

## 2022 Specialty Pharmacy Preauthorization Drug List

Updated July 2022 to reference changes that will be effective October 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<sup>SM</sup> (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)  <i>*Trademarks are the property of their respective owners.</i>	Medical Policy Number	Medical Policy Title	Reason for Prior Authorization Requirement** (AIM = Med Oncology & Supportive Care BCBSNM = 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 drug requested has multiple indications. AIM will only review requests for oncology drugs that are supported by an oncology diagnosis. Refer to the Update History / Prior Authorization Delegation Notes for details.	Update History / Delegation Notes*** (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	J1551	Cataquig (Immune Globulin (Human)-hlgp)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J1448	Cocele (Triliciclib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9272	Dostarlimab-galy	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9359	Loncastuximab Tesirine-lpyl	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9061	Ariavintamab-vmjw	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9273	Tisotumab vedotin-tfvy	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9331	Fyarro (sirolimus albumin bound nanoparticles)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	C9095	Kimtrak (tebentafusp-tebn)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	C9098	Carvykti (cilicabtagene autoleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	Q2053	Tecartus (brexucabtagene autoleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	Q2054	Tecartus (brexucabtagene autoleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	Q2055	Abeema (idecabtagene vicleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	C9399	Cataquig (Immune Globulin (Human)-hlgp) Kimtrak (tebentafusp-tebn)	AIM RX501.137 RX501.135 RX501.136 RX501.087 RX501.099 RX504.003 RX501.130 RX501.129	AIM Clinical Guidelines Aducanumab-awva Casimersen Evinacumab-dgnb FDA-Approved Drugs and Biologicals Ibalizumab-uiyk Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Veklury Villogarsen	Medical Oncology & Supportive Care	New Medical Oncology drug Kimtrak added into existing PA code and drug Cataquig remove effective 10/01/2022; 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 BCBS.
Medical Infusion / Specialty Drug	J3490	Cataquig (Immune Globulin (Human)-hlgp) Kimtrak (tebentafusp-tebn)	AIM RX501.137 MED206.001 RX501.135 RX501.063 SUR716.001 RX501.067 RX501.105 RX501.136 RX501.087 RX501.040 RX501.099 RX504.003 OTI903.027 OTI903.020 RX501.080 SUR706.001 RX501.086 RX501.085 RX501.104 RX502.030 MED206.006 MED201.014 RX501.130 RX501.129 RX501.069	AIM Clinical Guidelines Aducanumab-awva Allergy Management Casimersen Compounded Drug Products Cosmetic and Reconstructive Procedures Enzyme-Replacement Therapy for Lysosomal Storage Disorders Esketamine Nasal Spray Evinacumab-dgnb FDA-Approved Drugs and Biologicals Human Growth Hormone (GH) Ibalizumab-uiyk Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Mepolizumab Nasal and Sinus Surgery Nusinersen Ocrelizumab Onasemnogene Apeparovect-xiol Rituximab and Biosimilars for Non-Oncologic Indications Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy Treatment of Hyperhidrosis Veklury Villogarsen Viscosupplementation for Osteoarthritis	Medical Oncology & Supportive Care	New Medical Oncology drug Kimtrak added into existing PA code and drug Cataquig remove effective 10/01/2022; 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 BCBS.
Medical Infusion / Specialty Drug	J3590	Cataquig (Immune Globulin (Human)-hlgp) Kimtrak (tebentafusp-tebn)	AIM RX501.137 RX501.135 RX501.073 RX501.063 RX501.067 RX501.136 RX501.087 RX501.099 RX504.003 RX501.051 RX501.080 RX501.085 RX501.104 RX501.129	AIM Clinical Guidelines Aducanumab-awva Casimersen Contractile Collagenase for Fibroproliferative Disorders Compounded Drug Products Enzyme-Replacement Therapy for Lysosomal Storage Disorders Evinacumab-dgnb FDA-Approved Drugs and Biologicals Ibalizumab-uiyk Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Ocrelizumab Infliximab and Associated Biosimilars Mepolizumab Ocrelizumab Onasemnogene Apeparovect-xiol Villogarsen	Medical Oncology & Supportive Care	New Medical Oncology drug Kimtrak added into existing PA code and drug Cataquig remove effective 10/01/2022; 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 BCBS.
Medical Infusion / Specialty Drug	J9999	Cataquig (Immune Globulin (Human)-hlgp) Kimtrak (tebentafusp-tebn)	AIM MED203.002 RX501.063 RX501.087 RX504.003 RX501.085 RX501.057	AIM Clinical Guidelines Antineoplastic Cancer Therapy Compounded Drug Products FDA-Approved Drugs and Biologicals Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Ocrelizumab Sodium Phenylbutyrate	Medical Oncology & Supportive Care	New Medical Oncology drug Kimtrak added into existing PA code and drug Cataquig remove effective 10/01/2022; 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 BCBS.
Medical Infusion / Specialty Drug	J0897	Injection, denosumab, 1 mg Prolia/Xgeva (Denosumab)	AIM RX501.140	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 BCBS.
Medical Infusion / Specialty Drug	J2505	Neulasta (Pegfilgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Retire effective 04/01/2022.
Medical Infusion / Specialty Drug	J2506	Neulasta Onpro Kit (Pegfilgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 04/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J0881	Non-ESRD, Aranesp (Darbepoetin 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 BCBS.
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 BCBS.
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 BCBS.
Medical Infusion / Specialty Drug	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	AIM RX504.003 RX501.096	AIM Clinical Guidelines Immunglobulin (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 BCBS.

Medical Infusion / Specialty Drug	11554	Asceniv_(Immune Globulin (Human)-sra)	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 BCBS.
Medical Infusion / Specialty Drug	11555	Cuvitra_(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 BCBS.
Medical Infusion / Specialty Drug	11556	Bvigaon_(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 BCBS.
Medical Infusion / Specialty Drug	11557	(Gammaglex_(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 BCBS.
Medical Infusion / Specialty Drug	11558	Xembyfy_(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 BCBS.
Medical Infusion / Specialty Drug	11559	Huentra_(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 BCBS.
Medical Infusion / Specialty Drug	11561	Gamunex/Gamunex-C/Gammaked_(Injection, immune globulin, nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.100	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 BCBS.
Medical Infusion / Specialty Drug	11566	(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 [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 BCBS.
Medical Infusion / Specialty Drug	11568	Octagam_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.102	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 BCBS.
Medical Infusion / Specialty Drug	11569	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	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 BCBS.
Medical Infusion / Specialty Drug	11572	Flabogamma/Flabogamma-DL_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.104	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 BCBS.
Medical Infusion / Specialty Drug	11575	Hyvia_(Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin)	AIM RX504.003 RX501.105	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 BCBS.
Medical Infusion / Specialty Drug	11599	(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 BCBS.
Medical Infusion / Specialty Drug	19035	Avastin_(Bevacizumab)	AIM OTH903.027 OTH903.020 OTH903.015	AIM Clinical Guidelines Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	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 BCBS.
Medical Infusion / Specialty Drug	19311	Rituxan-Hycela_(Rituximab Hyaluronidase)	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 BCBS.
Medical Infusion / Specialty Drug	19312	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 BCBS.
Medical Infusion / Specialty Drug	Q5105	Retacrit_(Epoetin alfa-epbx)	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 BCBS.
Medical Infusion / Specialty Drug	Q5106	Retacrit_(Epoetin alfa-epbx)	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 BCBS.
Medical Infusion / Specialty Drug	Q5115	Truxima_(Rituximab-abbs)	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 BCBS.
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	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 BCBS.
Medical Infusion / Specialty Drug	Q5123	Riabni_(Rituximab-arr)	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 BCBS.
Medical Infusion / Specialty Drug	10641	Fusilev_(Levoleucovorin Calcium)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	10642	Khazory_(Levoleucovorin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	10896	Reblozyl_(Luspatercept-aamt)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	11442	Neupogen_(Filgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	11447	Granx_(Tbo-filgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	12820	Leukine_(Sargramostim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	12860	Sylvant_(Siltuximab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19022	Tecentric_(Atezolizumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19023	Bavencio_(Avelumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19037	Blenrep_(Belantamab mafodotin-bimf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19039	Blinicyto_(Blinatumomab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19042	Adcetris_(Brentuximab vedotin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19043	Jevtana_(Cabazitaxel)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19047	Kyprolis_(Carfilzomib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19055	Eribut_(Cetuximab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19057	Allopa_(Copanlisib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19119	Libtayo_(Cemiplimab-rwc)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19144	Darzalex-Faspro_(Daratumumab-hyaluronidase-fih)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19145	Darzalex_(Daratumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19173	Imfinzi_(Durvalumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19176	Empliciti_(Elotuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19177	Padcev_(Fam-trastuzumab deruxtecan mab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19179	Halaven_(Eribulin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19203	Mylotarg_(Gemtuzumab ozogamicin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19204	Poteligeo_(Mogamulizumab-kpkc)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19205	Onivyde_(irinotecan liposome)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19207	Imempra_(Ixabepilone)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19223	Zepzelca_(Lurbinectedin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19227	Sarclisa_(Isatuximab-ffc)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19228	Yervoy_(Ipilimumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19229	Besponsa_(Inotuzumab ozogamicin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19264	Abraxane_(Paclitaxel protein-bound particles)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19269	Elzonris_(Tagraxofusp-ers)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19271	Keytruda_(Pembrolizumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19281	Jelmtyo_(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	J9303	Vectibix_(Panitumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9306	Perjeta_(Pertuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9308	Cyramza_(Ramucirumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9309	Polivy_(Polatuzumab vedotin-piiq)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9313	Lumoxiti_(Moxetumomab pasudotox-tfdk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9316	Phego_(Pertuzumab-Trastuzumab-Hyaluronidase-zxf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9317	Trodelvy_(Sacituzumab-govitecan)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9348	Danyelza_(Naxitamab-gqgk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9349	Monjuvi_(Tafastamab-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_(Margetaximab-cmbb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9354	Kadcya_(Ado-Trastuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9355	Herceptin_(Trastuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9356	Herceptin Hylecta_(Trastuzumab-hyaluronidase-cytk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9358	Enherio_(Fam-trastuzumab deruxtecan-mek)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2043	Provenge_(Sipuleucel-T)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2049	Doxil/Lipodox_(Doxorubicin liposomal)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2050	Doxil/Lipodox_(Doxorubicin liposomal)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q4081	ESRD, Epogen/Procrit_(Epoetin Alfa)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5101	Zarxio_(Fingolimod-sndz)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5107	Mvasi_(Bevacizumab-awwb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5108	Fulphila_(Pegfilgrastim-jmdb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5110	Nivestym_(Filgrastim-aafj)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5111	Udenyca_(Pegfilgrastim-cbqv)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5112	Ontruzant_(Trastuzumab-dttb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5113	Herzuma_(Trastuzumab-pkrb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5114	Ogivri_(Trastuzumab-dkst)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5116	Trazimera_(Trastuzumab-qypp)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5117	Kanjinti_(Trastuzumab-anns)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5118	Zrabevo_(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-afgf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	90283	IVIg (immune globulin intravenous)	PSY301.014 RX504.003	Autism Spectrum Disorders (ASD) Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	90284	SCIG	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	90378	Synagis (palivizumab)	RX504.009	Respiratory Syncytial Virus (RSV) Immunoprophylaxis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	92957	Avastin (bevacizumab)	OTH903.027 OTH903.020 OTH903.015	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10129	Orenicia (abatcept)	RX501.113 RX501.096	Abatacept Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10180	Fabrazyme (agalsidase beta)	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 BCBS.
Medical Infusion / Specialty Drug	10202	Lemtrada (alemtuzumab)	RX501.077	Alemtuzumab	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10221	Lumizyme (alglucosidase 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 BCBS.
Medical Infusion / Specialty Drug	10222	Onpatro (patisiran)	RX501.102	Specialty Medication Administration Site of Care Patisiran (Onpatro)	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10223	Givlaari (givosiran)	RX501.125 RX501.096	Givosiran Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10490	Belintra (belimumab)	RX501.116 RX501.096	Belimumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10517	Fasenra (benralizumab)	RX501.100 RX501.096	Benralizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10565	Zinplava (bebotomumab)	RX501.093	Bebotomumab	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10567	Brineura (cerliponase alfa)	RX501.092	Cerliponase alfa	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10584	Crysvita (burosumab-twza)	RX502.058 RX501.056	Burosumab-twza Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10585	Botox (onabotulinumtoxinA)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10586	Dysport (abobotulinumtoxinA)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10587	Myobloc (rimabotulinumtoxinB)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10588	Xeomin (incobotulinumtoxinA)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10598	Chinze (C1 esterase inhibitor)	RX504.013 RX501.056	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10638	Ilaris (canakinumab)	RX501.119 RX501.096	Canakinumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10717	Cimzia (certolizumab pegol)	RX501.111 RX501.096	Certolizumab Pegol Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10775	Xiaflex (collagenase, clostridium histolyticum)	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10791	Adakveo (crizanlizumab-tmca)	RX501.126 RX501.096	Crizanlizumab-tmca Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	10888	Mircera (pegylated-epoetin beta)	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	11290	Kalbitor (ecallantide)	RX504.013 RX501.096	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	11300	Soliris (eculizumab)	RX501.066 RX501.096	Eculizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	11301	Radicava (edaravone)	RX501.095 RX501.056	Edaravone Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	11303	Ultomiris (ravulizumab-cwzv)	RX501.107 RX501.096	Ravulizumab-cwzv Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	11322	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 BCBS.
Medical Infusion / Specialty Drug	11325	Floiban, Veletri (epoprostenol)	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	11428	Exondys 51 (etepirlsen)	RX501.084	Eteplirsen	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	11458	Naglazyme (galsulfase)	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 BCBS.
Medical Infusion / Specialty Drug	11562	Vivaglobin (immune globulin subcutaneous)	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCBS.

Medical Infusion / Specialty Drug	J1602	Simponi Aria (golimumab)	RX501.112 RX501.096	Golimumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J1675	histrelin acetate	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
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 BCBS.
Medical Infusion / Specialty Drug	J1743	Elaprase (idarubicin)	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 BCBS.
Medical Infusion / Specialty Drug	J1745	Remicade (infliximab)	TH8001.028 RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J1746	Trogarzo (ibalzumab-uyk)	RX501.099 RX501.096	Ibalzumab-uyk Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J1786	Cerezyme (miglustase)	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 BCBS.
Medical Infusion / Specialty Drug	J1931	Aldurazyme (leronidase)	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 BCBS.
Medical Infusion / Specialty Drug	J1950	Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, pqr 3.75 mg)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
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 BCBS.
Medical Infusion / Specialty Drug	J2278	Prialt (ziconotide)	RX501.060	Ziconotide	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
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 BCBS.
Medical Infusion / Specialty Drug	J2326	Spinraza (nusinersen)	RX501.086	Nusinersen	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J2350	Ocrevus (ocrelizumab)	RX501.085 RX501.096	Ocrelizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J2357	Xolair (omalizumab)	RX501.058 RX501.096	Omalizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J2502	Signifor LAR (pasireotide)	RX501.079	Pasireotide	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J2507	Krysteoa (pegloticase)	RX501.120 RX501.096	Pegloticase Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J2562	Mozobil (plerixafor)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J2786	Cinqair (reslizumab)	RX501.083 RX501.096	Reslizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J2840	Kanuma (sebelipase 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 BCBS.
Medical Infusion / Specialty Drug	J2941	Humatrope, Salzen (somatropin)	RX501.040	Human Growth Hormone (GH)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J3032	Vyepti (eptinezumab-jjmr)	RX501.124 RX501.096	Eptinezumab-jjmr Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J3060	Ekeysto (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 BCBS.
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 BCBS.
Medical Infusion / Specialty Drug	J3145	Avedo (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 BCBS.
Medical Infusion / Specialty Drug	J3241	Tepezza (teprotumumab-trbw)	RX501.096 RX501.110	Specialty Medication Administration Site of Care Teprotumumab	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J3245	Ilumya (tiludrakizumab-asmm)	RX501.096 RX501.123	Specialty Medication Administration Site of Care Tiludrakizumab-asmm	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J3262	Actemra (tocilizumab)	RX501.096 RX501.115	Specialty Medication Administration Site of Care Tocilizumab	Infusion Site of Care	Prior Authorization required through BCBS.
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 BCBS.
Medical Infusion / Specialty Drug	J3315	Trilestar (triptorelin pamoate)	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J3358	Stelara (ustekinumab for intravenous use)	RX501.096 RX501.114	Specialty Medication Administration Site of Care Ustekinumab	Infusion Site of Care	Prior Authorization required through BCBS.
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 BCBS.
Medical Infusion / Specialty Drug	J3385	Vpriv (velaglucerase 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 BCBS.
Medical Infusion / Specialty Drug	J3397	Mepsevii (vestronidase alfa-vjpk)	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 BCBS.
Medical Infusion / Specialty Drug	J3398	Luxturna (voretigene neparovec-rzyj)	RX501.098	Gene Therapy for Inherited Retinal Dystrophy	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J3399	Zolgensma (onasemnogene apegarovec-xioi)	RX501.104	Onasemnogene Apegarovec-xioi	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
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 BCBS.
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 BCBS.
Medical Infusion / Specialty Drug	J9032	Beleodaq (belinostat)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J9153	Vyxeos (daunorubicin and cytarabine)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J9155	Firmagon (degarelix)	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
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 BCBS.
Medical Infusion / Specialty Drug	J9217	Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 mg)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J9218	leuprolide acetate, non depot	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J9219	Viadur (leuprolide acetate implant)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
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 BCBS.
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 BCBS.
Medical Infusion / Specialty Drug	J9295	Portrazza (necitumumab)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	J9325	Imlygic (talimogene laherparepvec)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	Q2041	Yescarta (axicabtagene ciloleuce)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	Q2042	Kymriah (tisagenlecleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	Q5103	Inflextra (infliximab-dyyb)	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
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 BCBS.
Medical Infusion / Specialty Drug	Q5109	ixfi (infliximab-qbxx) - NON-PREFERRED	RX501.051	Infliximab and Associated Biosimilars	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	Q5121	Axsoa (infliximab-axxq)	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	S0157	Regranex (becaplermin gel)	RX501.034	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Medical Infusion / Specialty Drug	S0189	Testopel (testosterone pellets)	SUR717.001 RX501.007 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Hormone Replacement Therapies (HRT) Using Implanted Pellets for Women and Delayed Puberty Testosterone Replacement Therapies	Provider Administered Drug Therapy	Prior Authorization required through BCBS.

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.