



**2023 SPECIALTY DRUGS PRIOR AUTHORIZATION LIST**  
**Updated January 2023 to reference changes through July 2023**

**General Information:**

This list includes procedure code changes for Medical Benefit Specialty Pharmacy that may require benefit prior authorization through 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 (formerly known as AIM Specialty Health® (AIM)) (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 (formerly known as AIM Specialty Health® (AIM)) = 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)	Managed By	Update History / Delegation Notes*** (Highlighted = Multiple Indications)
		*Trademarks are the property of their respective owners. ⓘ		***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.
C9094	Infusion Site of Care	Inj Sutimlimab-Jome 10 Mg	BCBSOK	Code Termed 10/01/2022 - This code is replaced with J1302
J1302	Infusion Site of Care	Inj, Sutimlimab-Jome, 10 Mg	BCBSOK	Add Effective 7/1/2023

C9146	Medical Oncology & Supportive Care	Elahere (mirvetuximab soravtansine-gynx)	Carelon or BCBSOK	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.
C9147	Medical Oncology & Supportive Care	Imjudo (tremelimumab-actl)	Carelon or BCBSOK	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.
C9148	Medical Oncology & Supportive Care	Tecvayli (teclistamab-cqyv)	Carelon or BCBSOK	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.
J1449	Medical Oncology & Supportive Care	Rolvedon (eflapegrastim-xnst)	Carelon or BCBSOK	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.
Q5127	Medical Oncology & Supportive Care	Stimufend (pegfilgrastim-fpgk)	Carelon or BCBSOK	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.
Q5129	Medical Oncology & Supportive Care	Vegzelma (bevacizumab-adcd)	Carelon or BCBSOK	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.
Q5130	Medical Oncology & Supportive Care	Fynetra (pegfilgrastim-pbbk)	Carelon or BCBSOK	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.
J0129	Infusion Site of Care	Orencia (Abatacept)	BCBSOK	Prior Authorization required through BCBS.
J0180	Infusion Site of Care	Fabrazyme (Agalsidase Beta)	BCBSOK	Prior Authorization required through BCBS.
J0219	Infusion Site of Care	Injection Avalglucosidase Alfa-Ngpt 4 Mg	BCBSOK	Add Effective 4/1/2023
J0221	Infusion Site of Care	Lumizyme (Alglucosidase Alfa)	BCBSOK	Prior Authorization required through BCBS.
J0222	Infusion Site of Care	Onpattro (Patisiran)	BCBSOK	Prior Authorization required through BCBS.
J0223	Infusion Site of Care	Givlaari (Givosiran)	BCBSOK	Prior Authorization required through BCBS.
J0224	Infusion Site of Care	Injection Lumasiran 0.5 Mg	BCBSOK	Add Effective 4/1/2023
J0490	Infusion Site of Care	Benlysta (Belimumab)	BCBSOK	Prior Authorization required through BCBS.
J0491	Infusion Site of Care	Injection Anifrolumab-Fnia 1 Mg	BCBSOK	Add Effective 4/1/2023
J0517	Infusion Site of Care	Fasenra (Benralizumab)	BCBSOK	Prior Authorization required through BCBS.
J0584	Infusion Site of Care	Crysvita (Burosumab-Twza)	BCBSOK	Prior Authorization required through BCBS.
J0598	Infusion Site of Care	Cinryze (C1 Esterase Inhibitor)	BCBSOK	Prior Authorization required through BCBS.
J0638	Infusion Site of Care	Ilaris (Canakinumab)	BCBSOK	Prior Authorization required through BCBS.
J0717	Infusion Site of Care	Cimzia (Certolizumab Pegol)	BCBSOK	Prior Authorization required through BCBS.
J0791	Infusion Site of Care	Adakveo (Crizanlizumab-Tmca)	BCBSOK	Prior Authorization required through BCBS.
J1290	Infusion Site of Care	Kalbitor (Ecallantide)	BCBSOK	Prior Authorization required through BCBS.
J1300	Infusion Site of Care	Soliris (Eculizumab)	BCBSOK	Prior Authorization required through BCBS.
J1301	Infusion Site of Care	Radicava (Edaravone)	BCBSOK	Prior Authorization required through BCBS.
J1303	Infusion Site of Care	Ultomiris (Ravulizumab-Cwvz)	BCBSOK	Prior Authorization required through BCBS.
J1305	Infusion Site of Care	Injection Evinacumab-Dgmb 5Mg	BCBSOK	Add Effective 4/1/2023

J1306	Infusion Site of Care	Injection Inclisiran 1 Mg	BCBSOK	Add Effective 4/1/2023
J1322	Infusion Site of Care	Vimizim (Elosulfase Alfa)	BCBSOK	Prior Authorization required through BCBS.
J1458	Infusion Site of Care	Naglazyme (Galsulfase)	BCBSOK	Prior Authorization required through BCBS.
J1602	Infusion Site of Care	Simponi Aria (Golimumab)	BCBSOK	Prior Authorization required through BCBS.
J1743	Infusion Site of Care	Elaprase (Idursulfase)	BCBSOK	Prior Authorization required through BCBS.
J1745	Infusion Site of Care	Remicade (Infliximab)	BCBSOK	Prior Authorization required through BCBS.
J1746	Infusion Site of Care	Trogarzo (Ibalizumab-Uiyk)	BCBSOK	Prior Authorization required through BCBS.
J1786	Infusion Site of Care	Cerezyme (Imiglucerase)	BCBSOK	Prior Authorization required through BCBS.
J1823	Infusion Site of Care	Injection Inebilizumab-Cdon 1 Mg	BCBSOK	Add Effective 4/1/2023
J1931	Infusion Site of Care	Aldurazyme (Laronidase)	BCBSOK	Prior Authorization required through BCBS.
J2182	Infusion Site of Care	Nucala (Mepolizumab)	BCBSOK	Prior Authorization required through BCBS.
J2323	Infusion Site of Care	Tysabri (Natalizumab)	BCBSOK	Prior Authorization required through BCBS.
J2350	Infusion Site of Care	Ocrevus (Ocrelizumab)	BCBSOK	Prior Authorization required through BCBS.
J2356	Infusion Site of Care	Injection Tezepelumab-Ekko 1 Mg	BCBSOK	Add Effective 4/1/2023
J2357	Infusion Site of Care	Xolair (Omalizumab)	BCBSOK	Prior Authorization required through BCBS.
J2507	Infusion Site of Care	Krystexxa (Pegloticase)	BCBSOK	Prior Authorization required through BCBS.
J2786	Infusion Site of Care	Cinqair (Reslizumab)	BCBSOK	Prior Authorization required through BCBS.
J2840	Infusion Site of Care	Kanuma (Sebelipase Alfa)	BCBSOK	Prior Authorization required through BCBS.
J3032	Infusion Site of Care	Vyepti (Eptinezumab-Jjmr)	BCBSOK	Prior Authorization required through BCBS.
J3060	Infusion Site of Care	Elelyso (Taliglucerase Alfa)	BCBSOK	Prior Authorization required through BCBS.
J3241	Infusion Site of Care	Tepezza (Teprotumumab-Trbw)	BCBSOK	Prior Authorization required through BCBS.
J3245	Infusion Site of Care	Ilumya (Tildrakizumab-Asmn)	BCBSOK	Prior Authorization required through BCBS.
J3262	Infusion Site of Care	Actemra (Tocilizumab)	BCBSOK	Prior Authorization required through BCBS.
J3358	Infusion Site of Care	Stelara (Ustekinumab For Intravenous Use)	BCBSOK	Prior Authorization required through BCBS.
J3380	Infusion Site of Care	Entyvio (Vedolizumab)	BCBSOK	Prior Authorization required through BCBS.
J3385	Infusion Site of Care	Vpriv (Velaglucerase Alfa)	BCBSOK	Prior Authorization required through BCBS.
J3397	Infusion Site of Care	Mepsevii (Vestronidase Alfa-Vjbk)	BCBSOK	Prior Authorization required through BCBS.
J9332	Infusion Site of Care	Injection Efgartigimod Alfa-Fcab 2Mg	BCBSOK	Add Effective 4/1/2023
Q5103	Infusion Site of Care	Inflectra (Infliximab-Dyyb)	BCBSOK	Prior Authorization required through BCBS.
Q5104	Infusion Site of Care	Renflexis (Infliximab-Abda) - Non-Preferred	BCBSOK	Prior Authorization required through BCBS.
Q5109	Infusion Site of Care	Ixifi (Infliximab-Qbtx) - Non-Preferred	BCBSOK	Prior Authorization required through BCBS.
Q5121	Infusion Site of Care	Avsola (Infliximab-Axxq)	BCBSOK	Prior Authorization required through BCBS.
J1459	Infusion Site of Care Medical Oncology & Supportive Care	Injection, Immune Globulin (Privigen), 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.
J1551	Infusion Site of Care Medical Oncology & Supportive Care	Injection Immune Globulin (Cutaquig) 100 Mg	Carelon or BCBSOK	Add Effective 4/1/2023
J1554	Infusion Site of Care Medical Oncology & Supportive Care	Injection Immune Globulin (Asceniv) 500 Mg	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	Cuvitru_(Immune Globulin (Human) Subcutaneous)	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.

J1556	Infusion Site of Care Medical Oncology & Supportive Care	Bivigam_(Injection, Immune Globulin, 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.
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.
J1558	Infusion Site of Care Medical Oncology & Supportive Care	Xembify_(Injection, Immune Globulin , 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, Immune Globulin , 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.
J1561	Infusion Site of Care Medical Oncology & Supportive Care	Gamunex/Gamunex-C/Gammaked_(Injection, Immune Globulin, , 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.
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.
J1568	Infusion Site of Care Medical Oncology & Supportive Care	Octagam_(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.
J1569	Infusion Site of Care Medical Oncology & Supportive Care	Gammagard Liquid_(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.
J1572	Infusion Site of Care Medical Oncology & Supportive Care	Flebogamma/Flebogamma Dif_(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.
J1575	Infusion Site of Care Medical Oncology & Supportive Care	Hyqvia_(Injection, Immune Globulin/Hyaluronidase, , 100 Mg Immunoglobulin)	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.
C9142	Medical Oncology & Supportive Care	Alymsys (Bevacizumab-Maly)	Carelon	Add effective 01/01/2023 though will be removed and replaced with Q5126 04/01/2023, Prior Authorization required through Carelon.
C9399	Medical Oncology & Supportive Care	Cutaquig_(Immune Globulin (Human)-Hipp); Unituxin (Dinutuximab) Alymsys (Bevacizumab-Maly)	Carelon or BCBSOK	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J0641	Medical Oncology & Supportive Care	Fusilev_(Levoleucovorin Calcium)	Carelon	Prior Authorization required through Carelon.
J0642	Medical Oncology & Supportive Care	Khazory_(Levoleucovorin )	Carelon	Prior Authorization required through Carelon.
J0882	Medical Oncology & Supportive Care	Esrd, Aranesp_(Darbepoetin Alfa)	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.
J0896	Medical Oncology & Supportive Care	Reblozyl_(Luspatercept-Aamt)	Carelon	Prior Authorization required through Carelon.
J1442	Medical Oncology & Supportive Care	Neupogen_(Filgrastim )	Carelon	Prior Authorization required through Carelon.
J1447	Medical Oncology & Supportive Care	Granix_(Tbo-Filgrastim)	Carelon	Prior Authorization required through Carelon.

J1448	Medical Oncology & Supportive Care	Cosela (Trilaciclib)	Carelon	Prior Authorization required through Carelon.
J2506	Medical Oncology & Supportive Care	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim)	Carelon	Prior Authorization required through Carelon.
J2820	Medical Oncology & Supportive Care	Leukine_(Sargramostim )	Carelon	Prior Authorization required through Carelon.
J2860	Medical Oncology & Supportive Care	Sylvant_(Siltuximab)	Carelon	Prior Authorization required through Carelon.
J3490	Medical Oncology & Supportive Care	Cutaquig_(Immune Globulin (Human)-Hipp); Unituxin (Dinutuximab) AlymSYS (Bevacizumab-Maly)	Carelon or BCBSOK	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.
J3590	Medical Oncology & Supportive Care	Cutaquig_(Immune Globulin (Human)-Hipp); Unituxin (Dinutuximab) AlymSYS (Bevacizumab-Maly)	Carelon or BCBSOK	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.
J9019	Medical Oncology & Supportive Care	Erwinaze (Asparaginase Erwinia Chrysanthemi)	Carelon	Add effective 01/01/2023. Prior Authorization required through Carelon.
J9021	Medical Oncology & Supportive Care	Rylaze (Asparaginase Erwinia Chrysanthemi (Recombinant)-Rywn)	Carelon	Add effective 01/01/2023. Prior Authorization required through Carelon.
J9022	Medical Oncology & Supportive Care	Tecentriq_(Atezolizumab)	Carelon	Prior Authorization required through Carelon.
J9023	Medical Oncology & Supportive Care	Bavencio_(Avelumab)	Carelon	Prior Authorization required through Carelon.
J9037	Medical Oncology & Supportive Care	Blenrep (Belantamab Mafodotin-Blmf)	Carelon	Prior Authorization required through Carelon.
J9039	Medical Oncology & Supportive Care	Blinicyto_(Blinatumomab)	Carelon	Prior Authorization required through Carelon.
J9042	Medical Oncology & Supportive Care	Adcetris_(Brentuximab Vedotin)	Carelon	Prior Authorization required through Carelon.
J9043	Medical Oncology & Supportive Care	Jevtana_(Cabazitaxel)	Carelon	Prior Authorization required through Carelon.
J9047	Medical Oncology & Supportive Care	Kyprolis_(Carfilzomib)	Carelon	Prior Authorization required through Carelon.
J9055	Medical Oncology & Supportive Care	Erbix_(Cetuximab )	Carelon	Prior Authorization required through Carelon.
J9057	Medical Oncology & Supportive Care	Aliqopa_(Copanlisib)	Carelon	Prior Authorization required through Carelon.
J9061	Medical Oncology & Supportive Care	Amivantamab-Vmjw	Carelon	Prior Authorization required through Carelon.
J9118	Medical Oncology & Supportive Care	Asparlas (Calaspargase Pegol-Mknl)	Carelon	Add effective 01/01/2023. Prior Authorization required through Carelon.
J9119	Medical Oncology & Supportive Care	Libtayo (Cemiplimab-Rwlc)	Carelon	Prior Authorization required through Carelon.
J9144	Medical Oncology & Supportive Care	Darzalex-Faspro_(Daratumumab-Hyaluronidase-Fijh)	Carelon	Prior Authorization required through Carelon.
J9145	Medical Oncology & Supportive Care	Darzalex_(Daratumumab)	Carelon	Prior Authorization required through Carelon.
J9173	Medical Oncology & Supportive Care	Imfinzi_(Durvalumab)	Carelon	Prior Authorization required through Carelon.
J9176	Medical Oncology & Supportive Care	Empliciti_(Elotuzumab)	Carelon	Prior Authorization required through Carelon.
J9177	Medical Oncology & Supportive Care	Padcev_(Fam-Trastuzumab Deruxtecan-Nxki)	Carelon	Prior Authorization required through Carelon.
J9179	Medical Oncology & Supportive Care	Halaven_(Eribulin )	Carelon	Prior Authorization required through Carelon.

J9203	Medical Oncology & Supportive Care	Mylotarg_(Gemtuzumab Ozogamicin)	Carelon	Prior Authorization required through Carelon.
J9204	Medical Oncology & Supportive Care	Poteligeo_(Mogamulizumab- Kpkc)	Carelon	Prior Authorization required through Carelon.
J9205	Medical Oncology & Supportive Care	Onivyde_(Irinotecan Liposome)	Carelon	Prior Authorization required through Carelon.
J9207	Medical Oncology & Supportive Care	Ixempra_(Ixabepilone)	Carelon	Prior Authorization required through Carelon.
J9223	Medical Oncology & Supportive Care	Zepzelca_(Lurbinectedin)	Carelon	Prior Authorization required through Carelon.
J9227	Medical Oncology & Supportive Care	Sarclisa_(Isatuximab-Irfc)	Carelon	Prior Authorization required through Carelon.
J9228	Medical Oncology & Supportive Care	Yervoy_(Ipilimumab)	Carelon	Prior Authorization required through Carelon.
J9229	Medical Oncology & Supportive Care	Besponsa_(Inotuzumab Ozogamicin)	Carelon	Prior Authorization required through Carelon.
J9264	Medical Oncology & Supportive Care	Abraxane_(Paclitaxel Protein-Bound Particles)	Carelon	Prior Authorization required through Carelon.
J9266	Medical Oncology & Supportive Care	Oncaspar_(Pegaspargase)	Carelon	Add effective 01/01/2023. Prior Authorization required through Carelon.
J9269	Medical Oncology & Supportive Care	Elzonris_(Tagraxofusp-Erzs )	Carelon	Prior Authorization required through Carelon.
J9271	Medical Oncology & Supportive Care	Keytruda_(Pembrolizumab)	Carelon	Prior Authorization required through Carelon.
J9272	Medical Oncology & Supportive Care	Dostarlimab-Gxly	Carelon	Prior Authorization required through Carelon.
J9273	Medical Oncology & Supportive Care	Tisotumab Vedotin-Tftv	Carelon	Prior Authorization required through Carelon.
J9274	Medical Oncology & Supportive Care	Kimtrak (Tebentafusp-Tebn)	Carelon	Add code effective 01/01/2023 for drug Kimtrak (tebentafusp-tebn)
J9281	Medical Oncology & Supportive Care	Jelmyto_(Mitomycin Gel)	Carelon	Prior Authorization required through Carelon.
J9298	Medical Oncology & Supportive Care	Opdualag (Relatlimab And Nivolumab)	Carelon	Add effective 01/01/2023. Prior Authorization required through Carelon.
J9299	Medical Oncology & Supportive Care	Opdivo_(Nivolumab)	Carelon	Prior Authorization required through Carelon.
J9301	Medical Oncology & Supportive Care	Gazyva_(Obinutuzumab )	Carelon	Prior Authorization required through Carelon.
J9302	Medical Oncology & Supportive Care	Arzerra_(Ofatumumab)	Carelon	Prior Authorization required through Carelon.
J9303	Medical Oncology & Supportive Care	Vectibix_(Panitumumab)	Carelon	Prior Authorization required through Carelon.
J9306	Medical Oncology & Supportive Care	Perjeta_(Pertuzumab)	Carelon	Prior Authorization required through Carelon.
J9308	Medical Oncology & Supportive Care	Cyramza_(Ramucirumab)	Carelon	Prior Authorization required through Carelon.
J9309	Medical Oncology & Supportive Care	Polivy (Polatuzumab Vedotin-Piiq)	Carelon	Prior Authorization required through Carelon.
J9313	Medical Oncology & Supportive Care	Lumoxiti (Moxetumomab Pasudotox-Tdfk)	Carelon	Prior Authorization required through Carelon.
J9316	Medical Oncology & Supportive Care	Phesgo_(Pertuzumab-Trastuzumab-Hyaluronidase-Zzxf)	Carelon	Prior Authorization required through Carelon.
J9317	Medical Oncology & Supportive Care	Trodelyv_(Sacituzumab-Govitecan)	Carelon	Prior Authorization required through Carelon.
J9331	Medical Oncology & Supportive Care	Fyarro (Sirolimus Albumin Bound Nanoparticles)	Carelon	Prior Authorization required through Carelon.
J9348	Medical Oncology & Supportive Care	Danyelza_(Naxitamab-Gqgk)	Carelon	Prior Authorization required through Carelon.
J9349	Medical Oncology & Supportive Care	Monjuvi_(Tafasitamab-Cxix)	Carelon	Prior Authorization required through Carelon.
J9352	Medical Oncology & Supportive Care	Yondelis_(Trabectedin)	Carelon	Prior Authorization required through Carelon.

J9353	Medical Oncology & Supportive Care	Margenza_(Margetuximab-Cmkb)	Carelon	Prior Authorization required through Carelon.
J9354	Medical Oncology & Supportive Care	Kadcyla_(Ado-Trastuzumab )	Carelon	Prior Authorization required through Carelon.
J9355	Medical Oncology & Supportive Care	Herceptin_(Trastuzumab)	Carelon	Prior Authorization required through Carelon.
J9356	Medical Oncology & Supportive Care	Herceptin Hylecta_(Trastuzumab-Hyaluronidase-Oysk)	Carelon	Prior Authorization required through Carelon.
J9358	Medical Oncology & Supportive Care	Enhertu_(Fam-Trastuzumab Deruxtecan-Nxki)	Carelon	Prior Authorization required through Carelon.
J9359	Medical Oncology & Supportive Care	Loncastuximab Tesirine-Lpyl	Carelon	Prior Authorization required through Carelon.
J9999	Medical Oncology & Supportive Care	Cutaquig_(Immune Globulin (Human)-Hipp); Unituxin (Dinutuximab) Allymsys (Bevacizumab-Maly)	Carelon or BCBSOK	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Allymsys (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	Doxil/Lipodox_(Doxorubicin Liposomal)	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	Esrd, Epogen/Procrit_(Epoetin Alfa)	Carelon	Prior Authorization required through Carelon.
Q5101	Medical Oncology & Supportive Care	Zarxio_(Filgrastim-Sndz)	Carelon	Prior Authorization required through Carelon.
Q5105	Medical Oncology & Supportive Care	Retacrit_(Epoetin Alfa-Epbx)	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.
Q5106	Medical Oncology & Supportive Care	Retacrit_(Epoetin Alfa-Epbx)	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	Mvasi_(Bevacizumab-Awwb)	Carelon	Prior Authorization required through Carelon.
Q5108	Medical Oncology & Supportive Care	Fulphila_(Pegfilgrastim-Jmdb)	Carelon	Prior Authorization required through Carelon.
Q5110	Medical Oncology & Supportive Care	Nivestym_(Filgrastim-Aafi)	Carelon	Prior Authorization required through Carelon.
Q5111	Medical Oncology & Supportive Care	Udenyca_(Pegfilgrastim-Cbqv)	Carelon	Prior Authorization required through Carelon.
Q5112	Medical Oncology & Supportive Care	Ontruzant_(Trastuzumab-Dttb)	Carelon	Prior Authorization required through Carelon.
Q5113	Medical Oncology & Supportive Care	Herzuma_(Trastuzumab-Pkrb)	Carelon	Prior Authorization required through Carelon.
Q5114	Medical Oncology & Supportive Care	Ogivri_(Trastuzumab-Dkst)	Carelon	Prior Authorization required through Carelon.
Q5115	Medical Oncology & Supportive Care	Truxima_(Rituximab-Abbs)	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	Trazimera_(Trastuzumab-Qyyp)	Carelon	Prior Authorization required through Carelon.
Q5117	Medical Oncology & Supportive Care	Kanjinti_(Trastuzumab-Anns)	Carelon	Prior Authorization required through Carelon.
Q5118	Medical Oncology & Supportive Care	Zirabev_(Bevacizumab-Bvzr)	Carelon	Prior Authorization required through Carelon.

Q5119	Medical Oncology & Supportive Care	Ruxience_(Rituximab-Pvvr)	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	Ziextenzo_(Pegfilgrastim-Bmez)	Carelon	Prior Authorization required through Carelon.
Q5122	Medical Oncology & Supportive Care	Nyvepria_(Pegfilgrastim-Apgf)	Carelon	Prior Authorization required through Carelon.
Q5123	Medical Oncology & Supportive Care	Riabni_(Rituximab-Arrx)	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.
Q5125	Medical Oncology & Supportive Care	Releuko (Filgrastim-Ayow), Biosimilar	Carelon	Add Effective 4/1/2023
Q5126	Medical Oncology & Supportive Care	Alymsys (Bevacizumab-Maly)	Carelon	Add Effective 4/1/2023 to replace C9142
J9032	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Beleodaq (Belinostat)	Carelon or BCBSOK	Effective 01/01/2023, Prior Authorization move from BCBS to Carelon. Prior Authorization required through BCBS.
J9153	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Vyxeos (Daunorubicin And Cytarabine)	Carelon or BCBSOK	Effective 01/01/2023, Prior Authorization move from BCBS to Carelon. Prior Authorization required through BCBS.
J9295	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Portrazza (Necitumumab)	Carelon or BCBSOK	Effective 01/01/2023, Prior Authorization move from BCBS to Carelon. Prior Authorization required through BCBS.
J9325	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Imlygic (Talinogene Laherparepvec)	Carelon or BCBSOK	Effective 01/01/2023, Prior Authorization move from BCBS to Carelon. Prior Authorization required through BCBS.
90283	Provider Administered Drug Therapy	Ivig (Immune Globulin Intravenous)	BCBSOK	Prior Authorization required through BCBS.
90284	Provider Administered Drug Therapy	Scig	BCBSOK	Prior Authorization required through BCBS.
90378	Provider Administered Drug Therapy	Synagis (Palivizumab)	BCBSOK	Prior Authorization required through BCBS.
C9257	Provider Administered Drug Therapy	Avastin (Bevacizumab)	BCBSOK	Prior Authorization required through BCBS.
J0202	Provider Administered Drug Therapy	Lemtrada (Alemtuzumab)	BCBSOK	Prior Authorization required through BCBS.
J0565	Provider Administered Drug Therapy	Zinplava (Bezlotoxumab)	BCBSOK	Prior Authorization required through BCBS.
J0567	Provider Administered Drug Therapy	Brineura (Cerliponase Alfa)	BCBSOK	Prior Authorization required through BCBS.
J0585	Provider Administered Drug Therapy	Botox (Onabotulinumtoxina)	BCBSOK	Prior Authorization required through BCBS.
J0586	Provider Administered Drug Therapy	Dysport (Abobotulinumtoxina)	BCBSOK	Prior Authorization required through BCBS.
J0587	Provider Administered Drug Therapy	Myobloc (Rimabotulinumtoxinb)	BCBSOK	Prior Authorization required through BCBS.
J0588	Provider Administered Drug Therapy	Xeomin (Incobotulinumtoxina)	BCBSOK	Prior Authorization required through BCBS.
J0775	Provider Administered Drug Therapy	Xiaflex (Collagenase, Clostridium Histolyticum)	BCBSOK	Prior Authorization required through BCBS.
J0888	Provider Administered Drug Therapy	Mircera (Pegylated-Epoetin Beta)	BCBSOK	Prior Authorization required through BCBS.
J1325	Provider Administered Drug Therapy	Flolan, Veletri (Epoprostenol)	BCBSOK	Prior Authorization required through BCBS.
J1428	Provider Administered Drug Therapy	Exondys 51 (Eteplirsen)	BCBSOK	Prior Authorization required through BCBS.



J1562	Provider Administered Drug Therapy	Vivaglobin (Immune Globulin Subcutaneous)	BCBSOK	Prior Authorization required through BCBS.
J1675	Provider Administered Drug Therapy	Histrelin Acetate	BCBSOK	Prior Authorization required through BCBS.
J1726	Provider Administered Drug Therapy	Makena (Hydroxyprogesterone Caproate)	BCBSOK	Prior Authorization required through BCBS.
J1950	Provider Administered Drug Therapy	Lupron Depot, Lupron Depot-Ped (Leuprolide Acetate, For Depot Suspension, Per 3.75 Mg)	BCBSOK	Prior Authorization required through BCBS.
J2278	Provider Administered Drug Therapy	Prialt (Ziconotide)	BCBSOK	Prior Authorization required through BCBS.
J2326	Provider Administered Drug Therapy	Spinraza (Nusinersen)	BCBSOK	Prior Authorization required through BCBS.
J2502	Provider Administered Drug Therapy	Signifor Lar (Pasireotide)	BCBSOK	Prior Authorization required through BCBS.
J2562	Provider Administered Drug Therapy	Mozobil (Plerixafor)	BCBSOK	Prior Authorization required through BCBS.
J2941	Provider Administered Drug Therapy	Humatrope, Saizen (Somatropin)	BCBSOK	Prior Authorization required through BCBS.
J3121	Provider Administered Drug Therapy	Testosterone Enanthate	BCBSOK	Prior Authorization required through BCBS.
J3145	Provider Administered Drug Therapy	Aveed (Testosterone Undecanoate)	BCBSOK	Prior Authorization required through BCBS.
J3285	Provider Administered Drug Therapy	Remodulin (Treprostinil)	BCBSOK	Prior Authorization required through BCBS.
J3315	Provider Administered Drug Therapy	Trelstar (Triptorelin Pamoate)	BCBSOK	Prior Authorization required through BCBS.
J3398	Provider Administered Drug Therapy	Luxturna (Voretigene Neparvovec-Rzyl)	BCBSOK	Prior Authorization required through BCBS.
J3399	Provider Administered Drug Therapy	Zolgensma (Onasemnogene Apeparvovec-Xioi)	BCBSOK	Prior Authorization required through BCBS.
J7178	Provider Administered Drug Therapy	Riastap (Human Fibrinogen Concentrate)	BCBSOK	Prior Authorization required through BCBS.
J7340	Provider Administered Drug Therapy	Duopa (Carbidopa/Levodopa Enteral Suspension)	BCBSOK	Prior Authorization required through BCBS.
J9155	Provider Administered Drug Therapy	Firmagon (Degarelix)	BCBSOK	Prior Authorization required through BCBS.
J9202	Provider Administered Drug Therapy	Zoladex (Goserelin Acetate Implant)	BCBSOK	Prior Authorization required through BCBS.
J9217	Provider Administered Drug Therapy	Eligard, Lupron Depot, Lupron Depot-Ped (Leuprolide Acetate, For Depot Suspension, 7.5 Mg)	BCBSOK	Prior Authorization required through BCBS.
J9218	Provider Administered Drug Therapy	Leuprolide Acetate, Non Depot	BCBSOK	Prior Authorization required through BCBS.
J9219	Provider Administered Drug Therapy	Viadur (Leuprolide Acetate Implant)	BCBSOK	Prior Authorization required through BCBS.
J9225	Provider Administered Drug Therapy	Vantas (Histrelin Implant)	BCBSOK	Prior Authorization required through BCBS.
J9226	Provider Administered Drug Therapy	Supprelin La (Histrelin Implant)	BCBSOK	Prior Authorization required through BCBS.
Q2041	Provider Administered Drug Therapy	Yescarta (Axicabtagene Ciloleucl)	BCBSOK	Prior Authorization required through BCBS.
Q2042	Provider Administered Drug Therapy	Kymriah (Tisagenlecleucl)	BCBSOK	Prior Authorization required through BCBS.
Q2053	Provider Administered Drug Therapy	Tecartus (Brexucabtagene Autoleucl)	BCBSOK	Prior Authorization required through Carelon.
Q2054	Provider Administered Drug Therapy	Tecartus (Brexucabtagene Autoleucl)	BCBSOK	Prior Authorization required through Carelon.
Q2055	Provider Administered Drug Therapy	Abecma (Idecabtagene Vicleucl)	BCBSOK	Prior Authorization required through Carelon.
Q2056	Provider Administered Drug Therapy	Ciltacabtagene Car Pos T	BCBSOK	Add effective 01/01/2023

S0157	Provider Administered Drug Therapy	Regranex (Becaplermin Gel)	BCBSOK	Prior Authorization required through BCBS.
S0189	Provider Administered Drug Therapy	Testopel (Testosterone Pellets)	BCBSOK	Prior Authorization required through BCBS.
J0881	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Non-Esrd, Aranesp_(Darbepoetin Alfa)	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.
J0885	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Non-Esrd, Epogen/Procrit_(Epoetin Alfa)	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.
J0897	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Injection, Denosumab, 1 Mg Prolia/Xgeva_(Denosumab)	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.
J1599	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Injection, Immune Globulin, Intravenous, Nonlyophilized (E.G., Liquid), 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.
J9035	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Avastin_(Bevacizumab)	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.
J9311	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Rituxan- Hycela_(Rituximab Hyaluronidase)	Carelon or BCBSOK	Effective 01/01/2023, BCBS will stop review of code and Carelon will continue review of 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	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Rituxan*__(Rituximab)	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.

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