

2023 SPECIALTY DRUGS PRIOR AUTHORIZATION LIST

Updated January 2023 to reference changes through January 2024

General Information:

This list includes procedure code changes for Medical Benefit Specialty Pharmacy that may require benefit prior authorization through Blue Cross Blue Shield of Oklahoma (BCBSOK) effective Jan. 1, 2023 for BCBSOK Fully Insured (FI) & Administrative Service Organization (ASO) members.

This is not an exhaustive listing of all codes. Codes may change, and this list may be updated throughout the year. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. It is imperative that providers check eligibility and benefits through Availity® or their preferred vendor to determine if a prior authorization is required.

Use this document to view details for a procedure code, including: 1) Drug Product Name - Brand (generic); 2) Reason for prior authorization where medical necessity review is required for both therapy and place of infusion (Infusion Site of Care) or for therapy only (Provider Administered Drug Therapy) and/or for Medical Oncology & Supportive Care and 3) Effective date for when prior authorization was implemented at BCBSOK (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 BCBSOK Medical Policy Website

Carelon Medical Benefits Management = Med Oncology & Supportive Care BCBSOK = Provider Administered Therapy Or Infusion Site Of Care

Send PA requests to BCBSOK 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.

Procedure Code	Category	Drug Product Name* Brand (generic) *Trademarks are the property of their respective owners. 2	Managed By	Update History / Delegation Notes*** (Highlighted = Multiple Indications) ***Some drugs / codes on this PA list have multiple indications. Carelon will only review requests that are supported by an oncology diagnosis. See details provided on this list for each drug/code.
J9029	Provider Administered Drug Therapy	Inj Adstiladrin Per Tx Dos	BCBSOK	Add effective 01/01/2024
C9094	Infusion Site of Care	Inj Sutimlimab-Jome 10 Mg	BCBSOK	Code Termed 10/01/2022 - This code is replaced with J1302
J0129	Infusion Site of Care	Abatacept Injection	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0180	Infusion Site of Care	Agalsidase Beta Injection	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0219	Infusion Site of Care	Inj Aval Alfa-Nqpt 4Mg	BCBSOK	Add effective 04/01/2023
J0221	Infusion Site of Care	Lumizyme (Alglucosidase Alfa)	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0222	Infusion Site of Care	Inj. Patisiran 0.1 Mg	BCBSOK	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J0223	Infusion Site of Care	Inj Givosiran 0.5 Mg	BCBSOK	Prior Authorization required through BCBS.
J0224	Infusion Site of Care	Inj. Lumasiran 0.5 Mg	BCBSOK	Add effective 04/01/2023

J0490	Infusion Site of Care	Benlysta (Belimumab)	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0491	Infusion Site of Care	Inj Anifrolumab-Fnia 1Mg	BCBSOK	Add effective 04/01/2023
J0517	Infusion Site of Care	Inj. Benralizumab 1 Mg	BCBSOK	Prior Authorization required through BCBS.
J0584	Infusion Site of Care	Injection Burosumab-Twza 1M	BCBSOK	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J0598	Infusion Site of Care	C-1 Esterase Cinryze	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0638	Infusion Site of Care	Canakinumab Injection	BCBSOK	Prior Authorization required through BCBS.
J0717	Infusion Site of Care	Certolizumab Pegol Inj 1Mg	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0791	Infusion Site of Care	Inj Crizanlizumab-Tmca 5Mg	BCBSOK	Prior Authorization required through BCBS.
J1290	Infusion Site of Care	Ecallantide Injection	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1300	Infusion Site of Care	Eculizumab Injection	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
11301	Infusion Site of Care	Injection Edaravone 1 Mg	BCBSOK	Prior Authorization required through BCBS.
J1302	Infusion Site of Care	Inj Sutimlimab-Jome 10 Mg	BCBSOK	Add Effective 07/01/2023
J1303	Infusion Site of Care	Inj. Ravulizumab-Cwvz 10 Mg	BCBSOK	Prior Authorization required through BCBS.
J1305	Infusion Site of Care	Inj Evinacumab-Dgnb 5Mg	BCBSOK	Add effective 04/01/2023
J1306	Infusion Site of Care	Injection Inclisiran 1 Mg	BCBSOK	Add effective 04/01/2023
J1322	Infusion Site of Care	Elosulfase Alfa Injection	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1458	Infusion Site of Care	Galsulfase Injection	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
11602	Infusion Site of Care	Golimumab For Iv Use 1Mg	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
11743	Infusion Site of Care	Idursulfase Injection	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1745	Infusion Site of Care	Infliximab Not Biosimil 10Mg	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1746	Infusion Site of Care	Inj. Ibalizumab-Uiyk 10 Mg	BCBSOK	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J1786	Infusion Site of Care	Imuglucerase Injection	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1823	Infusion Site of Care	Inj. Inebilizumab-Cdon 1 Mg	BCBSOK	Add effective 04/01/2023
J1931	Infusion Site of Care	Laronidase Injection	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2182	Infusion Site of Care	Injection Mepolizumab 1Mg	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2323	Infusion Site of Care	Natalizumab Injection	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2350	Infusion Site of Care	Injection Ocrelizumab 1 Mg	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2356	Infusion Site of Care	Inj Tezepelumab-Ekko 1Mg	BCBSOK	Add effective 04/01/2023
12357	Infusion Site of Care	Omalizumab Injection	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2507	Infusion Site of Care	Krystexxa (Pegloticase)	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2786	Infusion Site of Care	Injection Reslizumab 1Mg	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2840	Infusion Site of Care	Inj Sebelipase Alfa 1 Mg	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3032	Infusion Site of Care	Inj. Eptinezumab-Jjmr 1 Mg	BCBSOK	Prior Authorization required through BCBS.
J3060	Infusion Site of Care	Inj Taliglucerace Alfa 10 U	BCBSOK	Prior Authorization required through BCBS.
	Infusion Site of Care	Inj. Teprotumumab-Trbw 10 Mg	BCBSOK	Prior Authorization required through BCBS.
J3241				
J3241 J3245	Infusion Site of Care	Inj. Tildrakizumab 1 Mg	BCBSOK	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.

J3358	Infusion Site of Care	Ustekinumab Iv Inject 1 Mg	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3380	Infusion Site of Care	Injection Vedolizumab	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3385	Infusion Site of Care	Velaglucerase Alfa	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3397	Infusion Site of Care	Inj. Vestronidase Alfa-Vjbk	BCBSOK	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J9332	Infusion Site of Care	Inj Efgartigimod 2Mg	BCBSOK	Add effective 04/01/2023
Q5103	Infusion Site of Care	Injection Inflectra	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
Q5104	Infusion Site of Care	Injection Renflexis	BCBSOK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
Q5109	Infusion Site of Care	Injection Ixifi 10 Mg	BCBSOK	Prior Authorization required through BCBS.
Q5121	Infusion Site of Care	Inj. Avsola 10 Mg	BCBSOK	Prior Authorization required through BCBS.
J1459	Infusion Site of Care, Medical Oncology & Supportive Care	Inj Ivig Privigen 500 Mg	Carelon or BCBSOK	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 BCBSOK	Add effective 04/01/2023
J1554	Infusion Site of Care, Medical Oncology & Supportive Care	Inj. Asceniv	Carelon or BCBSOK	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 BCBSOK	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.
J1556	Infusion Site of Care, Medical Oncology & Supportive Care	Inj Imm Glob Bivigam 500Mg	Carelon or BCBSOK	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 BCBSOK	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
J1558	Infusion Site of Care, Medical Oncology & Supportive Care	Inj. Xembify 100 Mg	Carelon or BCBSOK	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 BCBSOK	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 BCBSOK	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 BCBSOK	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	Octagam Injection	Carelon or	Carelon will review requests for oncology drugs that are
11300	Oncology & Supportive Care	Octagam injection	BCBSOK	supported by an oncology diagnosis. If the drug requested
	oncology a supportive care		Bebsok	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	Gammagard Liquid Injection	Carelon or	Carelon will review requests for oncology drugs that are
31303	Oncology & Supportive Care	Cammagara Elquia mjection	BCBSOK	supported by an oncology diagnosis. If the drug requested
	Oncology & Supportive care		DCB3OK	is not associated with an oncology diagnosis, it will be
				reviewed by BCBS. Add to Small Groups/Mid-Markets
J1572	Infusion Site of Care, Medical	Flebogamma Injection	Carelon or	10/01/2023. Carelon will review requests for oncology drugs that are
11372	Oncology & Supportive Care	l lebogamma mjectiom	BCBSOK	supported by an oncology diagnosis. If the drug requested
	Oncology & Supportive Care		BCB3UK	
				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	Hyqvia 100Mg Immuneglobulin	Carelon or	Carelon will review requests for oncology drugs that are
	Oncology & Supportive Care	7,1	BCBSOK	supported by an oncology diagnosis. If the drug requested
	omenagy evenpperant care			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	Alymsys (Bevacizumab-Maly)	Carelon	Add effective 01/01/2023 though will be removed and
03 2 12	Care	,,	00.0.0.	replaced with Q5126 04/01/2023, Prior Authorization
	care			required through Carelon.
C9146	Medical Oncology & Supportive	Elahere (Mirvetuximab Soravtansine-	Carelon	Code Termed 07/01/2023 - This code is replaced with
C3140	Care	Gynx)	Carcion	J9063
C9147	Medical Oncology & Supportive	Imjudo (Tremelimumab-Actl)	Carelon	Code Termed 07/01/2023 - This code is replaced with
	Care			J9347
C9148	Medical Oncology & Supportive	Tecvayli (Teclistamab-Cqyv)	Carelon	Code Termed 07/01/2023 - This code is replaced with
	Care			J9380
C9399	Medical Oncology & Supportive	Cutaquig_(Immune Globulin (Human)-	Carelon	Effective 01/01/2023, add new drug Unituxin
	Care	Hipp);		(dinutuximab) and Alymsys (bevacizumab-maly); Carelon
		Unituxin (Dinutuximab)		will review requests for oncology drugs that are supported
		Alymsys (Bevacizumab-Maly)		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	Inj Levoleucovorin Nos 0.5Mg	Carelon	Prior Authorization required through Carelon.
	Care			
J0642	Medical Oncology & Supportive	Injection Khapzory 0.5 Mg	Carelon	Prior Authorization required through Carelon.
10003	Care	Daula markin Alfa Faud Har	Canalan	Couples will as its war works for a pool and drives that are
J0882	Medical Oncology & Supportive	Darbepoetin Alfa Esrd Use	Carelon	Carelon will review requests for oncology drugs that are
	Care			supported by an oncology diagnosis. If the drug requested
				is not associated with an oncology diagnosis, it will be
10000	Madical Ocaslast & Company	Ini Lucratarant Apret 0 25Ma	Carelon	reviewed by BCBS.
J0896	Medical Oncology & Supportive Care	Inj Luspatercept-Aamt 0.25Mg	Careion	Prior Authorization required through Carelon.
J1442	Medical Oncology & Supportive	Inj Filgrastim Excl Biosimil	Carelon	Prior Authorization required through Carelon.
31112	Care	Inj ingrasam Exer Biosiniii	Curcion	The Authorization required through eartism.
J1447	Medical Oncology & Supportive	Inj Tbo Filgrastim 1 Microg	Carelon	Prior Authorization required through Carelon.
31447	Care	ing 150 mgrustim i wilerog	Carcion	Thor Addionization required through ediction.
J1448	Medical Oncology & Supportive	Injection Trilaciclib 1Mg	Carelon	Prior Authorization required through Carelon.
31110	Care	Injection Trincicing 111ig	Carcion	Thor right in required through earcion.
11.4.40	Medical Oncology & Supportive	Inj Eflapegrastim-Xnst 0.1Mg	Carelon	Add Effective 7/1/2023; Carelon will review requests for
J1449				oncology drugs that are supported by an oncology
J1449	Care			oncology drugs that are supported by an oncology
J1449	=: ::			
J1449	=: ::			diagnosis. If the drug requested is not associated with an
	Care	Ini Pegfilgrast Ex Bio 0.5Mg	Carelon	diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1449 J2506	Care Medical Oncology & Supportive	Inj Pegfilgrast Ex Bio 0.5Mg	Carelon	diagnosis. If the drug requested is not associated with an
J2506	Care Medical Oncology & Supportive Care			diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Prior Authorization required through Carelon.
	Care Medical Oncology & Supportive Care Medical Oncology & Supportive	Inj Pegfilgrast Ex Bio 0.5Mg Sargramostim Injection	Carelon Carelon	diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J2506	Care Medical Oncology & Supportive Care			diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Prior Authorization required through Carelon.

Series Supportive Care Supportive Care	J3490	Medical Oncology & Supportive	Cutaquig_(Immune Globulin (Human)-	Carelon	Effective 01/01/2023, add new drug Unituxin
Unituatin (Dimutualinab) Alymoys (Sevacitumab-Maly) Alymoys (Sevacitumab-Malymoys (Carelon Anderical Oncology & Supportive Care Alymoys (Sevacitumab-Malymoys) Alymo		=: ::			
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Medical Oncology & Supportive Injection Carfilzomib 1 Mg	J9043	Medical Oncology & Supportive	Jevtana_(Cabazitaxel)	Carelon	Prior Authorization required through Carelon.
Care Cetuximab Injection Carelon Prior Authorization required through Carelon.		Care			
Jeobs Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care Inj. Copanlisib 1 Mg Carelon Prior Authorization required through Carelon. Jeobs Medical Oncology & Supportive Care Inj. Carelon Prior Authorization required through Carelon. Add Effective 7/1/2023; Carelon Medical Oncology & Supportive Care Inj. Elahere 1 Mg Carelon Add Effective 7/1/2023; Carelon will review requested concology drugs that are supported by a noncology diagnosis. If the drug requested is not associated woncology diagnosis. If the drug requested is not associated woncology diagnosis. If the drug requested by BCBS. Add Effective 7/1/2023; Prior Authorization required through Carelon. Inj. Cemiplimab-Rwlc 1 Mg Carelon Prior Authorization required through Carelon. Add Effective 7/1/2023; Carelon will reviewer device woncology diagnosis. If the drug requested by BCBS. Add Effective 7/1/2023; Carelon will reviewer device woncology diagnosis. If the drug requested by BCBS. Add Effective 7/1/2023; Carelon will reviewer device woncology diagnosis. If the drug requested by BCBS. Add Effective 7/1/2023; Carelon woncology diagnosis. If the drug requested by BCBS. Add Effective 7/1/2023; Carelon woncology diagnosis. If the drug requested by BCBS. Add Effective 7/1/2023; Carelon woncology diagnosis. If the drug requested by BCBS. Add Effective 7/1/2023; Carelon woncology diagnosis. If the drug requested by BCBS. Add Effective 7/1/2023; Carelon woncology diagnosis. If the drug requested by BCBS. Add Effective 7/1/2023; Carelon woncology diagnosis. If the drug requested by BCBS. Add Effective 7/1/2023; Carelon woncology diagnosis. If the drug requested by BCBS. Add Effective 7/1/2023; Carelon woncology diagnosis. If the drug requested by BCBS. Add Effective 7/1/2023; Carelon woncology diagnosis. If the drug requested by BCBS. Add Effective 7/1/2023; Carelon woncology diagnosis. If the drug requested by BCBS. Add Effective 7/1/2023; Ca	J9047	Medical Oncology & Supportive	Injection Carfilzomib 1 Mg	Carelon	Prior Authorization required through Carelon.
Care		Care			
Jobs	J9055	Medical Oncology & Supportive	Cetuximab Injection	Carelon	Prior Authorization required through Carelon.
Care		Care			
Medical Oncology & Supportive Care	J9057	Medical Oncology & Supportive	Inj. Copanlisib 1 Mg	Carelon	Prior Authorization required through Carelon.
Care Medical Oncology & Supportive Care		Care			
Medical Oncology & Supportive Care	J9061	Medical Oncology & Supportive	Inj Amivantamab-Vmjw	Carelon	Prior Authorization required through Carelon.
Care Medical Oncology & Supportive Care Medical Oncology & Suppo		Care			
diagnosis. If the drug requested is not associated woncology diagnosis, it will be reviewed by BCBS. Medical Oncology & Supportive Care Inj. Calaspargase Pegol-Mknl Medical Oncology & Supportive Care Medical Oncology & Supportive Care Medical Oncology & Supportive Care Daratumumab Hyaluronidase Carelon Prior Authorization required through Carelon. Medical Oncology & Supportive Care Medical Oncology & Supportive Care Inj. Durvalumab 10 Mg Carelon Prior Authorization required through Carelon. Medical Oncology & Supportive Care Inj. Durvalumab 10 Mg Carelon Prior Authorization required through Carelon. Medical Oncology & Supportive Care Inj. Durvalumab 10 Mg Carelon Prior Authorization required through Carelon. Medical Oncology & Supportive Care Inj. Durvalumab 10 Mg Carelon Prior Authorization required through Carelon. Medical Oncology & Supportive Care Inj. Durvalumab 1Mg Carelon Prior Authorization required through Carelon. Medical Oncology & Supportive Care Inj Mogamulizumab-Kpkc 1 Mg Carelon Prior Authorization required through Carelon. Prior Authorization required through Carelon. Carelon Prior Authorization required through Carelon. Medical Oncology & Supportive Carelon. Inj Mogamulizumab-Kpkc 1 Mg Carelon Prior Authorization required through Carelon. Medical Oncology & Supportive Carelon. Medical Oncology & Supportive Carelon. Medical Oncology & Supportive Carelon. Nedical Oncology & Sup	J9063	Medical Oncology & Supportive	Inj Elahere 1 Mg	Carelon	Add Effective 7/1/2023; Carelon will review requests for
Medical Oncology & Supportive Care Care Care Care Medical Oncology & Supportive Care		Care			oncology drugs that are supported by an oncology
Medical Oncology & Supportive Care Inj. Calaspargase Pegol-Mknl Carelon Add effective 01/01/2023. Prior Authorization required through Carelon.					diagnosis. If the drug requested is not associated with an
Medical Oncology & Supportive Care Inj. Calaspargase Pegol-Mknl Carelon Add effective 01/01/2023. Prior Authorization required through Carelon.					- '
Care Medical Oncology & Supportive Care Daratumumab Hyaluronidase Carelon Prior Authorization required through Carelon.	19118	Medical Oncology & Supportive	Ini. Calaspargase Pegol-Mknl	Carelon	
Medical Oncology & Supportive Care Inj. Cemiplimab-Rwlc 1 Mg Carelon Prior Authorization required through Carelon.		=: ::	inji sansapangasa naga mini		·
Care Medical Oncology & Supportive Care Injection Daratumumab Hyaluronidase Carelon Prior Authorization required through Carelon.	19119		Ini. Ceminlimah-Rwlc 1 Mg	Carelon	
Medical Oncology & Supportive Care Daratumumab Hyaluronidase Carelon Prior Authorization required through Carelon.	33113		inji dempining inii 1 ing	our cross	The Transcription required through carefoli
Care Injection Daratumumab 10 Mg Carelon Prior Authorization required through Carelon Prior Authorization req	19144		Daratumumah Hvaluronidase	Carelon	Prior Authorization required through Carelon
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Care Medical Oncology & Supportive Inj. Durvalumab 10 Mg Carelon Prior Authorization required through Carelon	10145		Injection Daratumumah 10 Mg	Carolon	Prior Authorization required through Carolon
Jan	10.140	= ' ' '	Injection Daratumuman to Mg	Careion	Thor Authorization required through Carelon.
Care Injection Elotuzumab 1Mg Carelon Prior Authorization required through Carelon	10172		Ini Durvalumah 10 Mg	Carolon	Prior Authorization required through Carolon
Medical Oncology & Supportive Care Injection Elotuzumab 1Mg Carelon Prior Authorization required through Carelon.	121/2		ing. Durvalumad 10 Mg	careion	Prior Authorization required through Carelon.
Care Inj Enfort Vedo-Ejfv 0.25Mg Carelon Prior Authorization required through Carelon.	10176		Injection Flaturum-h 184-	Caralar	Drian Authorization required the such Caralan
Medical Oncology & Supportive Care Inj Enfort Vedo-Ejfv 0.25Mg Carelon Prior Authorization required through Carelon.	191/0		injection ciotuzumab tivig	Careion	rnor Authorization required through Carelon.
Care Medical Oncology & Supportive Care Gemtuzumab Ozogamicin 0.1 Mg Carelon Prior Authorization required through Carelon.	10177		Ini Enfort Vode Eif. 0.2514	Coreler	Dries Authorization required through Courts
Medical Oncology & Supportive Care Halaven_(Eribulin) Carelon Prior Authorization required through Carelon.	191//		inj Enfort vedo-Ejiv U.25Mg	Careion	Prior Authorization required through Carelon.
CareCareCareJ9203Medical Oncology & Supportive CareGemtuzumab Ozogamicin 0.1 MgCarelonPrior Authorization required through Carelon.J9204Medical Oncology & Supportive CareInj Mogamulizumab-Kpkc 1 MgCarelonPrior Authorization required through Carelon.J9205Medical Oncology & Supportive CareInj Irinotecan Liposome 1 MgCarelonPrior Authorization required through Carelon.J9207Medical Oncology & SupportiveIxabepilone InjectionCarelonPrior Authorization required through Carelon.	10470		Union of the Park	Constant	District Analysis in the control of
Medical Oncology & Supportive Gemtuzumab Ozogamicin 0.1 Mg Carelon Prior Authorization required through Carelon.	191/3	= ' ' '	naiaven_(Eribulin)	Careion	Prior Authorization required through Carelon.
Care Medical Oncology & Supportive Inj Mogamulizumab-Kpkc 1 Mg Carelon Prior Authorization required through Carelon.	10202		Combination to Company of Combination of Combinatio	Constant	Drian Authoritation and the state of the
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 Ixabepilone Injection Carelon Prior Authorization required through Carelon.	19203	= ' ' '	Gerntuzumap Ozogamicin 0.1 Mg	Carelon	Prior Authorization required through Carelon.
Care Inj Irinotecan Liposome 1 Mg Carelon Prior Authorization required through Carelon. J9207 Medical Oncology & Supportive Care Inj Irinotecan Liposome 1 Mg Carelon Prior Authorization required through Carelon. J9207 Medical Oncology & Supportive Ixabepilone Injection Carelon Prior Authorization required through Carelon.	10201		Let Manage III Let	Co. 1	District Anthony and the state of the state
J9205 Medical Oncology & Supportive Care Inj Irinotecan Liposome 1 Mg Carelon Prior Authorization required through Carelon. J9207 Medical Oncology & Supportive Prior Authorization required through Carelon. Ixabepilone Injection Carelon Prior Authorization required through Carelon.	19204		inj Mogamulizumab-Kpkc 1 Mg	Carelon	Prior Authorization required through Carelon.
Care Care Supportive Ixabepilone Injection Carelon Prior Authorization required through Carelon.				 	
J9207 Medical Oncology & Supportive Ixabepilone Injection Carelon Prior Authorization required through Carelon.	19205		Inj Irinotecan Liposome 1 Mg	Carelon	Prior Authorization required through Carelon.
				 	
I Care	19207	Medical Oncology & Supportive	Ixabepilone Injection	Carelon	Prior Authorization required through Carelon.
	L	Care			

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	Yervoy_(Ipilimumab)	Carelon	Prior Authorization required through Carelon.
J9229	Care Medical Oncology & Supportive	Inj Inotuzumab Ozogam 0.1 Mg	Carelon	Prior Authorization required through Carelon.
J9264	Care Medical Oncology & Supportive	Paclitaxel Protein Bound	Carelon	Prior Authorization required through Carelon.
J9266	Care Medical Oncology & Supportive	Pegaspargase Injection	Carelon	Add effective 01/01/2023. Prior Authorization required
J9269	Care Medical Oncology & Supportive	Inj. Tagraxofusp-Erzs 10 Mcg	Carelon	through Carelon. Prior Authorization required through Carelon.
J9271	Care Medical Oncology & Supportive	Inj Pembrolizumab	Carelon	Prior Authorization required through Carelon.
J9272	Care Medical Oncology & Supportive	Inj Dostarlimab-Gxly 10 Mg	Carelon	Prior Authorization required through Carelon.
J9273	Care Medical Oncology & Supportive	Inj Tisotu Vedotin-Tftv 1Mg	Carelon	Prior Authorization required through Carelon.
J9274	Care Medical Oncology & Supportive	Inj Tebentafusp-Tebn 1 Mcg	Carelon	Add code effective 01/01/2023 for drug Kimmtrak
J9281	Care Medical Oncology & Supportive	Mitomycin Instillation	Carelon	(tebentafusp-tebn) Prior Authorization required through Carelon.
J9298	Care Medical Oncology & Supportive	Inj Nivol Relatlimab 3Mg/1Mg	Carelon	Add effective 01/01/2023. Prior Authorization required
	Care	, , ,		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.
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	Inj Polatuzumab Vedotin 1Mg	Carelon	Prior Authorization required through Carelon.
J9313	Care Medical Oncology & Supportive	Inj. Lumoxiti 0.01 Mg	Carelon	Prior Authorization required through Carelon.
J9316	Care Medical Oncology & Supportive	Pertuzu Trastuzu 10 Mg	Carelon	Prior Authorization required through Carelon.
J9317	Care Medical Oncology & Supportive	Sacituzumab Govitecan-Hziy	Carelon	Prior Authorization required through Carelon.
J9331	Care Medical Oncology & Supportive	Inj Sirolimus Prot Part 1 Mg	Carelon	Prior Authorization required through Carelon.
J9347	Care Medical Oncology & Supportive Care	Inj Tremelimumab-Actl 1 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.
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.
J9352	Medical Oncology & Supportive	Injection Trabectedin 0.1Mg	Carelon	Prior Authorization required through Carelon.
J9353	Care Medical Oncology & Supportive	Inj. Margetuximab-Cmkb 5 Mg	Carelon	Prior Authorization required through Carelon.
J9354	Care Medical Oncology & Supportive	Inj Ado-Trastuzumab Emt 1Mg	Carelon	Prior Authorization required through Carelon.
J9355	Care Medical Oncology & Supportive	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; 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.
19999	Medical Oncology & Supportive Care	Cutaquig_(Immune Globulin (Human)- Hipp); Unituxin (Dinutuximab) Alymsys (Bevacizumab-Maly)	Carelon	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.
Q2043	Medical Oncology & Supportive Care	Provenge_(Sipuleucel-T)	Carelon	Prior Authorization required through Carelon.
Q2049	Medical Oncology & Supportive Care	Imported Lipodox Inj	Carelon	Prior Authorization required through Carelon.
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	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.
Q5106	Medical Oncology & Supportive Care	Inj Retacrit Non-Esrd Use	Carelon or BCBSOK	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.
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 or BCBSOK	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.
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 or BCBSOK	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.
Q5120	Medical Oncology & Supportive Care	Inj Pegfilgrastim-Bmez 0.5Mg	Carelon	Prior Authorization required through Carelon.

Q5122	Medical Oncology & Supportive	Inj Nyvepria	Carelon	Prior Authorization required through Carelon.
	Care			
Q5123	Medical Oncology & Supportive	Inj. Riabni 10 Mg	Carelon or	Carelon will review requests for oncology drugs that are
	Care		BCBSOK	supported by an oncology diagnosis. If the drug requested
				is not associated with an oncology diagnosis, it will be
				reviewed by BCBS.
Q5125	Medical Oncology & Supportive	Inj Releuko 1 Mcg	Carelon	Add effective 04/01/2023
05436	Care	1.: 11	Caralan	Add 5%-11- Ala/2022 to 11-11-15 COAA2
Q5126	Medical Oncology & Supportive Care	Inj Alymsys 10 Mg	Carelon	Add Effective 4/1/2023 to replace C9142
Q5127	Medical Oncology & Supportive	Inj Stimufend 0.5 Mg	Carelon	Add Effective 7/1/2023; Carelon will review requests for
	Care			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.
Q5129	Medical Oncology & Supportive	Inj Vegzelma 10 Mg	Carelon	Add Effective 7/1/2023; Carelon will review requests for
	Care			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.
Q5130	Medical Oncology & Supportive	Inj Fylnetra 0.5 Mg	Carelon	Add Effective 7/1/2023; Carelon will review requests for
	Care			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.
J0881	Medical Oncology & Supportive	Darbepoetin Alfa Non-Esrd	Carelon or	Carelon will review requests for oncology drugs that are
	Care,		BCBSOK	supported by an oncology diagnosis. If the drug requested
	Provider Administered Drug			is not associated with an oncology diagnosis, it will be
	Therapy			reviewed by BCBS.
J0885	Medical Oncology & Supportive	Epoetin Alfa Non-Esrd	Carelon or	Carelon will review requests for oncology drugs that are
	Care,		BCBSOK	supported by an oncology diagnosis. If the drug requested
	Provider Administered Drug			is not associated with an oncology diagnosis, it will be
	Therapy			reviewed by BCBS.
J0897	Medical Oncology & Supportive	Injection, Denosumab, 1 Mg	Carelon	Carelon will review requests for oncology drugs that are
	Care,	Prolia/Xgeva_(Denosumab)		supported by an oncology diagnosis. If the drug requested
	Provider Administered Drug			is not associated with an oncology diagnosis, it will be
	Therapy			reviewed by BCBS.
J1599	Medical Oncology & Supportive	Injection, Immune Globulin, Intravenous,	Carelon or	Carelon will review requests for oncology drugs that are
	Care,	Nonlyophilized (E.G., Liquid), Not	BCBSOK	supported by an oncology diagnosis. If the drug requested
	Provider Administered Drug	Otherwise Specified, 500 Mg		is not associated with an oncology diagnosis, it will be
	Therapy			reviewed by BCBS. Add to Small Groups/Mid-Markets
10022	Andirel Oresland O. Correllin	Litarita - Baltaratat 4004	Caralan	10/01/2023.
J9032	Medical Oncology & Supportive	Injection Belinostat 10Mg	Carelon	Effective 01/01/2023, Prior Authorization move from BCBS
	Care,			to Carelon.
	Provider Administered Drug			Prior Authorization required through BCBS.
J9035	Therapy Medical Oncology & Supportive	Bevacizumab Injection	Carelon or	Carelon will review requests for oncology drugs that are
33033	Care,	bevacizamas injection	BCBSOK	supported by an oncology diagnosis. If the drug requested
	Provider Administered Drug		Bebsok	is not associated with an oncology diagnosis, it will be
	Therapy			reviewed by BCBS.
J9153	Medical Oncology & Supportive	Inj Daunorubicin Cytarabine	Carelon	Effective 01/01/2023, Prior Authorization move from BCBS
33 2 3 3	Care,	ing baaner abiem eyear abine	00.0.0	to Carelon.
	Provider Administered Drug			Prior Authorization required through BCBS.
	Therapy			Thor Authorization required through Bebs.
J9295	Medical Oncology & Supportive	Injection Necitumumab 1 Mg	Carelon	Effective 01/01/2023, Prior Authorization move from BCBS
	Care,			to Carelon.
	Provider Administered Drug			Prior Authorization required through BCBS.
	Therapy			The real of required alloage person
J9311	Medical Oncology & Supportive	Inj Rituximab Hyaluronidase	Carelon	Effective 01/01/2023, BCBS will stop review of code and
	Care,	1		Carelon will continue review of requests for oncology drugs
	Provider Administered Drug			that are supported by an oncology diagnosis. If the drug
	Therapy			requested is not associated with an oncology diagnosis, it
				will be reviewed by BCBS.
			1	
J9312	Medical Oncology & Supportive	Inj. Rituximab 10 Mg	Carelon or	Carelon will review requests for oncology drugs that are
J9312	Medical Oncology & Supportive Care,	Inj. Rituximab 10 Mg	Carelon or BCBSOK	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested
J9312	=	Inj. Rituximab 10 Mg		

J9325	Medical Oncology & Supportive	Inj Talimogene Laherparepvec	Carelon	Effective 01/01/2023, Prior Authorization move from BCBS
	Care,			to Carelon.
	Provider Administered Drug Therapy			Prior Authorization required through BCBS.
90283	Provider Administered Drug	Human Ig Iv	BCBSOK	Prior Authorization required through BCBS. Add to Small
	Therapy	S		Groups/Mid-Markets 10/01/2023.
90284	Provider Administered Drug	Human Ig Sc	BCBSOK	Prior Authorization required through BCBS. Add to Small
	Therapy			Groups/Mid-Markets 10/01/2023.
90378	Provider Administered Drug	Rsv Mab Im 50Mg	BCBSOK	Prior Authorization required through BCBS.
	Therapy			
C9257	Provider Administered Drug	Bevacizumab Injection	BCBSOK	Prior Authorization required through BCBS.
	Therapy			
J0202	Provider Administered Drug	Injection Alemtuzumab	BCBSOK	Prior Authorization required through BCBS.
	Therapy			
J0565	Provider Administered Drug	Inj Bezlotoxumab 10 Mg	BCBSOK	Prior Authorization required through BCBS.
105.67	Therapy	Lat. Carltanana Alfa d Ma	DCDCO14	Discharles institutes and though DCDC Add to Love
J0567	Provider Administered Drug	Inj. Cerliponase Alfa 1 Mg	BCBSOK	Prior Authorization required through BCBS. Add to Large
J0585	Therapy Provider Administered Drug	Injection Onabotulinumtoxina	BCBSOK	Groups 10/01/2023. Prior Authorization required through BCBS. Add to Small
10363	Therapy	Injection Onabotumumtoxina	BCB3OK	Groups/Mid-Markets 10/01/2023.
J0586	Provider Administered Drug	Abobotulinumtoxina	ВСВЅОК	Prior Authorization required through BCBS. Add to Small
30300	Therapy	Albertamamiesana	Bebook	Groups/Mid-Markets 10/01/2023.
J0587	Provider Administered Drug	Inj Rimabotulinumtoxinb	BCBSOK	Prior Authorization required through BCBS. Add to Small
	Therapy	1		Groups/Mid-Markets 10/01/2023.
J0588	Provider Administered Drug	Xeomin (Incobotulinumtoxina)	BCBSOK	Prior Authorization required through BCBS. Add to Small
	Therapy			Groups/Mid-Markets 10/01/2023.
J0775	Provider Administered Drug	Collagenase Clost Hist Inj	BCBSOK	Prior Authorization required through BCBS.
	Therapy			
J0888	Provider Administered Drug	Epoetin Beta Non Esrd	BCBSOK	Prior Authorization required through BCBS.
	Therapy			
J1325	Provider Administered Drug	Epoprostenol Injection	BCBSOK	Prior Authorization required through BCBS. Add to Small
	Therapy			Groups/Mid-Markets 10/01/2023.
J1411	Provider Administered Drug	Inj Hemgenix Per Tx Dose	BCBSOK	Add effective 10/01/2023
	Therapy			
J1428	Provider Administered Drug	Inj Eteplirsen 10 Mg	BCBSOK	Prior Authorization required through BCBS.
J1562	Therapy Provider Administered Drug	Viscalabia Ini	BCBSOK	Drien Authorization required through DCDC Add to Creal
11202		Vivaglobin Inj	BCB3UK	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1675	Therapy Provider Administered Drug	Histrelin Acetate	BCBSOK	Prior Authorization required through BCBS. Add to Small
31073	Therapy	Thistrellin Acetate	BCBSOK	Groups/Mid-Markets 10/01/2023.
J1726	Provider Administered Drug	Makena 10 Mg	BCBSOK	Prior Authorization required through BCBS. Add to Small
32720	Therapy	manena 20 mg		Groups/Mid-Markets 10/01/2023.
J1950	Provider Administered Drug	Leuprolide Acetate /3.75 Mg	BCBSOK	Prior Authorization required through BCBS. Add to Small
	Therapy			Groups/Mid-Markets 10/01/2023.
J2278	Provider Administered Drug	Ziconotide Injection	BCBSOK	Prior Authorization required through BCBS.
	Therapy			
J2326	Provider Administered Drug	Inj Nusinersen 0.1Mg	BCBSOK	Prior Authorization required through BCBS.
	Therapy			
J2502	Provider Administered Drug	Inj Pasireotide Long Acting	BCBSOK	Prior Authorization required through BCBS. Add to Small
	Therapy			Groups/Mid-Markets 10/01/2023.
J2562	Provider Administered Drug	Plerixafor Injection	BCBSOK	Prior Authorization required through BCBS.
	Therapy			
J2941	Provider Administered Drug	Somatropin Injection	BCBSOK	Prior Authorization required through BCBS. Add to Small
12424	Therapy		202001	Groups/Mid-Markets 10/01/2023.
J3121	Provider Administered Drug	Inj Testostero Enanthate 1Mg	BCBSOK	Prior Authorization required through BCBS. Add to Small
J3145	Therapy Provider Administered Drug	Tostostarana Undasanasta 1842	BCBCOA	Groups/Mid-Markets 10/01/2023.
13143	Provider Administered Drug	Testosterone Undecanoate 1Mg	BCBSOK	Prior Authorization required through BCBS. Add to Small
J3285	Therapy Provider Administered Drug	Treprostinil Injection	BCBSOK	Groups/Mid-Markets 10/01/2023. Prior Authorization required through BCBS.
13203	Therapy	Treprostitiii injection	BCB3OK	Thor Authorization required tillough BCB3.
J3315	Provider Administered Drug	Triptorelin Pamoate	BCBSOK	Prior Authorization required through BCBS. Add to Small
	Therapy	p.s.c.iii i amoute	Debook	Groups/Mid-Markets 10/01/2023.
J3398	Provider Administered Drug	Inj Luxturna 1 Billion Vec G	BCBSOK	Prior Authorization required through BCBS.
	Therapy	,		

J3399	Provider Administered Drug	Inj Onase Abepar-Xioi Treat	BCBSOK	Prior Authorization required through BCBS.
	Therapy			
J7178	Provider Administered Drug	Inj Human Fibrinogen Con Nos	BCBSOK	Prior Authorization required through BCBS.
	Therapy			
J7340	Provider Administered Drug	Carbidopa Levodopa Ent 100Ml	BCBSOK	Prior Authorization required through BCBS.
	Therapy			
J9155	Provider Administered Drug	Degarelix Injection	BCBSOK	Prior Authorization required through BCBS. Add to Small
	Therapy			Groups/Mid-Markets 10/01/2023.
J9202	Provider Administered Drug	Goserelin Acetate Implant	BCBSOK	Prior Authorization required through BCBS. Add to Small
	Therapy			Groups/Mid-Markets 10/01/2023.
J9217	Provider Administered Drug	Leuprolide Acetate Suspnsion	BCBSOK	Prior Authorization required through BCBS. Add to Small
	Therapy			Groups/Mid-Markets 10/01/2023.
J9218	Provider Administered Drug	Leuprolide Acetate Injeciton	BCBSOK	Prior Authorization required through BCBS. Add to Small
	Therapy			Groups/Mid-Markets 10/01/2023.
J9219	Provider Administered Drug	Leuprolide Acetate Implant	BCBSOK	Prior Authorization required through BCBS. Add to Small
	Therapy			Groups/Mid-Markets 10/01/2023.
J9225	Provider Administered Drug	Vantas Implant	BCBSOK	Prior Authorization required through BCBS. Add to Small
	Therapy			Groups/Mid-Markets 10/01/2023.
J9226	Provider Administered Drug	Supprelin La Implant	BCBSOK	Prior Authorization required through BCBS. Add to Small
	Therapy			Groups/Mid-Markets 10/01/2023.
Q2041	Provider Administered Drug	Axicabtagene Ciloleucel Car+	BCBSOK	Prior Authorization required through BCBS.
	Therapy			
Q2042	Provider Administered Drug	Tisagenlecleucel Car-Pos T	BCBSOK	Prior Authorization required through BCBS.
	Therapy			
Q2053	Provider Administered Drug	Brexucabtagene Car Pos T	BCBSOK	Prior Authorization required through BCBS.
	Therapy			
Q2054	Provider Administered Drug	Lisocabtagene Mara Car Pos T	BCBSOK	Prior Authorization required through BCBS.
	Therapy			
Q2055	Provider Administered Drug	Idecabtagene Vicleucel Car	BCBSOK	Prior Authorization required through BCBS.
	Therapy			
Q2056	Provider Administered Drug	Ciltacabtagene Car-Pos T	BCBSOK	Add effective 01/01/2023
	Therapy			
S0157	Provider Administered Drug	Becaplermin Gel 1% 0.5 Gm	BCBSOK	Prior Authorization required through BCBS. Add to Small
	Therapy			Groups/Mid-Markets 10/01/2023.
S0189	Provider Administered Drug	Testosterone Pellet 75 Mg	BCBSOK	Prior Authorization required through BCBS. Add to Small
	Therapy			Groups/Mid-Markets 10/01/2023.

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

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