



Specialty Pharmacy Infusion Site of Care Benefit Preauthorization Drug List

The list below includes specialty drugs (infusion site-of-care or provider administered drug therapies, including cellular immunotherapy, gene therapy and other medical benefit drug therapies) for which benefit preauthorization through Blue Cross and Blue Shield of Illinois (BCBSIL) may be required prior to administration of these drugs for Blue Choice Preferred PPOSM, Blue Options PPOSM and Blue PPOSM members. The list below also indicates benefit preauthorization requirement effective dates.

Member benefit plans differ in their benefits. Consult the member benefit booklet or contact the number on the member ID card to determine coverage for a specific drug code. Always check eligibility and benefits first through the Availity Provider Portal[®] or other preferred vendor portal to confirm coverage and other important details; this step may help determine if benefit preauthorization is required.

Procedure Code	Effective Date	Drug Product Name*	Therapeutic Category
90378	1/1/2020	SYNAGIS (palivizumab)	Immunological Agent
C9036	1/1/2020	ONPATTRO (patisiran)	Small interfering RNA (siRNA)
C9257	1/1/2020	AVASTIN (bevacizumab)	Oncology
J0129	1/1/2019	ORENCIA (abatacept)	Selective Costimulation Modulators
J0180	1/1/2019	FABRAZYME (agalsidase beta)	Metabolic Modifiers
J0202	1/1/2020	LEMTRADA (alemtuzumab)	Autoimmune
J0221	1/1/2019	LUMIZYME (alglucosidase alfa)	Metabolic Modifiers
J0490	1/1/2019	BENLYSTA (belimumab)	Systemic Lupus Erythematosus Agents
J0517	1/1/2019	FASENRA (benralizumab)	Antiasthmatic - Monoclonal Antibodies
J0565	1/1/2020	ZINPLAVA (bezlotoxumab)	Monoclonal Antibody
J0567	1/1/2020	BRINEURA (cerliponase alfa)	CNS Agents
J0584	1/1/2020	CRYSVITA (burosumab-twza)	Monoclonal Antibody
J0598	1/1/2019	CINRYZE (C1 esterase inhibitor)	Complement Inhibitors
J0638	1/1/2020	ILARIS (canakinumab)	Autoimmune
J0717	1/1/2019	CIMZIA (certolizumab pegol)	Inflammatory Bowel Agents
J0775	1/1/2020	XIAFLEX (collagenase, clostridium histolyticum)	Tissue Permeability Modifier
J0800	1/1/2020	H.P. ACTHAR (corticotropin)	Corticotropin
J0881	1/1/2020	ARANESP (darbepoetin alfa)	Blood Modifier
J0885	1/1/2020	EPOGEN (epoetin alfa)	Blood Modifier
J0885	1/1/2020	PROCRIT (epoetin alfa)	Blood Modifier
J0888	1/1/2020	MIRCERA (pegylated-epoetin beta)	Blood Modifier
J1290	1/1/2019	KALBITOR (ecallantide)	Plasma Kallikrein Inhibitors
J1300	1/1/2019	SOLIRIS (eculizumab)	Complement Inhibitors
J1301	1/1/2019	RADICAVA (edaravone)	ALS Agents
J1322	1/1/2019	VIMIZIM (elosulfase alfa)	Metabolic Modifiers
J1428	1/1/2020	EXONDYS 51 (eteplirsen)	CNS Agents
J1458	1/1/2019	NAGLAZYME (galsulfase)	Metabolic Modifiers
J1459	1/1/2019	PRIVIGEN (immune globulin intravenous)	Immune Serums

J1555	1/1/2019	CUVITRU (immune globulin subcutaneous)	Immune Serums
J1556	1/1/2019	BIVIGAM (immune globulin intravenous)	Immune Serums
J1557	1/1/2019	GAMMAPLEX (immune globulin intravenous)	Immune Serums
J1559	1/1/2019	HIZENTRA(immune globulin subcutaneous)	Immune Serums
J1561	1/1/2019	GAMMAKED (immune globulin intravenous)	Immune Serums
J1561	1/1/2019	GAMUNEX-C (immune globulin intravenous)	Immune Serums
J1566	1/1/2019	CARIMUNE (immune globulin intravenous)	Immune Serums
J1566	1/1/2019	GAMMAGARD S/D (immune globulin intravenous)	Immune Serums
J1568	1/1/2019	OCTAGAM (immune globulin intravenous)	Immune Serums
J1569	1/1/2019	GAMMAGARD (immune globulin intravenous)	Immune Serums
J1572	1/1/2019	FLEBOGAMMA (immune globulin intravenous)	Immune Serums
J1575	1/1/2019	HYQVIA (immune globulin subcutaneous)	Passive Immunizing Agents - Combinations
J1602	1/1/2019	SIMPONI (golimumab)	Anti-TNF-alpha - Monoclonal Antibodies
J1743	1/1/2019	ELAPRASE (idursulfase)	Metabolic Modifiers
J1745	1/1/2019	REMICADE (infliximab)	Inflammatory Bowel Agents
J1746	1/1/2020	TROGARZO (ibalizumab-uiyk)	Antiretroviral Agent
J1786	1/1/2019	CEREZYME (imiglucerase)	Agents for Gaucher Disease
J1931	1/1/2019	ALDURAZYME (laronidase)	Metabolic Modifiers
J2182	1/1/2019	NUCALA (mepolizumab)	Antiasthmatic - Monoclonal Antibodies
J2278	1/1/2020	PRIALT (ziconotide)	Analgesic
J2323	1/1/2019	TYSABRI (natalizumab)	Multiple Sclerosis Agents
J2326	1/1/2020	SPINRAZA (nusinersen)	CNS Agents
J2350	1/1/2019	OCREVUS (ocrelizumab)	Multiple Sclerosis Agents
J2357	1/1/2019	XOLAIR (omalizumab)	Antiasthmatic - Monoclonal Antibodies
J2507	1/1/2019	KRYSTEXXA (pegloticase)	Gout Agents
J2562	1/1/2020	MOZOBIL (plerixafor)	Blood Modifier
J2786	1/1/2019	CINQAIR (reslizumab)	Antiasthmatic - Monoclonal Antibodies
J2840	1/1/2019	KANUMA (sebelipase alfa)	Metabolic Modifiers
J2860	1/1/2020	SYLVANT (siltuximab)	Oncology
J3060	1/1/2020	ELELYSO (taliglucerase alfa)	Enzyme Replacement
J3245	1/1/2020	ILUMYA (tildrakizumab-asmn)	Antipsoriatic
J3262	1/1/2019	ACTEMRA (tocilizumab)	Interleukin-6 Receptor Inhibitors
J3285	1/1/2020	REMODULIN (treprostinil)	Prostaglandin
J3358	1/1/2019	STELARA (ustekinumab for intravenous use)	Antipsoriatics
J3380	1/1/2019	ENTYVIO (vedolizumab)	Inflammatory Bowel Agents
J3385	1/1/2019	VPRIV (velaglucerase alfa)	Agents for Gaucher Disease
J3397	1/1/2020	MEPSEVII (vestronidase alfa-vjvk)	Endocrine-Metabolic Agent
J3398	1/1/2020	LUXTURNA (voretigene neparvovec-rzyl)	Gene Therapy
J7178	1/1/2020	RIASTAP (human fibrinogen concentrate)	Hemostatic
J7340	1/1/2020	DUOPA (carbidopa/levodopa enteral suspension)	Antiparkinsonian
J9022	1/1/2020	TECENTRIQ (atezolizumab)	Oncology

J9023	1/1/2020	BAVENCIO (avelumab)	Oncology
J9032	1/1/2020	BELEODAQ (belinostat)	Oncology
J9039	1/1/2020	BLINCYTO (blinatumomab)	Oncology
J9043	1/1/2020	JEVTANA (cabazitaxel)	Oncology
J9047	1/1/2020	KYPROLIS (carfilzomib)	Oncology
J9057	1/1/2020	ALICOPA (copanlisib)	Oncology
J9145	1/1/2020	DARZALEX (daratumumab)	Oncology
J9153	1/1/2020	VYEXOS (daunorubicin and cytarabine)	Oncology
J9173	1/1/2020	IMFINZI (durvalumab)	Oncology
J9176	1/1/2020	EMPLICITI (elotuzumab)	Oncology
J9203	1/1/2020	MYLOTARG (gemtuzumab ozogamicin)	Oncology
J9205	1/1/2020	ONIVYDE (irinotecan liposome)	Oncology
J9228	1/1/2020	YERVOY (ipilimumab)	Oncology
J9229	1/1/2020	BESPONSA (inotuzumab ozogamicin)	Oncology
J9264	1/1/2020	ABRAXANE (paclitaxel protein-bound particles)	Oncology
J9271	1/1/2020	KEYTRUDA (pembrolizumab)	Oncology
J9285	1/1/2020	LARTRUVO (olaratumab)	Oncology
J9295	1/1/2020	PORTRAZZA (necitumumab)	Oncology
J9299	1/1/2020	OPDIVO (nivolumab)	Oncology
J9301	1/1/2020	GAZYVA (obinutuzumab)	Oncology
J9306	1/1/2020	PERJETA (pertuzumab)	Oncology
J9308	1/1/2020	CYRAMZA (ramucirumab)	Oncology
J9311	1/1/2020	RITUXAN HYCELA (rituximab/hyaluronidase human)	Oncology
J9312	1/1/2020	RITUXAN (rituximab)	Oncology
J9325	1/1/2020	IMLYGIC (talimogene laherparepvec)	Oncology
J9352	1/1/2020	YONDELIS (trabectedin)	Oncology
J9354	1/1/2020	KADCYLA (ado-trastuxumab emtansine)	Oncology
NOC	1/1/2020	PANZYGA (immune globulin intravenous)	Immune Serums
Q2041	1/1/2020	YESCARTA(acicabtagene ciloleucel)	CAR T-cell therapy
Q2042	1/1/2020	KYMRIAH (tisagenlecleucel)	CAR T-cell Therapy
Q2043	1/1/2020	PROVENGE (sipuleucel-T)	Oncology
Q5103	1/1/2019	INFLECTRA (infliximab-dyyb)	Inflammatory Bowel Agents
Q5104	1/1/2019	RENFLEXIS (infliximab-abda)	Inflammatory Bowel Agents

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

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