

## 2022 Specialty Pharmacy Preauthorization Drug List

Indated May 2022 to reference changes that will be effective August 2022

This list includes procedure code changes for Medical Benefit Specialty Pharmacy that may require benefit preauthorization through BCBSNM effective Jan. 1, 2021 for Fully Insured and 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 preauthorization 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 BCBSNM (provider administered drug therapy or infusion site of care) or AIM Specialty Health (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* Brand (generic) *Trademarks are the property of their respective owners.	Medical Policy Number	Medical Policy Title	Reason for Prior Authorization Requirement ** (AIM = Med Oncology & Supportive Care RESSMA = Provider Administered Therapy Or Infusion Site Of Care)  **Send PA requests to BCBSNM for Provider Administered Therapy or Infusion Site of Care. Send PA requests to AIM for Medical Oncology and Supportive care unless frug 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***  (Highlighted = Multiple Indications)  ***Some drugs / codes on this PA list have multiple indications. AIM will only review requests that are supported by an oncology diagnosis.  See details provided on this list for each drug/code.
Medical Infusion / Specialty Drug	J0897	Injection, denosumab, 1 mg Prolla/Xgeva_(Denosumab)	RX501.140 AIM	Denosumab (Prolia & Xgeva) AIM Clinical Guidelines	Provider Administered Drug Therapy Medical Oncology & Supportive Care	PA thru BCBS add effective 08/01/2022; 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 BCBSNM
Medical Infusion / Specialty Drug	J2505	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Retire effective 02/28/2022.
Medical Infusion / Specialty Drug	J2506	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Replacing code J2505. Add effective 03/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	C9399	Cutaquig_(Immune Globulin (Human)- hlpp)	AIM RX501.137 RX501.135 RX501.136 RX501.087 RX501.099 RX504.003 RX501.130 RX501.130 RX501.129	AM Clinical Guidelines Aducianumab	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 BCBSMM.
Medical Infusion / Specialty Drug	J0881	Non-ESRD, Aranesp_(Darbepoetin alfa)	AIM RX501.069	AIM Clinical Guidelines Erythropolesis-Stimulating Agents (ESAs)	Provider Administered Drug Therapy 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 BCBSNM.
Medical Infusion / Specialty Drug	J0882	ESRD, Aranesp_(Darbepoetin alfa)	AIM RX501.069	AIM Clinical Guidelines 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 BCBSNM.
Medical Infusion / Specialty Drug	J0885	Non-ESRD, Epogen/Procrit_(Epoetin Alfa)	AIM RX501.069	AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Provider Administered Drug Therapy 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 BCBSNM.
Medical Infusion / Specialty Drug	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., Ilquid), 500 mg	AIM RX504.003 RX501.096	AIM Clinical Guidelines Immunoglobulin (lg) Therapy (including Intravenous [VIIG] and Subcutaneous (g [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care 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 BCBSNM.
Medical Infusion / Specialty Drug	J1554	Asceniv_(Immune Globulin (Human)- slra)	AIM RX504.003	AIM Clinical Guidelines 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 BCBSNM.
Medical Infusion / Specialty Drug	J1555	Cuvitru_(Immune Globulin (Human) Subcutaneous)	AIM RX504.003 RX501.096	AIM Clinical Guidelines immunoglobulin (ig) Therapy (Including Intravenous [IVIG] and Subcutaneous ig (SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care 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 BCBSNM.
Medical Infusion / Specialty Drug	J1556	Bivigam_(Injection, immune globulin, 500 mg)	AIM RX504.003 RX501.096	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care 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 BCBSNM.
Medical Infusion / Specialty Drug	J1557	(Gammaplex_(Injection, immune globulin, , intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.097	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care 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 BCBSNM.
Medical Infusion / Specialty Drug	J1558	Xembify_(Injection, immune globulin , 100 mg)	AIM RX504.003 RX501.098	AIM Clinical Guidelines immunoglobulin (ig) Therapy (Including Intravenous [IVIG] and Subcutaneous ig (SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care 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 BCBSNM.
Medical Infusion / Specialty Drug	J1559	Hizentra_(Injection, immune globulin , 100 mg)	AIM RX504.003 RX501.099	AIM Clinical Guidelines immunoglobulin (ig) Therapy (Including Intravenous [IVIG] and Subcutaneous ig (SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care 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 BCBSNM.
Medical Infusion / Specialty Drug	J1561	Gamunex/Gamunex- C/Gammaked_(Injection, immune globulin, , nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.100	AIM Clinical Guidelines immunoglobulin (lg) Therapy (including intravenous [V/IG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care 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 BCBSNM.
Medical Infusion / Specialty Drug	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	AIM RX504.003 RX501.101	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [VIG] and Subcutaneous (g [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care 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 BCBSNM.
Medical Infusion / Specialty Drug	J1568	Octagam_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.102	AIM Clinical Guidelines Immunoglobulin (lg) Therapy (Including Intravenous [VIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care 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 BCBSNM.
Medical Infusion / Specialty Drug	J1569	Gammagard liquid_(Injection, immune globulin,, intravenous, nonlyophilized, (e.g., liquid), 500 mg)	AIM RX504.003 RX501.103	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (including intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AllM 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 BCBSNM.
Medical Infusion / Specialty Drug	J1572	Flebogamma/Flebogamma Dif_(injection, immune globulin, intravenous, nonlyophilized (e.g., ilquid), 500 mg)	AIM RX504.003 RX501.104	AIM Clinical Guidelines Immunoglobulin (lg) Therapy (Including Intravenous [VIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care 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 BCBSNM.
Medical Infusion / Specialty Drug	J1575	Hyqvia_(Injection, immune globulin/hyaluronidase, , 100 mg immuneglobulin)	AIM RX504.003 RX501.105	AIM Clinical Guidelines Immunoglobulin (lg) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care 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 BCBSNM.
Medical Infusion / Specialty Drug	J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	AIM RX504.003	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous (IVIG) and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy 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 BCBSNM.

						<u>,                                      </u>
			AIM RX501.137	AIM Clinical Guidelines Aducanumab-awwa		
			MED206.001	Aducanuman-avwa Allergy Management		
			RX501.135 RX501.063	Casimersen Compounded Drug Products		
			SUR716.001	Cosmetic and Reconstructive Procedures		
			RX501.067 RX501.105	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Esketamine Nasal Spray		
			RX501.136	Evinacumab-dgnb		
			RX501.087 RX501.040	FDA-Approved Drugs and Biologicals Human Growth Hormone (GH)		
			RX501.099	Ibalizumab-uiyk		AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	J3490	Cutaquig_(Immune Globulin (Human)- hipp)	RX504.003 OTH903.027	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
		прр)	OTH903.020	Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions		BCBSNM.
			RX501.080 SUR706.001	Mepolizumab Nasal and Sinus Surgery		
			RX501.086	Nusinersen		
			RX501.085 RX501.104	Ocrelizumab Onasemnogene Abeparvovec-xioi		
			RX502.030	Rituximab and Biosimilars for Non-Oncologic Indications		
			MED206.006 MED201.014	Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy Treatment of Hyperhidrosis		
			RX501.130	Veklury		
			RX501.129 RX501.049	Viltolarsen Viscosupplementation for Osteoarthritis		
			AIM	AIM Clinical Guidelines		
			RX501.137 RX501.135	Aducanumab-avwa Casimersen		
			RX501.073	Clostridial Collagenase for Fibroproliferative Disorders		
			RX501.063 RX501.067	Compounded Drug Products Enzyme-Replacement Therapy for Lysosomal Storage Disorders		
		Cutaquig_(Immune Globulin (Human)-	RX501.136	Evinacumab-dgnb		AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	J3590	hipp)	RX501.087 RX501.099	FDA-Approved Drugs and Biologicals Ibalizumab-uiyk	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
			RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])		BUBSHWI.
			RX501.051 RX501.080	Infliximab and Associated Biosimilars Mepolizumab		
			RX501.085	Ocrelizumab		
			RX501.104 RX501.129	Onasemnogene Abeparvovec-xioi Viltolarsen		
			AIM	AIM Clinical Guidelines		ANA
Medical Infusion / Specialty Drug	J9035	Avastin_(Bevacizumab)	OTH903.027 OTH903.020	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions	Provider Administered Drug Therapy 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
			OTH903.015	Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	iwedical Oncology & Supportive Care	BCBSNM.
Medical Infusion / Specialty Drug	J9311	Rituxan- Hycela_(Rituximab Hyaluronidase)	AIM RX502.030	AIM Clinical Guidelines Ritximab and Biosimilars for Non-Oncologic Indications	Provider Administered Drug Therapy 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 BCBSNM.
Medical Infusion / Specialty Drug	J9312	Rituxan*_(Rituximab)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Provider Administered Drug Therapy 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
	<b> </b>		AIM	AIM Clinical Guidelines		BCBSNM.
			MED203.002	Antineoplaston Cancer Therapy		
Medical Infusion / Specialty Drug	19999	Cutaquig_(Immune Globulin (Human)-	RX501.063 RX501.087	Compounded Drug Products FDA-Approved Drugs and Biologicals	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
		hipp)	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])		BCBSNM.
			RX501.085 RX501.057	Ocrelizumab Sodium Phenylbutyrate		
			AIM	AIM Clinical Guidelines		AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	Q5105	Retacrit_(Epoetin alfa-epbx)	RX501.069	Erythropolesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
			AIM	AIM Clinical Guidelines		AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	Q5106	Retacrit_(Epoetin alfa-epbx)	RX501.069	Erythropolesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.  AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	Q5115	Truxima_(Rituximab-abbs)	RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.  AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	Q5119	Ruxience_(Rituximab-pvvr)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	Q5123	Riabni_(Rituximab-arrx)	AIM RX502.030	AIM Clinical Guidelines 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 BCBSNM.
Medical Infusion / Specialty Drug	J0641	Fusilev_(Levoleucovorin Calcium)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Modical Infusion / Specialty Drug	J0642	Khanzoni (Lougloucovoria)	AIM	AIM Clinical Guidelines	Madical Oncolony & Supporting Care	Brian Authorization required through AIM
Medical Infusion / Specialty Drug		Khapzory_(Levoleucovorin )			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	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	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	19039	Blincyto_(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	Erbitux_(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-rwlc)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9144	Darzalex-Faspro_(Daratumumab- hyaluronidase-fijh)	AIM	AlM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9145		AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
wedical iniusion / specialty Drug	13140	Darzalex_(Daratumumab)	Alla	Aim Cimical Goldelines	wicuical Oncology & Supportive Care	r nor Authorization required through Ann.
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.
		Padcev_(Fam-trastuzumab	AIM			· · ·
Medical Infusion / Specialty Drug	J9177	deruxtecan-nxki)	Aum	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.
			AIM			· · ·
Medical Infusion / Specialty Drug	J9204	Poteligeo_(Mogamulizumab- kpkc)	Alla	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	lxempra_(lxabepilone)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Modical Infusion / Consists C	10222		AIM	AIM Clinical Guidelines		
Medical Infusion / Specialty Drug	J9223	Zepzelca_(Lurbinectedin)			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.
,			<u> </u>			

Medical Infusion / Specialty Drug		Abaniana (Bankara) assess barred				T
	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.
	_		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.
Medical Infusion / Specialty Drug	J9302	Arzerra_(Ofatumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19303	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	19309	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-	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
wedical illusion / specialty brug	19313	tdfk)	Alm	Any chinical solidenines	Medical Officology & Supportive Care	Prior Authorization required through Auto.
Medical Infusion / Specialty Drug	J9316	Phesgo_(Pertuzumab-Trastuzumab- Hyaluronidase-zzxf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
			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_(Margetuximab-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	19355	Herceptin_(Trastuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
		Herceptin Hylecta (Trastuzumab-	1			
Medical Infusion / Specialty Drug	J9356	hyaluronidase-oysk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9358	Enhertu_(Fam-trastuzumab	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	1	deruxtecan-nxki)			- "	
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	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
		liposomal) ESRD, Epogen/Procrit_(Epoetin Alfa)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	1	ESRD, Epogen/Procrit_(Epoetin Alia)				· -
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	05108	Fulphila_(Pegfilgrastim-jmdb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	1					
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	05113	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-qyyp)	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.
			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	Ziextenzo_(Pegfilgrastim-bmez)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5122	Nyvepria_(Pegfilgrastim-apgf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	90283	IVIG (immune globulin intravenous)	PSY301.014	Autism Spectrum Disorders (ASD)	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
	1		RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])		-
Medical Infusion / Specialty Drug	90284	SCIG				
· —		200	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	90378	Synagis (palivizumab)	RX504.003 RX504.009	minimingiodumi (gj. riecapy including incavenous (vics) and subcutaneous (g (sc.io))  Respiratory Syncytial Virus (RSV) Immunoprophylaxis	Provider Administered Drug Therapy  Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.  Prior Authorization required through BCBSNM.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Synagis (palivizumab)	RX504.009 OTH903.027	Respiratory Syncytial Virus (RSV) Immunoprophylaxis Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug  Medical Infusion / Specialty Drug			RX504.009 OTH903.027 OTH903.020 OTH903.015	Respiratory Syncytial Virus (RSV) Immunoprophylasis Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Chronical Neovascularization (CNV)		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C9257	Synagis (palivizumab)	RX504.009 OTH903.027 OTH903.020	Respiratory Syncytial Virus (RSV) Immunoprophylaxis Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV) Abatacept	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug  Medical Infusion / Specialty Drug	C9257	Synagis (palivizumab)  Avastin (bevacizumab)  Orencia (abatacept)	RX504.009 OTH903.027 OTH903.020 OTH903.015 RX501.113 RX501.096 RX501.067	Respiratory Syncytial Virus (RSV) Immunoprophylaxis Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV) Abatacept Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lyosoomal Storage Disorders	Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug  Medical Infusion / Specialty Drug  Medical Infusion / Specialty Drug	C9257 J0129 J0180	Synagis (palivizumab)  Avastin (bevacizumab)  Orencia (abatacept)  Fabrazyme (agalsidase beta)	RX504.009 OTH903.027 OTH903.020 OTH903.015 RX501.113 RX501.096 RX501.067 RX501.096	Respiratory Syncystal Virus (RSV) Immunoprophylasis intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders intravitreal Angiogenesis Inhibitors for Chorodal Vascular Conditions Honologium. The Purp (POT) for Chronical Neovascularization (CNV) Associals Medication Administration Street of Care Engine Registerement Therapy for Lysosomal Storage Disorders Specially Medication Administration Street Care	Provider Administered Drug Therapy Provider Administered Drug Therapy Influsion Site of Care Influsion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257 J0129 J0180 J0202	Synagis (palivizumab) Avastin (bevacizumab) Orencia (abatacept) Fabrazyme (agalsidase beta) Lemtrada (alemtuzumab)	RX504.009  OTH903.027  OTH903.020  OTH903.015  RX501.113  RX501.096  RX501.096  RX501.077	Respiratory Syncytial Virus (RSV) Immunoprophylasis Intravitreal Angiogenesis inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis inhibitors for Cheroidal Vascular Conditions Photodynamic Therapy (PDT) for Chronidal Neovascularization (CNV) Abatacept Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Alembuzumab	Provider Administered Drug Therapy Provider Administered Drug Therapy Influsion Site of Care Influsion Site of Care Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257 J0129 J0180 J0202	Synagis (palivizumab)  Avastin (bevacizumab)  Orencia (abatacept)  Fabrazyme (agalsidase beta)	RX504.009  OTH903.027 OTH903.020 OTH903.015 RX501.113 RX501.096 RX501.077 RX501.067 RX501.067 RX501.067 RX501.067	Respiratory Syncytial Virus (RSV) Immunoprophylausis Intravitreal Angiogenesis inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis inhibitors for Chroridal Vascular Conditions Photodynamic Therapy (PDT) for Chroridal Nevolascularization (CNV) Abatacept Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Alembuzumab Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Provider Administered Drug Therapy Provider Administered Drug Therapy Influsion Site of Care Influsion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257 J0129 J0180 J0202	Synagis (palivizumab) Avastin (bevacizumab) Orencia (abatacept) Fabrazyme (agalsidase beta) Lemtrada (alemtuzumab)	RX504.009 OTH903.027 OTH903.020 OTH903.015 RX501.113 RX501.096 RX501.097 RX501.097 RX501.097 RX501.097 RX501.099	Respiratory Syncytial Virus (RSV) Immunoprophylasis Intravirus Angiogenesis Inhibitors for Retnal Vascular Osorders Intravirus Angiogenesis Inhibitors for Chronical Vascular Conditions Photodynamic Therapy (PD1) for Choroidal Nacular Conditions Photodynamic Therapy (PD1) for Choroidal Neovascularitation (CNV) Abstaccept Specially Medication Administration Site of Care Specially Medication Administration Site of Care Alembazumab Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specially Medication Administration Site of Care Specially Medication Administration Site of Care	Provider Administered Drug Therapy Provider Administered Drug Therapy Influsion Site of Care Influsion Site of Care Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257  J0129  J0180  J0202  J0221	Synagis (palivizumab) Avastin (bevacizumab) O'rencia (abatacept) Fabrazyme (agalsidase beta) Lemtrada (alemtuzumab) Lumizyme (alglucosidase alfa)	RXS04.099  GT#981.037  GT#983.230  GT#983.230  GT#983.230  GT#983.230  RXS01.131  RXS01.096  RXS01.097  RXS01.096  RXS01.097  RXS01.096  RXS01.096  RXS01.096  RXS01.096  RXS01.096  RXS01.102  RXS01.102	Respiratory Syncytial Virus (RSV) Immunoprophylabis Intrastration Angiogenesis Inhibitors for Retinal Vascular Disorders Intrastration Angiogenesis Inhibitors for Chronical Vasuator Conditions Photodynamic Therapy (PDT) for Chronical Vasuator Conditions Photodynamic Therapy (PDT) for Chronical Neovascularization (CNV) Abstatects Specially Medication Administration Site of Care Express Replacement Therapy for Lynosomal Storage Disorders Specially Medication Administration Site of Care Alembuzumab Express Replacement Therapy for Lynosomal Storage Disorders Specially Medication Administration Site of Care Specially Medication Administration Site of Care Patisiran (Onpatiro) Glosotran Glospatro	Provider Administered Drug Therapy Provider Administered Drug Therapy Influsion Site of Care Influsion Site of Care Provider Administered Drug Therapy Influsion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257  J0129  J0180  J0202  J0221  J0222  J0223	Synagis (palivizumab) Avastin (bevacizumab) Orencia (abatacept) Fabraryme (agakidase beta) Lemtrada (alemtzumab) Lumizyme (alglucosidase alfa) Onpatto (patisiran) Gildaari (glycosiran)	RXS04.009 OTH903.027 OTH903.020 OTH903.020 OTH903.015 RXS01.113 RXS01.096 RXS01.067 RXS01.077 RXS01.067 RXS01.096 RXS01.096 RXS01.096 RXS01.096 RXS01.096	Respiratory Syncytial Virus (RSV) Immunoprophylausis Intravitreal Anglogenesis inhibitors for Retinal Vascular Disorders Intravitreal Anglogenesis inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Chronidal Nevalscularization (CNV) Abatacept Socialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Alembuzmab Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Patitism (Ongathy Medication Administration Site of Care Specialty Medication Administration Site of Care	Provider Administered Drug Therapy Provider Administered Drug Therapy Influsion Site of Care Influsion Site of Care Influsion Site of Care Provider Administered Drug Therapy Influsion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257  J0129  J0180  J0202  J0221  J0222  J0223	Synagis (palivizumab) Avastin (bevacizumab) Orencia (abatacept) Fabrazyme (agaisidase beta) Lemtrada (alemuzumab) Lumizyme (alglucosidase alfa) Onpattro (patisiran)	RXS04.009 OTH903.027 OTH903.027 OTH903.020 OTH903.015 RXS01.113 RXS01.096 RXS01.067 RXS01.077 RXS01.067 RXS01.096	Respiratory Syncytial Virus (RSV) Immunoprophylausis Intravitreal Anglogenesis inhibitors for Retinal Vascular Disorders Intravitreal Anglogenesis inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Chronidal Veoyalcushrization (CNV) Abatacept Socialty Medication Administration Site of Care Enzyme Replacement Therapy for Lysosomal Storage Disorders Socialty Medication Administration Site of Care Ademtuzumab Enzyme Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care Bediation (Doptication Administration Site of Care Bediatumab Specialty Medication Administration Site of Care Bediamumab Specialty Medication Administration Site of Care	Provider Administered Drug Therapy Provider Administered Drug Therapy Influsion Site of Care Influsion Site of Care Provider Administered Drug Therapy Influsion Site of Care Influsion Site of Care Influsion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257  J0129  J0180  J0202  J0221  J0222  J0223  J0490	Synagis (palivizumab) Avastin (bevacizumab) Orencia (abatacept) Fabraryme (agakidase beta) Lemtrada (alemtzumab) Lumizyme (alglucosidase alfa) Onpatto (patisiran) Gildaari (glycosiran)	RXS04.099 OTH983.027 OTH983.027 OTH983.020 OTH983.025 O	Respiratory Syncytial Virus (RSV) Immunoprophylabis Intravirual Angiogenesis Inhibitors for Retinal Vascular Disorders Intravirual Angiogenesis Inhibitors for Chronical Vasualus Conditions Photodynamic Therapy (PDT) for Chronical Vasualus Conditions Photodynamic Therapy (PDT) for Chronical Neuroscientis (CNV) Abstatecept Specially Medication Administration Site of Care Enzyme Replacement Therapy for Lyosoomal Storage Disorders Specially Medication Administration Site of Care Alemtuzumab Enzyme Replacement Therapy for Lyosoomal Storage Disorders Specially Medication Administration Site of Care Patisirian (Oppatro) Ginostran Specially Medication Administration Ste of Care Patisirian (Oppatro) Ginostran Specially Medication Administration Ste of Care	Provider Administered Drug Therapy Provider Administered Drug Therapy Influsion Site of Care Influsion Site of Care Influsion Site of Care Provider Administered Drug Therapy Influsion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257  J0129  J0180  J0202  J0221  J0222  J0223  J0490  J0517	Synagis (palivizumab) Avastin (bevacizumab) Orencia (abatacept) Fabraryme (agakidase beta) Lemtrada (alemtzumab) Lumizyme (alglucosidase alfa) Onpatto (patisiran) Giyldari (glycosiran) Benlysta (belimumab)	RXS04 009 OTH003 027 OTH003 027 OTH003 027 OTH003 021 RXS01 105 RXS01 096 RXS01 097 RXS01 096 RXS01 097 RXS01 096 RXS01 097 RXS01 096 RXS01 097 RXS01 096 RXS01 102 RXS01 096 RXS01 102 RXS01 096 RXS01 105 RXS01 096	Respiratory Syncystal Virus (RSV) Immunoprophylabis Intrastrusti Angiogenesis Inhibitors for Retnal Vascular Closeders Intrastrusti Angiogenesis Inhibitors for Choroidal Vascular Conditions Protections Therapy (PDT) for Choroidal Vescular Conditions Specially Medication Administration Ste of Care  Alembuzumab  Lenyme Replacement Therapy for Lyosoomal Storage Disorders Specially Medication Administration Ste of Care Pastisina (Oppatro) Glosostan Specially Medication Administration Ste of Care Bellimumab Specially Medication Administration Ste of Care Bervallounab	Provider Administered Drug Therapy Provider Administered Drug Therapy Influsion Site of Care Influsion Site of Care Influsion Site of Care Provider Administered Drug Therapy Influsion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257  J0129  J0180  J0202  J0221  J0222  J0223  J0490  J0517  J0565	Synagis (palivizumab) Avastin (bevacizumab) Orencia (abatacept) Fabrasyme (agakidase beta) Lemtrada (alemtuzumab) Lumisyme (alglucosidase alfa) Onpatto (patisiran) Givlaari (glycosian) Benlysta (belimumab) Faserra (benralizumab) Zinplava (beziotoxumab)	RXS04 009 OTH093 027 OTH093 027 OTH093 017 OTH093 015 RXS01 113 RXS01 096	Respiratory Syncystal Virus (RSV) Immunoprophylaxis Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Chorodal Vascular Coordinors Photodynamic Therapy (POT) for Chronical Neovascularisation (CNV) Abatacapy  Abatacapy  Socially Medication Administration Site of Care Enzyme-Replacement Therapy for Lyososmal Storage Disorders Specially Medication Administration Site of Care Alemtuzumab  Enzyme-Replacement Therapy for Lyososmal Storage Disorders Specially Medication Administration Site of Care Photoing (Ongotta)  Specially Medication Administration Site of Care Photoing (Ongotta)  Grossian  Specially Medication Administration Site of Care  Bedimumab  Specially Medication Administration Site of Care  Bedictionumab	Provider Administered Drug Therapy Provider Administered Drug Therapy Influsion Site of Care Influsion Site of Care Influsion Site of Care Provider Administered Drug Therapy Influsion Site of Care Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257  J0129  J0180  J0202  J0221  J0222  J0223  J0490  J0567	Synagis (palivizumab) Avastin (bevacizumab) Orencia (abatacept) Fabrasyme (agaksidase beta) Lemtrada (alemtzumab) Lumizyme (alglucosidase alfa) Onpatto (patisiran) Gilvlaari (glycosidan) Benlykta (belimumab) Faserra (belimumab) Zinplava (beziotoxumab) Brineura (cerliponase alfa)	RXS04 009 OTH093.027 OTH093.027 OTH093.015 RXS01.13 RXS01.096 RXS01.067 RXS01.077 RXS01.076 RXS01.066 RXS01.066 RXS01.066 RXS01.068	Respiratory Syncystal Virus (RSV) Immunoprophylaxis Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Chorodal Vascular Conditions Photodynamic Therapy (POT) for Chronical Neovascularisation (CNV) Abatacapy  Abatacapy  Sociality Medication Administration Site of Care  Engyme-Replacement Therapy for Lyosomal Storage Disorders  Speciality Medication Administration Site of Care  Alemtuzumab  Engyme-Replacement Therapy for Lyosomal Storage Disorders  Speciality Medication Administration Site of Care  Balleturnah  Speciality Medication Administration Site of Care	Provider Administered Drug Therapy  Provider Administered Drug Therapy  Influsion Site of Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257  J0129  J0180  J0202  J0221  J0222  J0223  J0490  J0567	Synagis (palivizumab) Avastin (bevacizumab) Orencia (abatacept) Fabrasyme (agakidase beta) Lemtrada (alemtuzumab) Lumisyme (alglucosidase alfa) Onpatto (patisiran) Givlaari (glycosian) Benlysta (belimumab) Faserra (benralizumab) Zinplava (beziotoxumab)	RXS04.009 OTH903.027 OTH903.027 OTH903.027 OTH903.015 RXS01.113 RXS01.096 RXS01.067 RXS01.067 RXS01.067 RXS01.096 RXS01.096 RXS01.096 RXS01.096 RXS01.096 RXS01.096 RXS01.096 RXS01.096 RXS01.097 RXS01.096 RXS01.096 RXS01.097 RXS01.096 RXS01.097 RXS01.096 RXS01.097 RXS01.097 RXS01.097 RXS01.097 RXS01.098 RXS01.098	Respiratory Syncytial Virus (RSV) Immunoprophylausis Intravitreal Angiogenesis inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis inhibitors for Chrorodal Vascular Conditions Photodynamic Therapy (PDT) for Chrodal Nevolarcularization (CNV) Abatacept Societish Medication Administration Site of Care Enryme-Replacement Therapy for Lyosomal Storage Disorders Societish Medication Administration Site of Care Alemtuzumab Ensyme-Replacement Therapy for Lyosomal Storage Disorders Societish Medication Administration Site of Care Alemtuzumab Ensyme-Replacement Therapy for Lyosomal Storage Disorders Societish Medication Administration Site of Care Patiental (Daptitus) Glosorian Glosorian Glosorian Societish Medication Administration Site of Care Bedimumab Societish Medication Administration Site of Care Berralizumab Societish Medication Administration Site of Care Bediotoxumab Carliponase alfa Burosumab Vascularian Stee of Care Bediotoxumab Societish Medication Administration Site of Care	Provider Administered Drug Therapy Provider Administered Drug Therapy Influsion Site of Care Influsion Site of Care Influsion Site of Care Provider Administered Drug Therapy Influsion Site of Care Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257  J0129  J0180  J0202  J0221  J0221  J0223  J0490  J0517  J0565  J0567	Synagis (palivizumab) Avastin (bevacizumab) Orencia (abatacept) Fabrasyme (agaksidase beta) Lemtrada (alemtzumab) Lumizyme (alglucosidase alfa) Onpatto (patisiran) Gilvlaari (glycosidan) Benlykta (belimumab) Faserra (belimumab) Zinplava (beziotoxumab) Brineura (cerliponase alfa)	RXS04 009 OTH003.027 OTH003.027 OTH003.027 OTH003.015 RXS01.113 RXS01.056 RXS01.066 RXS01.067 RXS01.077 RXS01.096 RXS01.096 RXS01.096 RXS01.096 RXS01.096 RXS01.096 RXS01.096 RXS01.096 RXS01.097 RXS01.096	Respiratory Syncytial Virus (RSV) Immunoprophylasis  Intravirus Angiogenesis Inhibitors for Retinal Vascular Disorders  Intravirus Angiogenesis Inhibitors for Chronical Vascular Conditions  Photodynamic Therapy (PD1) for Choroldal Nacular Conditions  Photodynamic Therapy (PD1) for Choroldal Neuvascularitation (CNV)  Abstracept  Specially Medication Administration Site of Care  Enzyme-Replacement Therapy for Lyosoomal Storage Disorders  Specially Medication Administration Site of Care  Alembuzumab  Enzyme-Replacement Therapy for Lyosoomal Storage Disorders  Specially Medication Administration Site of Care  Specially Medication Administration Site of Care  Grovaran  Specially Medication Administration Site of Care  Beliniumab  Cerisponase alfa  Burosumab twas  Specially Medication Administration Site of Care  Burosumab twas  Specially Medication Administration Site of Care  Burosumab twas  Specially Medication Administration Site of Care  Butalium Toxin  Treatment of Hyperhidirosis	Provider Administered Drug Therapy  Provider Administered Drug Therapy  Influsion Site of Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257  J0129  J0180  J0202  J0221  J0221  J0223  J0490  J0517  J0565  J0567	Synagis (palivizumab) Avastin (bevacizumab) Orencia (abatacept) Fabrasyme (agakidase beta) Lemtrada (alemtuzumab) Lumizyme (alglucosidase alfa) Onpatto (patisiran) Givlaari (glycosidan) Benlysta (belimumab) Faserra (benralizumab) Zinplava (beziotoxumab) Brineura (certiponase alfa) Crysvita (burosumab-stvza)	RXS04 009 OTH003 027 OTH003 027 OTH003 027 OTH003 027 OTH003 027 RXS01 113 RXS01 096 RXS01 096 RXS01 097 RXS01 097 RXS01 098 RXS01 099 R	Respiratory Syncystal Virus (RSV) Immunoprophylabis Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Chorodel Vascular Closroders Intravitreal Angiogenesis Inhibitors for Chorodel Vascular Closroders Intravitreal Angiogenesis Inhibitors for Chorodel Vascular Closroders Intravitreal Angiogenesis Inhibitors for Care Intravitation Angiogenesis Vascular Closroders Saccially Medication Administration Stre of Care Intraview Replacement Therapy for Insposomal Storage Disorders Specially Medication Administration Stre of Care Intraview Replacement Therapy for Insposomal Storage Disorders Specially Medication Administration Stre of Care Patislian (Oppatro) Giostran Specially Medication Administration Stre of Care Berlinumab Specially Medication Administration Stre of Care Bootulum Toxin Medication Administration Stre of Care	Provider Administered Drug Therapy  Provider Administered Drug Therapy  Influsion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257  J0129  J0180  J0202  J0221  J0222  J0223  J0490  J0517  J0565  J0567  J0584  J0586	Synagis (palivizumab)  Avastin (bevacizumab)  Orencia (abatacept)  Fabrasyme (agaksidase beta)  Lemtrada (alemtuzumab)  Lumizyme (alglucosidase alfa)  Onpatto (patisiran)  Gilvlaari (glycosidase)  Benlyksta (belimumab)  Faserra (berralizumab)  Zinplava (beziotoxumab)  Brineura (erliponase alfa)  Crysvita (burosumab-twza)  Botox (onabotulinumtoxinA)  Dysport (abobotulinumtoxinA)	RXS04 009 OTH903 027 OTH903 027 OTH903 027 OTH903 015 RXS01 113 RXS01 096 RXS01 096 RXS01 097 RXS01 097 RXS01 097 RXS01 097 RXS01 098 RXS01 099 RX	Respiratory Syncystal Virus (RSV) Immunoprophylabis intravitreal Angiogenesis inhibitors for Cheroidal Vascular Disorders intravitreal Angiogenesis inhibitors for Choroidal Vascular Closrders intravitreal Angiogenesis inhibitors for Choroidal Vascular Conditions Advanced Angiogenesis inhibitors for Choroidal Vascular Closrderis Saccialty Medication Administration Stre of Care  Express Regiogeneems Therapy for Ignoroimal Storage Disorders Specialty Medication Administration Stre of Care  Alemizzumab  Express Regiogeneems Therapy for Ignoroimal Storage Disorders Specialty Medication Administration Stre of Care Specialty Medication Administration Stre of Care Padisiran (Orpattro) Giostran Specialty Medication Administration Stre of Care Berlinumab Vasca Specialty Medication Administration Stre of Care Bootulum Toxin Medication Administration Stre of Care	Provider Administered Drug Therapy  Provider Administered Drug Therapy  Influsion Site of Care  Provider Administered Drug Therapy  Influsion Site of Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257 J0129 J0180 J0202 J0221 J0222 J0223 J0490 J0517 J0565 J0567 J0584 J0585 J0586 J0587	Synagis (palivizumab) Avastin (bevacizumab) Orencia (abatacept) Fabrasyme (agakidase beta) Lemtrada (alemtuzumab) Lumizyme (alglucosidase alfa) Onpatto (patisiran) Givlaari (glycosidase alfa) Onpatto (patisiran) Benlysta (belimumab) Faserra (benralizumab) Zinplava (beziotoxumab) Brineura (ceriponase alfa) Crysvita (burosumab-twza) Botox (onabotulinumtoxinA) Dysport (abobotulinumtoxinA) Myobioc (rimabotulinumtoxinB)	RXSO4.099 GTH981.017 GTH981.017 GTH981.010 G	Respiratory Syncytial Virus (RSV) Immunoprophylasis  Intravirus Angiogenesis Inhibitors for Retnal Vascular Osorders  Intravirus Angiogenesis Inhibitors for Central Vascular Osorders  Intravirus Angiogenesis Inhibitors for Controllar National Conditions  Photodynamic Therapy (PDT) for Choroldal Nacional Conditions  Photodynamic Therapy (PDT) for Choroldal Neuvascularitation (CNV)  Abstracept  Specially Medication Administration Ste of Care  Remyne-Replacement Therapy for Lyosoomal Storage Disorders  Specially Medication Administration Ste of Care  Specially Medication Administration Ste of Care  Patisiran (Onpattro)  Grostran  Specially Medication Administration Ste of Care  Bellinumab  Cerisponase alfa  Burosumab-twas  Burosumab-twas  Boulalmum Towin  Treatment of Hyperhidrosis  Botullmum Towin  Treatment of Hyperhidrosis  Botulmum Towin  Treatment of Hyperhidrosis	Provider Administered Drug Therapy  Provider Administered Drug Therapy  Influsion Site of Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Influsion Site of Care  Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257 J0129 J0180 J0202 J0221 J0222 J0223 J0490 J0517 J0565 J0567 J0584 J0585 J0586 J0587	Synagis (palivizumab)  Avastin (bevacizumab)  Orencia (abatacept)  Fabrasyme (agaksidase beta)  Lemtrada (alemtuzumab)  Lumizyme (alglucosidase alfa)  Onpatto (patisiran)  Gilvlaari (glycosidase)  Benlyksta (belimumab)  Faserra (berralizumab)  Zinplava (beziotoxumab)  Brineura (erliponase alfa)  Crysvita (burosumab-twza)  Botox (onabotulinumtoxinA)  Dysport (abobotulinumtoxinA)	RXS04 009 OTH903 027 OTH903 027 OTH903 027 OTH903 015 RXS01 113 RXS01 096 RXS01 096 RXS01 097 RXS01 097 RXS01 097 RXS01 097 RXS01 098 RXS01 099 RX	Respiratory Syncystal Virus (RSV) Immunoprophylabis intravitreal Angiogenesis inhibitors for Cheroidal Vascular Disorders intravitreal Angiogenesis inhibitors for Choroidal Vascular Closrders intravitreal Angiogenesis inhibitors for Choroidal Vascular Conditions Advanced Angiogenesis inhibitors for Choroidal Vascular Closrderis Saccialty Medication Administration Stre of Care  Express Regiogeneems Therapy for Ignoroimal Storage Disorders Specialty Medication Administration Stre of Care  Alemizzumab  Express Regiogeneems Therapy for Ignoroimal Storage Disorders Specialty Medication Administration Stre of Care Specialty Medication Administration Stre of Care Padisiran (Orpattro) Giostran Specialty Medication Administration Stre of Care Berlinumab Vasca Specialty Medication Administration Stre of Care Bootulum Toxin Medication Administration Stre of Care	Provider Administered Drug Therapy  Provider Administered Drug Therapy  Influsion Site of Care  Provider Administered Drug Therapy  Influsion Site of Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257 J0129 J0180 J0202 J0221 J0222 J0223 J0490 J0557 J0565 J0567 J0584 J0585 J0586 J0587 J0588	Synagis (palivizumab) Avastin (bevacizumab) Orencia (abatacept) Fabrasyme (agakidase beta) Lemtrada (alemtuzumab) Lumizyme (alglucosidase alfa) Onpatto (patisiran) Givlaari (glycosidase alfa) Onpatto (patisiran) Benlysta (belimumab) Faserra (benralizumab) Zinplava (beziotoxumab) Brineura (ceriponase alfa) Crysvita (burosumab-twza) Botox (onabotulinumtoxinA) Dysport (abobotulinumtoxinA) Myobioc (rimabotulinumtoxinB)	RXSO4 009 OTH903 027 OTH903 027 OTH903 027 OTH903 025 O	Respiratory Syncytial Virus (RSV) Immunoprophylabis Intrastration Angiogenesis Inhibitors for Retinal Vascular Disorders Intrastration Angiogenesis Inhibitors for Retinal Vascular Disorders Intrastration Angiogenesis Inhibitors for Chronical Vasualus Conditions Photodynamic Therapy (PDT) for Choroidal Neutocome Photodynamic Therapy (PDT) for Choroidal Neutocome Photodynamic Therapy (PDT) for Choroidal Neutocome Specially Medication Administration Ste of Care  Alembuzumab  Specially Medication Administration Ste of Care  Specially Medication Administration Ste of Care  Patisiran (Dopattro) Gloostran Specially Medication Administration Ste of Care  Bellimumab Specially Medication Administration Ste of Care  Bellimumab Specially Medication Administration Ste of Care Bellimumab Specially Medication Administration Ste of Care Bellimumab Specially Medication Administration Ste of Care Bellimumab Specially Medication Administration Ste of Care Bellimumab Specially Medication Administration Ste of Care Bellimumab Specially Medication Administration Ste of Care Bellimumab Specially Medication Administration Ste of Care Bellimumab Specially Medication Administration Ste of Care Boutinum Toon Treatment of Hyperhidrosis Boutinum Toon Treatment of Hyperhidrosis Treatment of Hyperhidrosis Routinum Toon Routinum	Provider Administered Drug Therapy  Provider Administered Drug Therapy  Influsion Site of Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Influsion Site of Care  Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257  J0129  J0180  J0202  J0221  J0223  J0490  J0517  J0565  J0567  J0584  J0585  J0586  J0587  J0588	Synagis (palivizumab) Avastin (bevacizumab) O'rencia (abatacept) Fabrazyme (agakidase beta) Lemtrada (alemuzumab) Lumizyme (agikucoidase alfa) O'npattro (patisiran) Girldani (gilyuosidan) Benlysta (belimumab) Faserra (berralizumab) Zinplava (beziotoxumab) Brineura (cerliponase alfa) Crysvita (burosumab-tvza) Botox (orabotulinumtoxinA) Dysport (ababotulinumtoxinA) Myobloc (rimabotulinumtoxinA)	RXS04 009 OTH003.027 OTH003.027 OTH003.027 OTH003.027 OTH003.027 OTH003.027 RXS01.135 RXS01.136 RXS01.066 RXS01.067 RXS01.067 RXS01.067 RXS01.067 RXS01.098 RXS01.091	Respiratory Syncystal Virus (RSV) Immunoprophylabis intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders intravitreal Angiogenesis Inhibitors for Chorodal Vascular Closrders intravitreal Angiogenesis Inhibitors for Chorodal Vascular Closrders intravitreal Angiogenesis Inhibitors for Chorodal Vascular Closrditions Medication Administration Street of Care Express Replacement Therapy for Lynosomal Storage Disorders Specially Medication Administration Street of Care Alembrazumab Express Replacement Therapy for Lynosomal Storage Disorders Specially Medication Administration Street of Care Specially Medication Administration Street of Care Specially Medication Administration Street of Care Padisiran (Oppathro) Giosciara Specially Medication Administration Street of Care Berlinumab Specially Medication Administration Street of Care Bediotoxumab Cerliponase alfa Burosumab 1xvas Specially Medication Administration Street of Care Bodulinum Tooin Treatment of Hyperhidrosis Treatment of Hyperhidro	Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257 J0129 J0180 J0202 J0221 J0221 J0223 J02490 J0557 J0565 J0567 J0584 J0588 J0588 J0598	Synagis (palivizumab) Avastin (bevacizumab) O'rencia (abatacept) Fabrazyme (agakidase beta) Lemtrada (alemuzumab) Lumizyme (agikucoidase alfa) O'npattro (patisiran) Girldani (gilyuosidan) Benlysta (belimumab) Faserra (berralizumab) Zinplava (beziotoxumab) Brineura (cerliponase alfa) Crysvita (burosumab-tvza) Botox (orabotulinumtoxinA) Dysport (ababotulinumtoxinA) Myobloc (rimabotulinumtoxinA)	RXSO4.099  OTHERALDAY OTHERALDAY OTHERALDAY OTHERALDAY OTHERALDAY RXSO1.096  RXSO1.097  RXSO1.096  RXSO1.097  RXSO1.096  RXSO1.096  RXSO1.097  RXSO1.096  RXSO1.096  RXSO1.096  RXSO1.096  RXSO1.096  RXSO1.097  RXSO1.098  RXSO1.098  RXSO1.098  RXSO1.098  RXSO1.098  RXSO1.098  RXSO1.098  RXSO1.098  RXSO1.098  RXSO1.091  RXSO1.098  RXSO1.091	Respiratory Syncytial Virus (RSV) Immunoprophylabis Intravirual Angiogenesis Inhibitors for Retnal Vascular Disorders Intravirual Angiogenesis Inhibitors for Retnal Vascular Disorders Intravirual Angiogenesis Inhibitors for Chronical Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neutory Conditions Photodynamic Therapy (PDT) for Choroidal Neuvascularization (CNV) Asstatecept Specially Medication Administration Ste of Care  Alemtuzumab  Alemtu	Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257 J0129 J0180 J0202 J0221 J0221 J0223 J02490 J0557 J0565 J0567 J0584 J0586 J0587 J0588 J0598 J0598	Synagis (palivizumab) Avastin (bevacizumab) O'rencia (abatacept) Fabrazyme (agakidase beta) Lemtrada (alemtuzumab) Lumizyme (algiucosidase alfa) O'npatto (patisiran) Gildara (igivosiran) Benlysta (belimumab) Fasenra (bernatizumab) Zinplava (beziotoxumab) Erineura (cerliponase alfa) Crysvita (burosumab-twza) Botox (onabotulinumtoxinA) Dysport (abbotulinumtoxinA) Myobioc (rimabotulinumtoxinA) Xeomin (incobotulinumtoxinA)	RXSO4.099  GT#901.037  GT#901.037  GT#903.030  GT#903.030  GT#903.030  RXS01.031  RXS01.096  RXS01.096  RXS01.096  RXS01.096  RXS01.096  RXS01.096  RXS01.096  RXS01.096  RXS01.096  RXS01.098  RXS01.096  RXS01.098	Respiratory Syncytial Virus (RSV) Immunoprophylabis Intravirual Angiogenesis Inhibitors for Retnal Vascular Disorders Intravirual Angiogenesis Inhibitors for Retnal Vascular Disorders Intravirual Angiogenesis Inhibitors for Netrovial Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neutory Conditions Specially Medication Administration Ste of Care Retnaturumab  Therapy Redication Administration Ste of Care Specially Medication Administration Ste of Care Patisiran (Oppattro) Genostran Specially Medication Administration Ste of Care Retnaturumab  Specially Medication Administration Ste of Care Retnaturumab Specially Medication Administration Ste of Care Retnaturumab Specially Medication Administration Ste of Care Retraillumab Specially Medication Administration Ste of Care Retoribuman Tools Specially Medication Administration Ste of Care Retoribuman Tools Retoribuman Tools Retoribuman Tools Retailment Tools	Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257 J0129 J0180 J0202 J0221 J0221 J0223 J02490 J0557 J0565 J0567 J0584 J0586 J0587 J0588 J0598 J0598 J0638 J0717	Synagis (palivizumab) Avastin (bevacizumab) O'rencia (abatacept) Fabrazyme (agakidase beta) Lemtrada (alemtuzumab) Lumizyme (alglucosidase alfa) O'rpatto (patisiran) Givlant (gloucosidase alfa) O'rpatto (patisiran) Benlysta (belimumab) Fasenra (bernalizumab) Zinplava (beziotoxumab) Brineura (cerliponase alfa) Crysvita (burosumab-twza) Botos (onabotulinumtosinA) Dysport (abobotulinumtosinA) Myobloc (rimabotulinumtosinA) Xeomin (incobotulinumtosinA) Xeomin (incobotulinumtosinA)	RXSO4 009 OTH003 027 OTH003 027 OTH003 027 OTH003 027 OTH003 027 OTH003 027 RXS01 113 RXS01 039 RXS01 039 RXS01 067 RXS01 067 RXS01 067 RXS01 068 RXS01 068 RXS01 068 RXS01 068 RXS01 069 RXS01 070 RXS01 098 RXS01 098 RXS01 098 RXS01 098 RXS01 099	Respiratory Syncytial Virus (RSV) Immunoprophylabis Intrastration Angiogenesis Inhibitors for Retnal Vascular Disorders Intrastration Angiogenesis Inhibitors for Netrolar Vascular Disorders Intrastration Angiogenesis Inhibitors for Netrolar Vascular Conditions Photodynamic Pherapy (PDT) for Choroidal Vascular Conditions Photodynamic Pherapy (PDT) for Choroidal Neuvacularization (CNV) Abstatscer Specially Medication Administration Ste of Care Engyme Replacement Therapy for Lyosoomal Storage Disorders Specially Medication Administration Ste of Care Specially Medication Administration Ste of Care Specially Medication Administration Ste of Care Patisiran (Onpattro) Giovotan Specially Medication Administration Ste of Care Bellomurab Specially Medication Administration Ste of Care Bearalizumab Specially Medication Administration Ste of Care Bealotoxumab Bearalizumab Specially Medication Administration Ste of Care Bealotoxumab Boutinum Tools Bo	Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257 J0129 J0180 J0202 J0221 J0221 J0223 J02490 J0557 J0565 J0567 J0584 J0586 J0587 J0588 J0598 J0598 J0638 J0717	Synagis (palivizumab)  Avastin (bevacizumab)  Orencia (abatacept)  Fabraryme (agaksidase beta)  Lemtrada (alemtzumab)  Lumizyme (algiucosidase alfa)  Onpatto (patisiran)  Gilvasri (gibussiran)  Benlysta (belinumab)  Faserra (bernalizumab)  Zinplava (beolotoxumab)  Brineura (cerliponase alfa)  Crysvita (burossumab-twza)  Botox (onabtulinumtoxinA)  Dysport (abobotulinumtoxinA)  Myobloc (rimabtulinumtoxinA)  Linyize (C1 esterase inhibitor)  Ilaris (canakinumab)  Cimsia (certolizumab pegol)	RX504 009 OTH003.027 OTH003.027 OTH003.027 OTH003.027 OTH003.027 OTH003.027 OTH003.027 RX501.135 RX501.136 RX501.066 RX501.067 RX501.067 RX501.067 RX501.067 RX501.071 RX501.096 RX501.091 RX501.096 RX501.102 RX501.096 RX501.103 RX501.096 RX501.096 RX501.091 RX501.096 RX501.091 RX501.096 RX501.096 RX501.191 RX500.096 RX501.191 RX500.096 RX501.073	Respiratory Syncystal Virus (RSV) Immunoprophylabis intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders intravitreal Angiogenesis Inhibitors for Chorodal Vascular Closridisms intravitreal Angiogenesis Inhibitors for Care  Roppine Replacement Inexpp (Port) for Chorodal Nevarescularization (NIV) Abacisms  Specially Medication Administration Sits of Care  Bellowana Specially Medication Administration Sits of Care  Bellowana Specially Medication Administration Sits of Care  Bernalization Specially Medication Administration Sits of Care  Bernalization Specially Medication Administration Sits of Care  Beotocoximab  Cerliponase alfa Buroumab Evara Specially Medication Administration Sits of Care  Beotocoximab  Cerliponase alfa Buroumab Evara Specially Medication Administration Sits of Care  Bodulium Tooin Treatment of Hyperhidrosis Bodulium Tooin Treatment of Hyperhidrosis Bodulium Tooin Treatment of Hyperhidrosis Management of Herefitary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecaliantide Specially Medication Administration Sits of Care  Consistance Consistance Consistance Consistance Consistance Specially Medication Administration Sits of Care  Consistance Co	Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care  Provider Administered Drug Therapy  Infusion Site of Care  Infusion Site of Care  Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257 J0129 J0180 J0202 J0221 J0221 J0223 J02490 J0557 J0565 J0567 J0584 J0586 J0587 J0588 J0598 J0598 J0638 J0717	Synagis (galivizumab)  Avastin (bevacizumab)  Orencia (abatacept)  Fabrazyme (agalsidase beta)  Lemtrada (alemtuzumab)  Lumizyme (alglucosidase alfa)  Orepatro (patisiran)  Givlaari (givcosidase alfa)  Orepatro (patisiran)  Benlysta (belimumab)  Fasenra (bernalizumab)  Zinghava (belotosumab)  Brineura (certiponase alfa)  Crysvita (burosuma-b-wza)  Botos (onabotulinumtosinA)  Dysport (abobotulinumtosinA)  Myobioc (rimabotulinumtosinA)  Keomin (incobotulinumtosinA)  Cinnyze (C1 esterase inhibitor)  fiaris (canakinumab)  Cimzia (certolizumab pegol)  Xifaris (colasigenase, clostridium	RXSO4 009 OTH003 027 OTH003 027 OTH003 027 OTH003 027 OTH003 027 OTH003 027 RXS01 113 RXS01 039 RXS01 039 RXS01 067 RXS01 067 RXS01 067 RXS01 068 RXS01 068 RXS01 068 RXS01 068 RXS01 069 RXS01 070 RXS01 098 RXS01 098 RXS01 098 RXS01 098 RXS01 099	Respiratory Syncytial Virus (RSV) Immunoprophylabis Intrastration Angiogenesis Inhibitors for Retnal Vascular Disorders Intrastration Angiogenesis Inhibitors for Netrolar Vascular Disorders Intrastration Angiogenesis Inhibitors for Netrolar Vascular Conditions Photodynamic Pherapy (PDT) for Choroidal Vascular Conditions Photodynamic Pherapy (PDT) for Choroidal Neuvacularization (CNV) Abstatscer Specially Medication Administration Ste of Care Engyme Replacement Therapy for Lyosoomal Storage Disorders Specially Medication Administration Ste of Care Specially Medication Administration Ste of Care Specially Medication Administration Ste of Care Patisiran (Onpattro) Giovotan Specially Medication Administration Ste of Care Bellomurab Specially Medication Administration Ste of Care Bearalizumab Specially Medication Administration Ste of Care Bealotoxumab Bearalizumab Specially Medication Administration Ste of Care Bealotoxumab Boutinum Tools Bo	Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257 J0129 J0180 J0202 J0221 J0221 J0223 J02490 J0557 J0565 J0567 J0584 J0587 J0588 J0587 J0588 J0588 J0717 J0775 J0771	Synagis (palivizumab) Avastin (bevacizumab) Orencia (abatacept) Fabrazyme (agakidase beta) Lemtrada (alemtuzumab) Lumizyme (algiucosidase alfa) Orpatro (patisiran) Gildari (glyucosidase alfa) Orpatro (patisiran) Benlysta (belimumab) Fasenra (bernatizumab) Zinplava (beziotoxumab) Zinplava (beziotoxumab) Zinplava (beziotoxumab) Drineura (cerliponase alfa) Crysvita (burosumab-twza) Botox (onabotulinumtoxinA) Dysport (abbotulinumtoxinA) Dysport (abbotulinumtoxinA) Cinryze (C1 esterase inhibitor) Laris (canakinumab) Limzia (erolizumab pegol) Zidziec (collagenase, clostridium	RXS04.099 OTH903.027 OTH903.027 OTH903.027 OTH903.020 OTH903.020 OTH903.025 O	Respiratory Syncytial Virus (RSV) Immunoprophylabis Intravirual Angiogenesis Inhibitors for Retinal Vascular Disorders Intravirual Angiogenesis Inhibitors for Nethral Vascular Disorders Intravirual Angiogenesis Inhibitors for Nethral Vascular Disorders Inhibitory Angiogenesis Inhibitors for Nethral Vascular Disorders Inhibitory Angiogenesis Inhibitors for Controllar Nethral Part (Inhibitory Angiogenesis Inhibitory Nethral Part (Inhibitory Net	Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257 J0129 J0180 J0202 J0221 J0221 J0223 J0490 J0517 J0565 J0584 J0585 J0586 J0587 J0588 J0598 J0638 J0717 J0775 J0791 J0888	Synagis (palivizumab) Avastin (bevacizumab) Orencia (abatacept) Fabrazyme (agakisiase beta) Lemtrada (alemtuzumab) Lumizyme (algiucosidase alfa) Orpattro (patisiran) Givlaari (givcosidas) Benlysta (belimumab) Fasenra (bernalizumab) Zinplava (belotosumab) Benlysta (belimumab) Orysytta (burosumab-bwza) Botos (orabotulinumtosina) Dysport (abobotulinumtosina) Dysport (abobotulinumtosina) Crysytta (burosumab-bwza) Botos (orabotulinumtosina) Crysytta (burosumab-bwza) Botos (orabotulinumtosina) Cinryia (ci esterase inhibitor) Ilaris (canakinumab) Liris (canakinumab)	RXSO4 009 OTH-003 027 OTH-003	Respiratory Syncytial Virus (RSV) Immunoprophylabis intravitreal Angiogenesis inhibitors for Retinal Vascular Closciders intravitreal Angiogenesis inhibitors for Choroidal Vascular Closciders intravitreal Angiogenesis inhibitors for Choroidal Vascular Conditions intravitreal Angiogenesis inhibitors for Choroidal Vascular Conditions intravitation for the Perspiration of Care Specially Medication Administration Sits of Care Express Replacement Therapy for Jonosomal Storage Disorders Specially Medication Administration Sits of Care Bellimuma Specially Medication Administration Sits of Care Bellimuma Specially Medication Administration Sits of Care Beachtoxumab  Cerliponase alfa Burosumab-Evas Specially Medication Administration Sits of Care Beachtoxumab  Cerliponase alfa Burosumab-Evas Specially Medication Administration Sits of Care Bodiulium Tooin Treatment of Hyperhidrosis Bodiulium Tooin Rodulium	Provider Administered Drug Therapy Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257 J0129 J0180 J0202 J0221 J0221 J0223 J02490 J0557 J0565 J0567 J0584 J0587 J0588 J0587 J0588 J0588 J0717 J0775 J0771	Synagis (palivizumab) Avastin (bevacizumab) Orencia (abatacept) Fabrazyme (agakidase beta) Lemtrada (alemtuzumab) Lumizyme (agiducosidase alfa) Orpatto (patisiran) Gidvari (givosiran) Benlysta (belimumab) Fasenra (bernatizumab) Zinplava (beziotoxumab) Zinplava (beziotoxumab) Zinplava (beziotoxumab) Dotox (orabotulinumtoxinA) Dysport (ababotulinumtoxinA) Dysport (ababotulinumtoxinA) Cinryze (C1 esterase inhibitor) Laris (canakinumab) Laris (canakinumab) Limzia (canaki	RXS04 009 OTH003 027 OTH003 027 OTH003 027 OTH003 027 OTH003 027 OTH003 027 RXS01 113 RXS01 036	Respiratory Syncytial Virus (RSV) Immunoprophylabis Intrastration Angiogenesis Inhibitors for Retnal Vascular Disorders Intrastration Angiogenesis Inhibitors for Centrolal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neuvascularization (CNV) Abstatscer Specially Medication Administration Ste of Care Engyme Replacement Therapy for Lyosoomal Storage Disorders Specially Medication Administration Ste of Care Specially Medication Administration Ste of Care Specially Medication Administration Ste of Care Patisiran (Onpattro) Giovotan Specially Medication Administration Ste of Care Bellomurab Specially Medication Administration Ste of Care Bellomurab Specially Medication Administration Ste of Care Beal Constantian Specially Medication Administration Ste of Care Bootulum Toon Treatment of Hyperhidrosis Bootulum Toon Toon Treatment of Hyperhidrosis Bootulum T	Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through BCBSNM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257 J0129 J0180 J0202 J0221 J0221 J0223 J0490 J0565 J0567 J0565 J0586 J0587 J0588 J0588 J0717 J0775 J0791 J0888 J1290	Synagis (palivizumab) Avastin (bevacizumab) Orencia (abatacept) Fabrazyme (agakisiase beta) Lemtrada (alemtuzumab) Lumizyme (algiucosidase alfa) Orpattro (patisiran) Givlaari (givcosidas) Benlysta (belimumab) Fasenra (bernalizumab) Zinplava (belotosumab) Benlysta (belimumab) Orysytta (burosumab-bwza) Botos (orabotulinumtosina) Dysport (abobotulinumtosina) Dysport (abobotulinumtosina) Crysytta (burosumab-bwza) Botos (orabotulinumtosina) Crysytta (burosumab-bwza) Botos (orabotulinumtosina) Cinryia (ci esterase inhibitor) Ilaris (canakinumab) Liris (canakinumab)	RXSO4.099 GT#601.037 GT#601.037 GT#601.030 GT#601.030 GT#601.030 GT#601.030 GT#601.030 GT#601.030 GT#601.031 GXS01.096 RXS01.096	Respiratory Syncytial Virus (RSV) Immunoprophylabis Intravirual Angiogenesis Inhibitors for Retnal Vascular Osorders Intravirual Angiogenesis Inhibitors for Retnal Vascular Osorders Intravirual Angiogenesis Inhibitors for Controllar National Conditions Photodynamic Therapy (PDT) for Choroidal Nacional Conditions Specially Medication Administration Ste of Care  Alembraumab  Alembraumab  Alembraumab  Specially Medication Administration Ste of Care  Patisiran (Oppattro)  Grossfan  Specially Medication Administration Ste of Care  Retinumab  Specially Medication Administration Ste of Care  Bellmumab  Specially Medication Administration Ste of Care  Bellotoxumab  Cerisponase alfa  Brownian breas  Specially Medication Administration Ste of Care  Bellotoxumab  Brownian breas  Specially Medication Administration Ste of Care  Bottalmum Toxin  Treatment of Hyperhidrosis  Bottalmum Toxin  Treatment of Hyperhidrosis  Bottalmum Toxin  Treatment of Hyperhidrosis  Management of Nervettary Agioedema (NAE) with C1 Esterase Inhibitor, Human and Ecallantide  Specially Medication Administration Ste of Care  Cortolizumab Preci Simulating Agents (EAS)  Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide	Provider Administered Drug Therapy Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care Provider Administered Drug Therapy Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through BCBSNM.

3/5

	1		RX501.095	Edarayone	T	Г
Medical Infusion / Specialty Drug	J1301	Radicava (edaravone)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J1303	Ultomiris (ravulizumab-cwvz)	RX501.107 RX501.096	Ravulizumab-cwvz Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J1322	Vimizim (elosulfase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
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 BCBSNM.
Medical Infusion / Specialty Drug	J1428	Exondys 51 (eteplirsen)	RX501.084	Eteplirsen	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J1458	Naglazyme (galsulfase)	RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J1562	Vivaglobin (immune globulin	RX501.096 RX504.003	Specialty Medication Administration Site of Care  Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
, , , , , ,		subcutaneous)	RX501.112	Golimumab		
Medical Infusion / Specialty Drug	J1602	Simponi Aria (golimumab)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J1675	histrelin acetate	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
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 BCBSNM.
Medical Infusion / Specialty Drug	J1743	Elaprase (idursulfase)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J1745	Remicade (infliximab)	THE801.028 RX501.051	Acne Management Infliximab and Associated Biosimilars	Infusion Site of Care	Prior Authorization required through BCBSNM.
,,		,,	RX501.096 RX501.099	Specialty Medication Administration Site of Care Ibalizumab-ulyk		9
Medical Infusion / Specialty Drug	J1746	Trogarzo (ibalizumab-uiyk)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J1786	Cerezyme (imiglucerase)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J1931	Aldurazyme (laronidase)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J1950	Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
medical illusion / specialty brug	11930	suspension, per 3.75 mg)			Provider Administered Grug Therapy	Phot Authorization required through BCBSHW.
Medical Infusion / Specialty Drug	J2182	Nucala (mepolizumab)	RX501.080 RX501.096	Mepolizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J2278	Prialt (ziconotide)	RX501.060	Ziconotide	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J2323	Tysabri (natalizumab)	RX501.059 RX501.096	Natalizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J2326	Spinraza (nusinersen)	RX501.086	Nusinersen	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			RX501.085	Ocrelizumab	- ''	
Medical Infusion / Specialty Drug	J2350	Ocrevus (ocrelizumab)	RX501.096 RX501.058	Specialty Medication Administration Site of Care Omalizumab	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J2357	Xolair (omalizumab)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J2502	Signifor LAR (pasireotide)	RX501.079	Pasireotide	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J2507	Krystexxa (pegloticase)	RX501.120 RX501.096	Pegloticase Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J2562	Mozobil (plerixafor)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J2786	Cinqair (reslizumab)	RX501.083 RX501.096	Resilzumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J2840	Kanuma (sebelipase alfa)	RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBSNM.
, , , , , ,	J2941		RX501.096	Specialty Medication Administration Site of Care		
Medical Infusion / Specialty Drug		Humatrope, Saizen (somatropin)	RX501.040 RX501.124	Human Growth Hormone (GH)  Eptinezumab-jimr	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3032	Vyepti (eptinezumab-jjmr)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3060	Elelyso (taliglucerase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3121	testosterone enanthate	SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3145	Aveed (testosterone undecanoate)	SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3241	Tepezza (teprotumumab-trbw)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3245	llumya (tildrakizumab-asmn)	RX501.110 RX501.096	Teprotumumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
			RX501.123 RX501.096	Tildrakizumab-asmn Specialty Medication Administration Site of Care		
Medical Infusion / Specialty Drug	J3262	Actemra (toclizumab)	RX501.115	Tocilizumab	Infusion Site of Care	Prior Authorization required through BCBSNM.
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 BCBSNM.
Medical Infusion / Specialty Drug	J3315	Trelstar (triptorelin pamoate)	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3358	Stelara (ustekinumab for intravenous	RX501.096 RX501.114	Specialty Medication Administration Site of Care Ustekinumab	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3380	Entyvio (vedolizumab)	RX501.096 RX501.117	Specialty Medication Administration Site of Care Vedolizumab	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3385	Vpriv (velaglucerase alfa)	RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3397		RX501.096 RX501.067	Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBSNM.
		Mepsevii (vestronidase alfa-vjbk)	RX501.096	Specialty Medication Administration Site of Care		
Medical Infusion / Specialty Drug	J3398	Luxturna (voretigene neparvovec-rzyl) Zolgensma (onasemnogene	RX501.098	Gene Therapy for Inherited Retinal Dystrophy	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3399	abeparvovec-xioi)	RX501.104	Onasemnogene Abeparvovec-xioi	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J7178	RiaSTAP (human fibrinogen concentrate)	RX501.072	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
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 BCBSNM.
Medical Infusion / Specialty Drug	J9032	Beleodaq (belinostat)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J9153	Vvxeos (daunorubicin and cytarabine)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug		Firmagon (degarelix)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
, , , , , ,			RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists		
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 BCBSNM.
Medical Infusion / Specialty Drug	J9217	Eligard, Lupron Depot, Lupron Depot- Ped (leuprolide acetate, for depot	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J9218	suspension, 7.5 mg) leuprolide acetate, non depot	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
, , , , , ,						
Medical Infusion / Specialty Drug	J9219	Viadur (leuprolide acetate implant)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists  Openium Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J9225	Vantas (histrelin implant)	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
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 BCBSNM.
Medical Infusion / Specialty Drug	J9295	Portrazza (necitumumab)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J9325	Imlygic (talimogene laherparepvec)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	Q2041	Yescarta (axicabtagene ciloleucel)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
						· · ·
Medical Infusion / Specialty Drug		Kymriah (tisagenlecleucel)	RX502.061 RX501.051	Oncology Medications Infliximab and Associated Biosimilars	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	Q5103	Inflectra (infliximab-dyyb)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	Q5104	Renflexis (infliximab-abda) - NON- PREFERRED	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	Q5109	Ixifi (infliximab-qbtx) - NON- PREFERRED	RX501.051	Infliximab and Associated Biosimilars	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	Q5121	Avsola (infliximab-axxq)	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	S0157	Regranex (becaplermin gel)	RX501.096 RX501.034	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
, , , , , , , , , , , , , , , , , , , ,	<del>                                     </del>	0***/	SUR717.001	Orthopedic Conditions  Gender Assignment Surgery and Gender Reassignment Surgery with Related Services		
Medical Infusion / Specialty Drug	S0189	Testopel (testosterone pellets)	RX501.007	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services  Hormone Replacement Therapies (HRT) Using Implanted Pellets for Women and Delayed Puberty	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
L	<u> </u>		RX501.076	Testosterone Replacement Therapies	<u> </u>	

4/5

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.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSNM. BCBSNM makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

BCBSNM, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.