

## 2022 SPECIALTY DRUGS PREAUTHORIZATION LIST

Posted December 2021

### 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.

Use this document to view details for a procedure code, including: 1) Drug Product Name - Brand (generic); 2) Reason for prior authorization where medical necessity review is required for both therapy and place of infusion (Infusion Site of Care) or for therapy only (Provider Administered Drug Therapy) and/or for Medical Oncology & Supportive Care and 3) Effective date for when prior authorization was implemented at BCBSMT (provider administered drug therapy or infusion site of care) or AIM Specialty HealthSM (AIM) (requests for oncology drugs that are supported by an oncology diagnosis).

**EXCEPT AS OTHERWISE NOTED IN THE UPDATE HISTORY COLUMN, THESE PRIOR AUTHORIZATION REQUIREMENTS ARE EFFECTIVE ON JANUARY 1, 2022**

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

| Category                          | Code  | Drug Product Name*<br>Brand (generic)<br><br><i>*Trademarks are the property of their respective owners.</i> | Medical Policy Number   | Medical Policy Title  | Reason for Prior Authorization Requirement**<br>(AIM = Med Oncology & Supportive Care<br>BCBSMT = Provider Administered Therapy Or Infusion Site Of Care)<br><br>**Send PA requests to BCBSMT for Provider Administered Therapy or Infusion Site of Care.<br>Send PA requests to AIM for Medical Oncology and Supportive care unless drug requested has multiple indications. AIM 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. | Update History / Delegation Notes***<br>(Highlighted = Multiple Indications)<br><br>***Some drugs / codes on this PA list have multiple indications. AIM will only review requests that are supported by an oncology diagnosis.<br><br>See details provided on this list for each drug/code. |
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| Medical Infusion / Specialty Drug | C9399 | Cutaquig_(Immune Globulin (Human)-hipp)  | AIM<br>RX501.137<br>RX501.135<br>RX501.136<br>RX501.087<br>RX501.099<br>RX504.003<br>RX501.130<br>RX501.129 | AIM Clinical Guidelines<br>Aducanumab-awwa<br>Casimersen<br>Evinacumab-dgnb<br>FDA-Approved Drugs and Biologicals<br>Ibalizumab-uiyk<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])<br>Veklury<br>Viltolarsen | Medical Oncology & Supportive Care  | AIM 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 BCBSMT.  |
| Medical Infusion / Specialty Drug | J0881 | Non-ESRD, Aranesp_(Darbeoetin alfa)  | AIM<br>RX501.069  | AIM Clinical Guidelines<br>Erythropoiesis-Stimulating Agents (ESAs)   | Provider Administered Drug Therapy<br>Medical Oncology & Supportive Care  | AIM 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 BCBSMT.  |
| Medical Infusion / Specialty Drug | J0882 | ESRD, Aranesp_(Darbeoetin alfa)  | AIM<br>RX501.069  | AIM Clinical Guidelines<br>Erythropoiesis-Stimulating Agents (ESAs)   | Medical Oncology & Supportive Care  | AIM 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 BCBSMT.  |
| Medical Infusion / Specialty Drug | J0885 | Non-ESRD, Epogen/Procrit_(Epoetin Alfa)  | AIM<br>RX501.069  | AIM Clinical Guidelines<br>Erythropoiesis-Stimulating Agents (ESAs)   | Provider Administered Drug Therapy<br>Medical Oncology & Supportive Care  | AIM 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 BCBSMT.  |
| Medical Infusion / Specialty Drug | J1459 | Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg                    | AIM<br>RX504.003<br>RX501.096   | AIM Clinical Guidelines<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])<br>Specialty Medication Administration Site of Care  | Infusion Site of Care<br>Medical Oncology & Supportive Care   | AIM 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 BCBSMT.  |
| Medical Infusion / Specialty Drug | J1554 | Asceniv_(Immune Globulin (Human)-sira)   | AIM<br>RX504.003  | AIM Clinical Guidelines<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])  | Medical Oncology & Supportive Care  | AIM 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 BCBSMT.  |
| Medical Infusion / Specialty Drug | J1555 | Cuvitru_(Immune Globulin (Human) Subcutaneous)   | AIM<br>RX504.003<br>RX501.096   | AIM Clinical Guidelines<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])<br>Specialty Medication Administration Site of Care  | Infusion Site of Care<br>Medical Oncology & Supportive Care   | AIM 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 BCBSMT.  |
| Medical Infusion / Specialty Drug | J1556 | Bivigam_(Injection, immune globulin, 500 mg)   | AIM<br>RX504.003<br>RX501.096   | AIM Clinical Guidelines<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])<br>Specialty Medication Administration Site of Care  | Infusion Site of Care<br>Medical Oncology & Supportive Care   | AIM 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 BCBSMT.  |
| Medical Infusion / Specialty Drug | J1557 | (Gammplex_(Injection, immune globulin, , intravenous, nonlyophilized (e.g., liquid), 500 mg)                 | AIM<br>RX504.003<br>RX501.097   | AIM Clinical Guidelines<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])<br>Specialty Medication Administration Site of Care  | Infusion Site of Care<br>Medical Oncology & Supportive Care   | AIM 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 BCBSMT.  |

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| Medical Infusion / Specialty Drug | 11558 | Xembify_(Injection, immune globulin , 100 mg)   | AIM<br>RX504.003<br>RX501.098   | AIM Clinical Guidelines<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])<br>Specialty Medication Administration Site of Care  | Infusion Site of Care<br>Medical Oncology & Supportive Care              | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | 11559 | Hizentra_(Injection, immune globulin , 100 mg)  | AIM<br>RX504.003<br>RX501.099   | AIM Clinical Guidelines<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])<br>Specialty Medication Administration Site of Care  | Infusion Site of Care<br>Medical Oncology & Supportive Care              | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | 11561 | Gamunex/Gamunex-C/Gammaked_(Injection, immune globulin , nonlyophilized (e.g., liquid), 500 mg)           | AIM<br>RX504.003<br>RX501.100   | AIM Clinical Guidelines<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])<br>Specialty Medication Administration Site of Care  | Infusion Site of Care<br>Medical Oncology & Supportive Care              | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | 11566 | Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg      | AIM<br>RX504.003<br>RX501.101   | AIM Clinical Guidelines<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])<br>Specialty Medication Administration Site of Care  | Infusion Site of Care<br>Medical Oncology & Supportive Care              | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | 11568 | Octagam_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)                  | AIM<br>RX504.003<br>RX501.102   | AIM Clinical Guidelines<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])<br>Specialty Medication Administration Site of Care  | Infusion Site of Care<br>Medical Oncology & Supportive Care              | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | 11569 | Gammagard liquid_(Injection, immune globulin,, intravenous, nonlyophilized, (e.g., liquid), 500 mg)       | AIM<br>RX504.003<br>RX501.103   | AIM Clinical Guidelines<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])<br>Specialty Medication Administration Site of Care  | Infusion Site of Care<br>Medical Oncology & Supportive Care              | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | 11572 | Flebogamma/Flebogamma Df_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg) | AIM<br>RX504.003<br>RX501.104   | AIM Clinical Guidelines<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])<br>Specialty Medication Administration Site of Care  | Infusion Site of Care<br>Medical Oncology & Supportive Care              | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | 11575 | Hyqvia_(Injection, immune globulin/hyaluronidase, , 100 mg immunoglobulin)                                | AIM<br>RX504.003<br>RX501.105   | AIM Clinical Guidelines<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])<br>Specialty Medication Administration Site of Care  | Infusion Site of Care<br>Medical Oncology & Supportive Care              | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | 11599 | Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg   | AIM<br>RX504.003  | AIM Clinical Guidelines<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])  | Provider Administered Drug Therapy<br>Medical Oncology & Supportive Care | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | 13490 | Cutaquig_(Immune Globulin (Human)-hipp)   | AIM<br>RX501.137<br>MED206.001<br>RX501.135<br>RX501.063<br>SUR716.001<br>RX501.067<br>RX501.105<br>RX501.136<br>RX501.087<br>RX501.040<br>RX501.099<br>RX504.003<br>OTH903.027<br>OTH903.020<br>RX501.080<br>SUR706.001<br>RX501.086<br>RX501.085<br>RX501.104<br>RX502.030<br>MED206.006<br>MED201.014<br>RX501.130<br>RX501.129<br>RX501.049 | AIM Clinical Guidelines<br>Aducanumab-awwa<br>Allergy Management<br>Casimersen<br>Compounded Drug Products<br>Cosmetic and Reconstructive Procedures<br>Enzyme-Replacement Therapy for Lysosomal Storage Disorders<br>Esketamine Nasal Spray<br>Evinacumab-dgnb<br>FDA-Approved Drugs and Biologicals<br>Human Growth Hormone (GH)<br>Ibalizumab-uiyk<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])<br>Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders<br>Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions<br>Mepolizumab<br>Nasal and Sinus Surgery<br>Nusinersen<br>Ocrelizumab<br>Onasemnogene Apeparovvec-xioi<br>Rituximab and Biosimilars for Non-Oncologic Indications<br>Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy<br>Treatment of Hyperhidrosis<br>Veklury<br>Viltolarsen<br>Viscosupplementation for Osteoarthritis | Medical Oncology & Supportive Care                                       | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | 13590 | Cutaquig_(Immune Globulin (Human)-hipp)   | AIM<br>RX501.137<br>RX501.135<br>RX501.073<br>RX501.063<br>RX501.067<br>RX501.136<br>RX501.087<br>RX501.099<br>RX504.003<br>RX501.051<br>RX501.080<br>RX501.085<br>RX501.104<br>RX501.129   | AIM Clinical Guidelines<br>Aducanumab-awwa<br>Casimersen<br>Clostridial Collagenase for Fibroproliferative Disorders<br>Compounded Drug Products<br>Enzyme-Replacement Therapy for Lysosomal Storage Disorders<br>Evinacumab-dgnb<br>FDA-Approved Drugs and Biologicals<br>Ibalizumab-uiyk<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])<br>Infliximab and Associated Biosimilars<br>Mepolizumab<br>Ocrelizumab<br>Onasemnogene Apeparovvec-xioi<br>Viltolarsen  | Medical Oncology & Supportive Care                                       | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | 19035 | Avastin_(Bevacizumab)   | AIM<br>OTH903.027<br>OTH903.020<br>OTH903.015   | AIM Clinical Guidelines<br>Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders<br>Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions<br>Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)   | Provider Administered Drug Therapy<br>Medical Oncology & Supportive Care | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | 19311 | Rituxan- Hycela_(Rituximab Hyaluronidase)   | AIM<br>RX502.030  | AIM Clinical Guidelines<br>Rituximab and Biosimilars for Non-Oncologic Indications  | Provider Administered Drug Therapy<br>Medical Oncology & Supportive Care | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | 19312 | Rituxan_(Rituximab)   | AIM<br>RX502.030  | AIM Clinical Guidelines<br>Rituximab and Biosimilars for Non-Oncologic Indications  | Provider Administered Drug Therapy<br>Medical Oncology & Supportive Care | AIM 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 BCBSMT. |

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| Medical Infusion / Specialty Drug | J9999 | Cutaquig_(Immune Globulin (Human)-hipp)                        | AIM<br>MED203.002<br>RX501.063<br>RX501.087<br>RX504.003<br>RX501.085<br>RX501.057 | AIM Clinical Guidelines<br>Antineoplastic Cancer Therapy<br>Compounded Drug Products<br>FDA-Approved Drugs and Biologicals<br>Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous [SCIG])<br>Ocrelizumab<br>Sodium Phenylbutyrate | Medical Oncology & Supportive Care | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | Q5105 | Retacrit_(Epoetin alfa-epbx)                                   | AIM<br>RX501.069   | AIM Clinical Guidelines<br>Erythropoiesis-Stimulating Agents (ESAs)  | Medical Oncology & Supportive Care | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | Q5106 | Retacrit_(Epoetin alfa-epbx)                                   | AIM<br>RX501.069   | AIM Clinical Guidelines<br>Erythropoiesis-Stimulating Agents (ESAs)  | Medical Oncology & Supportive Care | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | Q5115 | Truxima_(Rituximab-abbs)                                       | AIM<br>RX502.030   | AIM Clinical Guidelines<br>Rituximab and Biosimilars for Non-Oncologic Indications   | Medical Oncology & Supportive Care | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | Q5119 | Ruxience_(Rituximab-pvvr)                                      | AIM<br>RX502.030   | AIM Clinical Guidelines<br>Rituximab and Biosimilars for Non-Oncologic Indications   | Medical Oncology & Supportive Care | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | Q5123 | Riabni_(Rituximab-arrx)  | AIM<br>RX502.030   | AIM Clinical Guidelines<br>Rituximab and Biosimilars for Non-Oncologic Indications   | Medical Oncology & Supportive Care | AIM 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 BCBSMT. |
| Medical Infusion / Specialty Drug | J0641 | Fusilev_(Levoleucovorin Calcium)                               | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J0642 | Khapzory_(Levoleucovorin )                                     | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J0896 | Reblozyl_(Luspatercept-aamt)                                   | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J0897 | Prolia/Xgeva_(Denosumab)                                       | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J1442 | Neupogen_(Filgrastim )   | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J1447 | GraniX_(Tbo-Filgrastim)  | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J2505 | Neulasta_(Pegfilgrastim)<br>Neulasta Onpro Kit_(Pegfilgrastim) | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J2820 | Leukine_(Sargramostim )  | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J2860 | Sylvant_(Siltuximab)   | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9022 | Tecentriq_(Atezolizumab)                                       | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9023 | Bavencio_(Avelumab)  | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9037 | Blenrep_(Belantamab mafodotin-blmf)                            | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9039 | Blinicyto_(Blinatumomab)                                       | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9042 | Adcetris_(Brentuximab vedotin)                                 | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9043 | Jevtana_(Cabazitaxel)  | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9047 | Kyprolis_(Carfilzomib)   | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9055 | Erbix_(Cetuximab )   | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9057 | Aliqopa_(Copanlisib)   | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9119 | Libtayo_(Cemiplimab-rwc)                                       | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9144 | Darzalex-Faspro_(Daratumumab-hyaluronidase-fjrh)               | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9145 | Darzalex_(Daratumumab)   | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9173 | Imfinzi_(Durvalumab)   | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9176 | Empliciti_(Elotuzumab)   | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9177 | Padcev_(Fam-trastuzumab deruxtecan-nxki)                       | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9179 | Halaven_(Eribulin )  | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9203 | Mylotarg_(Gemtuzumab ozogamicin)                               | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9204 | Poteligeo_(Mogamulizumab- kpkc)                                | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9205 | Onivyde_(Irinotecan liposome)                                  | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9207 | Ixempra_(Ixabepilone)  | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9223 | Zepzelca_(Lurbinectedin)                                       | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9227 | Sarclisa_(Isatuximab-irfc)                                     | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9228 | Yervoy_(Ipilimumab)  | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9229 | Besponsa_(Inotuzumab ozogamicin)                               | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9264 | Abraxane_(Paclitaxel protein-bound particles)                  | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9269 | Elzonris_(Tagraxofusp-erzs )                                   | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9271 | Keytruda_(Pembrolizumab)                                       | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9281 | Jelmyto_(Mitomycin Gel)  | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9299 | Opdivo_(Nivolumab)   | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |
| Medical Infusion / Specialty Drug | J9301 | Gazyva_(Obinutuzumab )   | AIM  | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.   |

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| Medical Infusion / Specialty Drug | J9302 | Arzerra_(Ofatumumab)                               | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | J9303 | Vectibix_(Panitumumab)                             | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | J9306 | Perjeta_(Pertuzumab)                               | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | J9308 | Cyramza_(Ramucirumab)                              | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | J9309 | Polivy_(Polatuzumab vedotin-piiq)                  | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | J9313 | Lumoxiti_(Moxetumomab pasudotox-tdfk)              | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | J9316 | Phesgo_(Pertuzumab-Trastuzumab-Hyaluronidase-zzfx) | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | J9317 | Trodelvy_(Sacituzumab-govitecan)                   | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | J9348 | Danyelza_(Naxitamab-gqgk)                          | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | J9349 | Monjuvi_(Tafasitamab-cxix)                         | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | J9352 | Yondelis_(Trabectedin)                             | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | J9353 | Margenza_(Margatuximab-cmkb)                       | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | J9354 | Kadcyla_(Ado-Trastuzumab )                         | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | J9355 | Herceptin_(Trastuzumab)                            | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | J9356 | Herceptin Hylecta_(Trastuzumab-hyaluronidase-oyks) | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | J9358 | Enhertu_(Fam-trastuzumab deruxtecan-nxki)          | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | Q2043 | Provenge_(Sipuleucel-T)                            | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | Q2049 | Doxil/Lipodox_(Doxorubicin liposomal)              | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | Q2050 | Doxil/Lipodox_(Doxorubicin liposomal)              | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | Q4081 | ESRD, Epogen/Procrit_(Epoetin Alfa)                | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | Q5101 | Zarxio_(Filgrastim-sndz)                           | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | Q5107 | Mvasi_(Bevacizumab-awwb)                           | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | Q5108 | Fulphila_(Pegfilgrastim-jmdb)                      | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | Q5110 | Nivestym_(Filgrastim-aafi)                         | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | Q5111 | Udenyca_(Pegfilgrastim-cbqv)                       | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | Q5112 | Ontruzant_(Trastuzumab-dttb)                       | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | Q5113 | Herzuma_(Trastuzumab-pkrb)                         | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | Q5114 | Ogivri_(Trastuzumab-dkst)                          | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | Q5116 | Trazimera_(Trastuzumab-qypp)                       | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | Q5117 | Kanjinti_(Trastuzumab-anns)                        | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | Q5118 | Zirabev_(Bevacizumab-bvzr)                         | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | Q5120 | Zlaxtenzo_(Pegfilgrastim-bmez)                     | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | Q5122 | Nyvepria_(Pegfilgrastim-apef)                      | AIM                                    | AIM Clinical Guidelines  | Medical Oncology & Supportive Care | Prior Authorization required through AIM.    |
| Medical Infusion / Specialty Drug | 90283 | IVIg (immune globulin intravenous)                 | PSY301.014<br>RX504.003                | Autism Spectrum Disorders (ASD)<br>immunoglobulin (Ig) Therapy (Including Intravenous [IVIg] and Subcutaneous Ig [SCIG])   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | 90284 | SCiG   | RX504.003                              | immunoglobulin (Ig) Therapy (Including Intravenous [IVIg] and Subcutaneous Ig [SCIG])  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | 90378 | Synagis (palivizumab)                              | RX504.009                              | Respiratory Syncytial Virus (RSV) Immunoprophylaxis  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | C9257 | Avastin (bevacizumab)                              | OTH903.027<br>OTH903.020<br>OTH903.015 | Intravitreal Angiogenesis inhibitors for Retinal Vascular Disorders<br>Intravitreal Angiogenesis inhibitors for Choroidal Vascular Conditions<br>Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV) | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0129 | Orencia (abatacept)                                | RX501.113<br>RX501.096                 | Abatacept<br>Specialty Medication Administration Site of Care  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0180 | Fabrazyme (agalsidase beta)                        | RX501.067<br>RX501.096                 | Enzyme-Replacement Therapy for Lysosomal Storage Disorders<br>Specialty Medication Administration Site of Care   | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0202 | Lemtrada (alemtuzumab)                             | RX501.077                              | Alemtuzumab  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0221 | Lumizyme (alglucosidase alfa)                      | RX501.067<br>RX501.096                 | Enzyme-Replacement Therapy for Lysosomal Storage Disorders<br>Specialty Medication Administration Site of Care   | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0222 | Onpatro (patisiran)                                | RX501.096<br>RX501.102                 | Specialty Medication Administration Site of Care<br>Patisiran (Onpatro)  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0223 | Givlaari (givosiran)                               | RX501.125<br>RX501.096                 | Givosiran<br>Specialty Medication Administration Site of Care  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0490 | Benlysta (belimumab)                               | RX501.116<br>RX501.096                 | Belimumab<br>Specialty Medication Administration Site of Care  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0517 | Fasenra (benralizumab)                             | RX501.100<br>RX501.096                 | Benralizumab<br>Specialty Medication Administration Site of Care   | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0565 | Zinplava (bezlotoxumab)                            | RX501.093                              | Bezlotoxumab   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0567 | Brineura (cerliponase alfa)                        | RX501.092                              | Cerliponase alfa   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0584 | Crysvita (burosumab-twza)                          | RX502.058<br>RX501.096                 | Burosumab-twza<br>Specialty Medication Administration Site of Care   | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0585 | Botox (onabotulinumtoxinA)                         | RX501.019<br>MED201.014                | Botulinum Toxin<br>Treatment of Hyperhidrosis  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0586 | Dysport (abobotulinumtoxinA)                       | RX501.019<br>MED201.014                | Botulinum Toxin<br>Treatment of Hyperhidrosis  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0587 | Myobloc (rimabotulinumtoxinB)                      | RX501.019<br>MED201.014                | Botulinum Toxin<br>Treatment of Hyperhidrosis  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0588 | Xeomin (incobotulinumtoxinA)                       | RX501.019<br>MED201.014                | Botulinum Toxin<br>Treatment of Hyperhidrosis  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |

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| Medical Infusion / Specialty Drug | J0598 | Cinryze (C1 esterase inhibitor)  | RX504.013<br>RX501.096               | Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide<br>Specialty Medication Administration Site of Care | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0638 | Ilaris (canakinumab)   | RX501.119<br>RX501.096               | Canakinumab<br>Specialty Medication Administration Site of Care   | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0717 | Cimzia (certolizumab pegol)  | RX501.111<br>RX501.096               | Certolizumab Pegol<br>Specialty Medication Administration Site of Care  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0775 | Xiaflex (collagenase, clostridium histolyticum)  | RX501.073                            | Clostridial Collagenase for Fibroproliferative Disorders  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0791 | Adakveo (crizanlizumab-tmca)   | RX501.126<br>RX501.096               | Crizanlizumab-tmca<br>Specialty Medication Administration Site of Care  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J0888 | Mircera (pegylated-epoetin beta)   | RX501.069                            | Erythropoiesis-Stimulating Agents (ESAs)  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1290 | Kalbitor (ecallantide)   | RX504.013<br>RX501.096               | Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide<br>Specialty Medication Administration Site of Care | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1300 | Soliris (eculizumab)   | RX501.066<br>RX501.096               | Eculizumab<br>Specialty Medication Administration Site of Care  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1301 | Radicava (edaravone)   | RX501.095<br>RX501.096               | Edaravone<br>Specialty Medication Administration Site of Care   | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1303 | Ultomiris (ravulizumab-cwvz)   | RX501.107<br>RX501.096               | Ravulizumab-cwvz<br>Specialty Medication Administration Site of Care  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1322 | Vimizim (elosulfase alfa)  | RX501.067<br>RX501.096               | Enzyme-Replacement Therapy for Lysosomal Storage Disorders<br>Specialty Medication Administration Site of Care                                  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1325 | Flolan, Veletri (epoprostenol)   | RX501.056                            | Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1428 | Exondys 51 (eteplirsen)  | RX501.084                            | Eteplirsen  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1458 | Naglazyme (galsulfase)   | RX501.067<br>RX501.096               | Enzyme-Replacement Therapy for Lysosomal Storage Disorders<br>Specialty Medication Administration Site of Care                                  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1562 | Vivaglobin (immune globulin subcutaneous)  | RX504.003                            | Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1602 | Simponi Aria (golimumab)   | RX501.112<br>RX501.096               | Golimumab<br>Specialty Medication Administration Site of Care   | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1675 | histrelin acetate  | RX501.041                            | Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1726 | Makena (hydroxyprogesterone caproate)  | RX501.062                            | Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1743 | Elaprase (idursulfase)   | RX501.067<br>RX501.096               | Enzyme-Replacement Therapy for Lysosomal Storage Disorders<br>Specialty Medication Administration Site of Care                                  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1745 | Remicade (infliximab)  | THE801.028<br>RX501.051<br>RX501.096 | Acne Management<br>Infliximab and Associated Biosimilars<br>Specialty Medication Administration Site of Care                                    | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1746 | Trogarzo (ibalizumab-uiyk)   | RX501.099<br>RX501.096               | Ibalizumab-uiyk<br>Specialty Medication Administration Site of Care   | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1786 | Cerezyme (miglustase)  | RX501.067<br>RX501.096               | Enzyme-Replacement Therapy for Lysosomal Storage Disorders<br>Specialty Medication Administration Site of Care                                  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1931 | Aldurazyme (laronidase)  | RX501.067<br>RX501.096               | Enzyme-Replacement Therapy for Lysosomal Storage Disorders<br>Specialty Medication Administration Site of Care                                  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J1950 | Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, per 3.75 mg) | RX501.041                            | Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J2182 | Nucala (mepolizumab)   | RX501.080<br>RX501.096               | Mepolizumab<br>Specialty Medication Administration Site of Care   | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J2278 | Prialt (ziconotide)  | RX501.060                            | Ziconotide  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J2323 | Tysabri (natalizumab)  | RX501.059<br>RX501.096               | Natalizumab<br>Specialty Medication Administration Site of Care   | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J2326 | Spinraza (nusinersen)  | RX501.086                            | Nusinersen  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J2350 | Ocrevus (ocrelizumab)  | RX501.085<br>RX501.096               | Ocrelizumab<br>Specialty Medication Administration Site of Care   | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J2357 | Xolair (omalizumab)  | RX501.058<br>RX501.096               | Omalizumab<br>Specialty Medication Administration Site of Care  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J2502 | Signifor LAR (pasireotide)   | RX501.079                            | Pasireotide   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J2507 | Krystexxa (pegloticase)  | RX501.120<br>RX501.096               | Pegloticase<br>Specialty Medication Administration Site of Care   | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J2562 | Mozobil (plerixafor)   | RX502.061                            | Oncology Medications  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J2786 | Cinqair (reslizumab)   | RX501.083<br>RX501.096               | Reslizumab<br>Specialty Medication Administration Site of Care  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J2840 | Kanuma (sebelipase alfa)   | RX501.067<br>RX501.096               | Enzyme-Replacement Therapy for Lysosomal Storage Disorders<br>Specialty Medication Administration Site of Care                                  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J2941 | Humatrope, Saizen (somatropin)   | RX501.040                            | Human Growth Hormone (GH)   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J3032 | Vyepti (eptinezumab-jjmr)  | RX501.124<br>RX501.096               | Eptinezumab-jjmr<br>Specialty Medication Administration Site of Care  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J3060 | Elelyso (taliglucerase alfa)   | RX501.067<br>RX501.096               | Enzyme-Replacement Therapy for Lysosomal Storage Disorders<br>Specialty Medication Administration Site of Care                                  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J3121 | testosterone enanthate   | SUR717.001<br>RX501.076              | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Testosterone Replacement Therapies                           | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J3145 | Aveed (testosterone undecanoate)   | SUR717.001<br>RX501.076              | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Testosterone Replacement Therapies                           | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J3241 | Tepezza (teprotumumab-trbw)  | RX501.096<br>RX501.110               | Specialty Medication Administration Site of Care<br>Teprotumumab  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J3245 | Ilumya (tildrakizumab-asmn)  | RX501.096<br>RX501.123               | Specialty Medication Administration Site of Care<br>Tildrakizumab-asmn  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J3262 | Actemra (tocilizumab)  | RX501.096<br>RX501.115               | Specialty Medication Administration Site of Care<br>Tocilizumab   | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J3285 | Remodulin (treprostinil)   | RX501.056                            | Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J3315 | Trelstar (triptorelin pamoate)   | RX502.061<br>RX501.041               | Oncology Medications<br>Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists  | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J3358 | Stelara (ustekinumab for intravenous use)  | RX501.096<br>RX501.114               | Specialty Medication Administration Site of Care<br>Ustekinumab   | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J3380 | Entyvio (vedolizumab)  | RX501.096<br>RX501.117               | Specialty Medication Administration Site of Care<br>Vedolizumab   | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J3385 | Vpriv (velaglucerase alfa)   | RX501.067<br>RX501.096               | Enzyme-Replacement Therapy for Lysosomal Storage Disorders<br>Specialty Medication Administration Site of Care                                  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |

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| Medical Infusion / Specialty Drug | J3397 | Mepsevii (vestronidase alfa-vjbk)  | RX501.067<br>RX501.096               | Enzyme-Replacement Therapy for Lysosomal Storage Disorders<br>Specialty Medication Administration Site of Care   | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J3398 | Luxturna (voretigene neparvovec-rzyl)  | RX501.098                            | Gene Therapy for Inherited Retinal Dystrophy   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J3399 | Zolgensma (onasemnogene abeparvovec-xioi)  | RX501.104                            | Onasemnogene Aeparvovec-xioi   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J7178 | RiaSTAP (human fibrinogen concentrate)   | RX501.072                            | Human Fibrinogen Concentrate (RiaSTAP and Fibruga)   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J7340 | Duopa (carbidopa/levodopa enteral suspension)  | RX504.015                            | Levodopa-Carbidopa Enteral Suspension (e.g. Duopa) for The Treatment of Parkinson Disease.   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J9032 | Beleodaq (belinostat)  | RX502.061                            | Oncology Medications   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J9153 | Vyxeos (daunorubicin and cytarabine)   | RX502.061                            | Oncology Medications   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J9155 | Firmagon (degarelix)   | RX502.061<br>RX501.041               | Oncology Medications<br>Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J9202 | Zoladex (goserelin acetate implant)  | RX501.041                            | Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J9217 | Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 mg) | RX501.041                            | Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J9218 | leuprolide acetate, non depot  | RX501.041                            | Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J9219 | Viadur (leuprolide acetate implant)  | RX501.041                            | Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J9225 | Vantas (histrelin implant)   | RX502.061<br>RX501.041               | Oncology Medications<br>Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J9226 | Supprelin LA (histrelin implant)   | RX501.041                            | Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J9295 | Portrazza (necitumumab)  | RX502.061                            | Oncology Medications   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | J9325 | Imlygic (talimogene laherparepvec)   | RX502.061                            | Oncology Medications   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | Q2041 | Yescarta (axicabtagene ciloleucel)   | RX502.061                            | Oncology Medications   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | Q2042 | Kymriah (tisagenlecleucel)   | RX502.061                            | Oncology Medications   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | Q5103 | Inflectra (infliximab-dyyb)  | RX501.051<br>RX501.096               | Infliximab and Associated Biosimilars<br>Specialty Medication Administration Site of Care  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | Q5104 | Renflexis (infliximab-abda) - NON-PREFERRED  | RX501.051<br>RX501.096               | Infliximab and Associated Biosimilars<br>Specialty Medication Administration Site of Care  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | Q5109 | Ixifi (infliximab-qbtx) - NON-PREFERRED  | RX501.051                            | Infliximab and Associated Biosimilars  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | Q5121 | Avsola (infliximab-axxq)   | RX501.051<br>RX501.096               | Infliximab and Associated Biosimilars<br>Specialty Medication Administration Site of Care  | Infusion Site of Care              | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | S0157 | Regranex (becaplermin gel)   | RX501.034                            | Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions   | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |
| Medical Infusion / Specialty Drug | S0189 | Testopel (testosterone pellets)  | SUR717.001<br>RX501.007<br>RX501.076 | Gender Assignment Surgery and Gender Reassignment Surgery with Related Services<br>Hormone Replacement Therapies (HRT) Using Implanted Pellets for Women and Delayed Puberty<br>Testosterone Replacement Therapies | Provider Administered Drug Therapy | Prior Authorization required through BCBSMT. |

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