1/1/2020  | Brineura (cerliponase alfa)                    | Provider Administered Drug Therapy | -             |
| J0584 | 1/1/2020  | Crysvita (burosumab-twza)                      | Provider Administered Drug Therapy | -             |
| J1746 | 1/1/2020  | Trogarzo (ibalizumab-uiyk)                     | Provider Administered Drug Therapy | -             |
| J3245 | 1/1/2020  | Ilumya (tildrakizumab-asmn)                    | Provider Administered Drug Therapy | -             |
| J3397 | 1/1/2020  | Mepsevii (vestronidase alfa-vjvk)              | Provider Administered Drug Therapy | -             |
| J9057 | 1/1/2020  | Aliqopa (copanlisib)                           | Provider Administered Drug Therapy | -             |
| J9153 | 1/1/2020  | Vyxeos (daunorubicin and cytarabine)           | Provider Administered Drug Therapy | -             |
| J9173 | 1/1/2020  | Imfinzi (durvalumab)                           | Provider Administered Drug Therapy | -             |
| J9229 | 1/1/2020  | Besponsa (inotuzumab ozogamicin)               | Provider Administered Drug Therapy | -             |
| J9311 | 1/1/2020  | Rituxan Hycela (rituximab/hyaluronidase human) | Provider Administered Drug Therapy | -             |
| Q5103 | 4/1/2018  | Inflectra (infliximab-dyyb)                    | Infusion Site of Care              | -             |
| Q5104 | 4/1/2018  | Renflexis (infliximab-abda) - NON-PREFERRED    | Infusion Site of Care              | -             |
| J3398 | 4/1/2020  | Luxturna (voretigene neparvovec-rzyl)          | Provider Administered Drug Therapy | -             |
| Q2042 | 4/1/2020  | Kymriah (tisagenlecleucel)                     | Provider Administered Drug Therapy | -             |
| J3399 | 9/10/2020 | Zolgensma (onasemnogene abeparvovec-xioi)      | Provider Administered Drug Therapy | Added to list |
| J3399 | 9/10/2020 | Zolgensma (onasemnogene abeparvovec-xioi)      | Provider Administered Drug Therapy | Added to list |

CPT Copyright 2021 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.