



An independent licensee of the Blue Cross Blue Shield Association

A nonprofit independent licensee of the BlueCross
BlueShield Association

February 4, 2026

MEDICAL SPECIALTY DRUG PREAUTHORIZATION REQUIREMENTS

Use this list for the lines of business in the columns below: Commercial managed products, Commercial managed products, Essential Plan, Medicare, Dual Eligible Special Needs Plan (HMO, D-SNP), and Managed Safety Net Products.

Requests for the drugs on this list are handled by the Medical Specialty Drug unit: Phone 1-800-499-1275 and Fax 1-800-306-0188.

Updates Are Highlighted In Grey

IMPORTANT

- > The following Medical Specialty Drugs are covered under the Medical Benefit (when administered by a health care professional) and require preauthorization. Regardless of the preauthorization requirement under the member contract, claims for the following medical specialty drugs will deny or suspend for review across all lines of business if preauthorization is not obtained.
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- > Please refer to our website frequently for updates to this list as new drugs are added as they receive FDA approval and are available for use.
- > The provider or specialty pharmacy rendering the service is responsible for ensuring that the required preauthorization has been obtained.
- > Commercial Self Funded Plans: Refer to the Injectable Medications Benefit for coverage details (any coverage exclusions for certain drugs listed with a drug category will be noted under Injectable Medications).

Drug Category	Drug Brand Name	Drug Code (HCPCS/CPT)	Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP (VYV)	Safety Net Child Health Plus (VYB)	Safety Net Essential Plan (YNC)	Safety Net Managed Medicaid (VYT)	Safety Net Health and Recovery Program (VYT)
	Imjudo	J9347	Required	Required	Required	Required	Required	Required	Required	Required
	Immune Globulin Products	90283	Required	Required	Required	Required	Required	Required	Required	Required
	Immune Globulin Products	90284	Required	Required	Required	Required	Required	Required	Required	Required
	Imulidosa C	Q5098	Required	Required	Required	Required	Required	Required	Required	Required
	Inflectra	Q5103	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Infliximab	J1745	Required	Required	Required	Required	Required	Required	Required	Required
	Infugem	J9198	Required	Required	Required	Required	Required	Required	Required	Required
	Injectafer	J1439	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Istodax	J9315 J9319	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, Gene Therapy	Itivima	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Ivra	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Ixinity	J7213	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Izervay	J2782	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Jelmyto	J9281	Required	Required	Required	Required	Required	Required	Required	Required
	Jemperli	J9272	Required	Required	Required	Required	Required	Required	Required	Required
	Jeuveau	NONE	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
	Jivi	J7208	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Jobevne	Q5160	Required	Required	Required	Required	Required	Required	Required	Required
	Jubbonti	Q5136	NOT Required	NOT Required	NOT Required	Required	Required	Required	Required	Required
	Kadcyla	J9354	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Kalbitor	J1290	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Kanuma	J2840	Required	Required	Required	Required	Required	Required	Required	Required
Gene therapy, MA Program	Kebilidi **	NONE	Required	Required	Required	Required	Required	Required	Required	Required
	Keytruda	J9271	Required	Required	Required	Required	Required	Required	Required	Required
	Keytruda Qlex	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Kimmtrak	J9274	Required	Required	Required	Required	Required	Required	Required	Required
Anti-Amyloid Agent	Kisunla	J0175	Required	Required	Required	Required	Required	Required	Required	Required
	Koate/Koate DVI	J7190	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Kogenate FS	J7192	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Kovaltry	J7211	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
Orphan Drug	Krystexxa	J2507	Required	Required	Required	Required	Required	Required	Required	Required
CAR-T	Kymriah **	Q2042	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Kyprolis	J9047	Required	Required	Required	Required	Required	Required	Required	Required
	Kyvata	C9308	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Lantidra	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Lamzede	J0217	Required	Required	Required	Required	Required	Required	Required	Required
	Lasix Onyu C	NONE	Required	Required	Required	Required	Required	Required	Required	Required
Anti-Amyloid Agent	Leqembi	J0174	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Lenmelyd **	J3391	Required	Required	Required	Required	Required	Required	Required	Required
	Lemtrada for MS +	J0202	Required	Required	Required	Required	Required	Required	Required	Required
	Leqvio	J1306	Required	Required	Required	Required	Required	Required	Required	Required
	Leuprolide Depot	J1954	Required	Required	Required	Required	Required	Required	Required	Required
	Libtayo	J9119	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Loqtorzi	J3263	Required	Required	Required	Required	Required	Required	Required	Required
	Lucentis	J2778	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Lumizyme	J0221	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Lumoxiti	J9313	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Lunsumio	J9350	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Lunsomio Velo	J9350	Required	Required	Required	Required	Required	Required	Required	Required
	Lupron Depot PED	J1950/J9217	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required	NOT Required
	Lutrate Depot	J1954	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Luxturna	J3398	Required	Required	Required	Required	Required	Required	Required	Required
Gene Therapy	Lyfgenia **	J3394	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Lymphir	J9161	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug, MA Program	Lynozytic	C9307	Required	Required	Required	Required	Required	Required	Required	Required
	Marqenza	J9353	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Mepsevii	J3397	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Monjuvi	J9349	Required	Required	Required	Required	Required	Required	Required	Required
	Mononine	J7193	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required
	Monovisc	J7327	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Mylotarg	J9203	Required	Required	Required	Required	Required	Required	Required	Required
	Myobloc	J0587	Required	Required	NOT Required	Required	Required	Required	Required	Required
Orphan Drug	Naglazyme	J1458	Required	Required	Required	Required	Required	Required	Required	Required
	Neuropogin C	J1442	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Nexviazyme	J0219	Required	Required	Required	Required	Required	Required	Required	Required
Orphan Drug	Niktimvo	J9038	Required	Required	Required	Required	Required	Required	Required	Required
	Nivestym C	O5110	Required	Required	Required	Required	Required	Required	Required	Required
	Novoeight	J7182	NOT Required	NOT Required	NOT Required	Required	NOT Required	NOT Required	Required	Required

