



BlueCross BlueShield of Oklahoma

This list includes procedure code changes for Medical Benefit Specialty Pharmacy that may require benefit preauthorization through BCBSOK effective Jan. 1, 2019 for BCBSOK members.

It is imperative that providers check eligibility and benefits through Availity® or their preferred vendor to determine if preauthorization is required.

(UPDATED: JUNE 2019)

Procedure Code	Drug Product Name*	Therapeutic Drug Name
J0129	ORENCIA	Selective Costimulation Modulators
J0180	FABRAZYME	Metabolic Modifiers
J0221	LUMIZYME	Metabolic Modifiers
J0490	BENLYSTA	Systemic Lupus Erythematosus Agents
C9466 CHANGED TO J0517	FASENRA	Antiasthmatic - Monoclonal Antibodies
J0598	CINRYZE	Complement Inhibitors
J0717	CIMZIA	Inflammatory Bowel Agents
J1290	KALBITOR	Plasma Kallikrein Inhibitors
J1300	SOLIRIS	Complement Inhibitors
C9493 CHANGED TO J1301	RADICAVA	ALS Agents
J1322	VIMIZIM	Metabolic Modifiers
J1458	NAGLAZYME	Metabolic Modifiers
J1602	SIMPONI	Anti-TNF-alpha - Monoclonal Antibodies
J1743	ELAPRASE	Metabolic Modifiers
J1786	CEREZYME	Agents for Gaucher Disease
J1556	BIVIGAM	Immune Serums
J1566	CARIMUNE	Immune Serums
J1572	FLEBOGAMMA	Immune Serums
J1569	GAMMAGARD	Immune Serums
J1557	GAMMAPLEX	Immune Serums
J1568	OCTAGAM	Immune Serums
J1459	PRIVIGEN	Immune Serums
J1561	GAMMAKED	Immune Serums

Procedure Code	Drug Product Name*	Therapeutic Drug Name
J1561	GAMUNEX-C	Immune Serums
J1555	CUVITRU	Immune Serums
J1559	HIZENTRA	Immune Serums
J1575	HYQVIA	Passive Immunizing Agents - Combinations
J1745	REMICADE	Inflammatory Bowel Agents
Q5104	RENFLEXIS	Inflammatory Bowel Agents
Q5103	INFLECTRA	Inflammatory Bowel Agents
J1931	ALDURAZYME	Metabolic Modifiers
J2182	NUCALA	Antiasthmatic - Monoclonal Antibodies
J2323	TYSABRI	Multiple Sclerosis Agents
J2350	OCREVUS	Multiple Sclerosis Agents
J2357	XOLAIR	Antiasthmatic - Monoclonal Antibodies
J2507	KRYSTEXXA	Gout Agents
J2786	CINQAIR	Antiasthmatic - Monoclonal Antibodies
J2840	KANUMA	Metabolic Modifiers
J3262	ACTEMRA	Interleukin-6 Receptor Inhibitors
J3358	STELARA	Antipsoriatics
J3380	ENTYVIO	Inflammatory Bowel Agents
J3385	VPRIV	Agents for Gaucher Disease
J1566	GAMMAGARD S/D	Immune Serums

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Please note that 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.

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