



2023 SPECIALTY DRUGS PRIOR AUTHORIZATION LIST

Updated January 2023 to reference changes through October 2023

EXCEPT AS OTHERWISE NOTED IN THE UPDATE HISTORY COLUMN, THESE PRIOR AUTHORIZATION REQUIREMENTS ARE EFFECTIVE ON **JANUARY 1, 2023**

PRESS "CTRL" AND "F" KEYS AT THE SAME TIME TO BRING UP THE SEARCH BOX. ENTER A PROCEDURE CODE OR DRUG NAME.

[For Medical Policy information, please access the BCBSNM Medical Policy Website](#)

Carelon Medical Benefits Management (formerly known as AIM Specialty Health® (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 Carelon for Medical Oncology and Supportive care unless drug requested has multiple indications. Carelon 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.

Procedure Code	Category	Drug Product Name* Brand (generic) <i>*Trademarks are the property of their respective owners. ☒</i>	Managed By	Update History / Delegation Notes*** (Highlighted = Multiple Indications) <i>***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.</i>
J0129	Infusion Site of Care	Orencia (Abatacept)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0180	Infusion Site of Care	Fabrazyme (Agalsidase Beta)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0221	Infusion Site of Care	Lumizyme (Alglucosidase Alfa)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0222	Infusion Site of Care	Onpattro (Patisiran)	BCBSNM	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J0490	Infusion Site of Care	Benlysta (Belimumab)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0584	Infusion Site of Care	Crysvita (Burosumab-Twza)	BCBSNM	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J0598	Infusion Site of Care	Cinryze (C1 Esterase Inhibitor)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0717	Infusion Site of Care	Cimzia (Certolizumab Pegol)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1290	Infusion Site of Care	Kalbitor (Ecallantide)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.

J1300	Infusion Site of Care	Soliris (Eculizumab)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1322	Infusion Site of Care	Vimizim (Elosulfase Alfa)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1458	Infusion Site of Care	Naglazyme (Galsulfase)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1602	Infusion Site of Care	Simponi Aria (Golimumab)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1743	Infusion Site of Care	Elaprase (Idursulfase)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1745	Infusion Site of Care	Remicade (Infliximab)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1746	Infusion Site of Care	Trogarzo (Ibalizumab-Uiyk)	BCBSNM	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J1786	Infusion Site of Care	Cerezyme (Imiglucerase)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1931	Infusion Site of Care	Aldurazyme (Laronidase)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2182	Infusion Site of Care	Nucala (Mepolizumab)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2323	Infusion Site of Care	Tysabri (Natalizumab)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2350	Infusion Site of Care	Ocrevus (Ocrelizumab)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2357	Infusion Site of Care	Xolair (Omalizumab)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2507	Infusion Site of Care	Krystexxa (Pegloticase)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2786	Infusion Site of Care	Cinqair (Reslizumab)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2840	Infusion Site of Care	Kanuma (Sebelipase Alfa)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3245	Infusion Site of Care	Ilumya (Tildrakizumab-Asmn)	BCBSNM	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J3262	Infusion Site of Care	Actemra (Tocilizumab)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3358	Infusion Site of Care	Stelara (Ustekinumab For Intravenous Use)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3380	Infusion Site of Care	Entyvio (Vedolizumab)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3385	Infusion Site of Care	Vpriv (Velaglucerase Alfa)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.

J3397	Infusion Site of Care	Mepsevii (Vestronidase Alfa-Vjbc)	BCBSNM	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
Q5103	Infusion Site of Care	Inflectra (Infliximab-Dyyb)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
Q5104	Infusion Site of Care	Renflexis (Infliximab-Abda) - Non-Preferred	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1459	Infusion Site of Care Medical Oncology & Supportive Care	Injection, Immune Globulin (Privigen), Intravenous, Nonlyophilized (E.G., Liquid), 500 Mg	Carelon or BCBSNM	Carelon 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. Add to Small Groups/Mid-Markets 10/01/2023.
J1555	Infusion Site of Care Medical Oncology & Supportive Care	Cuvitru_(Immune Globulin (Human) Subcutaneous)	Carelon or BCBSNM	Carelon 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. Add to Small Groups/Mid-Markets 10/01/2023.
J1556	Infusion Site of Care Medical Oncology & Supportive Care	Bivigam_(Injection, Immune Globulin, 500 Mg)	Carelon or BCBSNM	Carelon 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. Add to Small Groups/Mid-Markets 10/01/2023.
J1557	Infusion Site of Care Medical Oncology & Supportive Care	(Gammaplex_(Injection, Immune Globulin, , Intravenous, Nonlyophilized (E.G., Liquid), 500 Mg)	Carelon or BCBSNM	Carelon 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. Add to Small Groups/Mid-Markets 10/01/2023.
J1559	Infusion Site of Care Medical Oncology & Supportive Care	Hizentra_(Injection, Immune Globulin , 100 Mg)	Carelon or BCBSNM	Carelon 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. Add to Small Groups/Mid-Markets 10/01/2023.
J1561	Infusion Site of Care Medical Oncology & Supportive Care	Gamunex/Gamunex- C/Gammaked_(Injection, Immune Globulin , Nonlyophilized (E.G., Liquid), 500 Mg)	Carelon or BCBSNM	Carelon 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. Add to Small Groups/Mid-Markets 10/01/2023.
J1566	Infusion Site of Care Medical Oncology & Supportive Care	Injection, Immune Globulin, Intravenous, Lyophilized (E.G., Powder), Not Otherwise Specified, 500 Mg	Carelon or BCBSNM	Carelon 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. Add to Small Groups/Mid-Markets 10/01/2023.
J1568	Infusion Site of Care Medical Oncology & Supportive Care	Octagam_(Injection, Immune Globulin, Intravenous, Nonlyophilized (E.G., Liquid), 500 Mg)	Carelon or BCBSNM	Carelon 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. Add to Small Groups/Mid-Markets 10/01/2023.
J1569	Infusion Site of Care Medical Oncology & Supportive Care	Gammagard Liquid_(Injection, Immune Globulin,, Intravenous, Nonlyophilized, (E.G., Liquid), 500 Mg)	Carelon or BCBSNM	Carelon 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. Add to Small Groups/Mid-Markets 10/01/2023.

J1572	Infusion Site of Care Medical Oncology & Supportive Care	Flebogamma/Flebogamma Dif_(Injection, Immune Globulin, Intravenous, Nonlyophilized (E.G., Liquid), 500 Mg)	Carelon or BCBSNM	Carelon 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. Add to Small Groups/Mid-Markets 10/01/2023.
J1575	Infusion Site of Care Medical Oncology & Supportive Care	Hyqvia_(Injection, Immune Globulin/Hyaluronidase, , 100 Mg Immune globulin)	Carelon or BCBSNM	Carelon 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. Add to Small Groups/Mid-Markets 10/01/2023.
J1599	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Injection, Immune Globulin, Intravenous, Nonlyophilized (E.G., Liquid), Not Otherwise Specified, 500 Mg	Carelon or BCBSNM	Carelon 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. Add to Small Groups/Mid-Markets 10/01/2023.
90283	Provider Administered Drug Therapy	Ivig (Immune Globulin Intravenous)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
90284	Provider Administered Drug Therapy	Immune Globulin Human Subq Infusion 100 Mg Ea	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0567	Provider Administered Drug Therapy	Brineura (Cerliponase Alfa)	BCBSNM	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J0585	Provider Administered Drug Therapy	Botox (OnabotulinumtoxinA)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0586	Provider Administered Drug Therapy	Dysport (AbobotulinumtoxinA)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0587	Provider Administered Drug Therapy	Myobloc (RimabotulinumtoxinB)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0588	Provider Administered Drug Therapy	Xeomin (IncobotulinumtoxinA)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1325	Provider Administered Drug Therapy	Flolan, Veletri (Epoprostenol)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1411	Provider Administered Drug Therapy	Inj, Hemgenix, Per Tx Dose	BCBSNM	Add effective 10/01/2023
J1562	Provider Administered Drug Therapy	Vivaglobin (Immune Globulin Subcutaneous)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1675	Provider Administered Drug Therapy	Histrelin Acetate	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1726	Provider Administered Drug Therapy	Makena (Hydroxyprogesterone Caproate)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1950	Provider Administered Drug Therapy	Lupron Depot, Lupron Depot-Ped (Leuprolide Acetate, For Depot Suspension, Per 3.75 Mg)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2502	Provider Administered Drug Therapy	Signifor Lar (Pasireotide)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2941	Provider Administered Drug Therapy	Humatrope, Saizen (Somatropin)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.

J3121	Provider Administered Drug Therapy	Testosterone Enanthate	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3145	Provider Administered Drug Therapy	Aveed (Testosterone Undecanoate)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3315	Provider Administered Drug Therapy	Trelstar (Triptorelin Pamoate)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9155	Provider Administered Drug Therapy	Firmagon (Degarelix)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9202	Provider Administered Drug Therapy	Zoladex (Goserelin Acetate Implant)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9217	Provider Administered Drug Therapy	Eligard, Lupron Depot, Lupron Depot-Ped (Leuprolide Acetate, For Depot Suspension, 7.5 Mg)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9218	Provider Administered Drug Therapy	Leuprolide Acetate, Non Depot	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9219	Provider Administered Drug Therapy	Viadur (Leuprolide Acetate Implant)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9225	Provider Administered Drug Therapy	Vantas (Histrelin Implant)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9226	Provider Administered Drug Therapy	Supprelin La (Histrelin Implant)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
S0157	Provider Administered Drug Therapy	Regranex (Becaplermin Gel)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
S0189	Provider Administered Drug Therapy	Testopel (Testosterone Pellets)	BCBSNM	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
C9094	Infusion Site of Care	Inj Sutimlimab-Jome 10 Mg	BCBSNM	Code Termed 10/01/2022 - This code is replaced with J1302
J0219	Infusion Site of Care	Injection Avalglucosidase Alfa-Ngpt 4 Mg	BCBSNM	Add effective 04/01/2023
J0223	Infusion Site of Care	Givlaari (Givosiran)	BCBSNM	Prior Authorization required through BCBS.
J0224	Infusion Site of Care	Injection Lumasiran 0.5 Mg	BCBSNM	Add effective 04/01/2023
J0491	Infusion Site of Care	Injection Anifrolumab-Fnia 1 Mg	BCBSNM	Add effective 04/01/2023
J0517	Infusion Site of Care	Fasenra (Benralizumab)	BCBSNM	Prior Authorization required through BCBS.
J0638	Infusion Site of Care	Ilaris (Canakinumab)	BCBSNM	Prior Authorization required through BCBS.
J0791	Infusion Site of Care	Adakveo (Crizanlizumab-Tmca)	BCBSNM	Prior Authorization required through BCBS.
J1301	Infusion Site of Care	Radicava (Edaravone)	BCBSNM	Prior Authorization required through BCBS.
J1302	Infusion Site of Care	Inj, Sutimlimab-Jome, 10 Mg	BCBSNM	Add Effective 07/01/2023
J1303	Infusion Site of Care	Ultomiris (Ravulizumab-Cwvz)	BCBSNM	Prior Authorization required through BCBS.
J1305	Infusion Site of Care	Injection Evinacumab-Dgnb 5Mg	BCBSNM	Add effective 04/01/2023
J1306	Infusion Site of Care	Injection Inclisiran 1 Mg	BCBSNM	Add effective 04/01/2023
J1823	Infusion Site of Care	Injection Inebilizumab-Cdon 1 Mg	BCBSNM	Add effective 04/01/2023
J2356	Infusion Site of Care	Injection Tezepelumab-Ekko 1 Mg	BCBSNM	Add effective 04/01/2023
J3032	Infusion Site of Care	Vyepti (Eptinezumab-Jjmr)	BCBSNM	Prior Authorization required through BCBS.
J3060	Infusion Site of Care	Elelyso (Taliglucerase Alfa)	BCBSNM	Prior Authorization required through BCBS.
J3241	Infusion Site of Care	Tepezza (Teprotumumab-Trbw)	BCBSNM	Prior Authorization required through BCBS.

J9332	Infusion Site of Care	Injection Efgartigimod Alfa-Fcab 2Mg	BCBSNM	Add effective 04/01/2023
Q5109	Infusion Site of Care	Ixifi (Infliximab-Qbtx) - Non-Preferred	BCBSNM	Prior Authorization required through BCBS.
Q5121	Infusion Site of Care	Avsola (Infliximab-Axxq)	BCBSNM	Prior Authorization required through BCBS.
J1551	Infusion Site of Care Medical Oncology & Supportive Care	Injection Immune Globulin (Cutaquig) 100 Mg	Carelon or BCBSNM	Add effective 04/01/2023
J1554	Infusion Site of Care Medical Oncology & Supportive Care	Injection Immune Globulin (Asceniv) 500 Mg	Carelon or BCBSNM	Add Effective 4/1/2023; Carelon 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.
J1558	Infusion Site of Care Medical Oncology & Supportive Care	Xembify_(Injection, Immune Globulin , 100 Mg)	Carelon or BCBSNM	Carelon 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.
C9142	Medical Oncology & Supportive Care	Alymsys (Bevacizumab-Maly)	Carelon	Add effective 01/01/2023 though will be removed and replaced with Q5126 04/01/2023, Prior Authorization required through Carelon.
C9146	Medical Oncology & Supportive Care	Elahere (Mirvetuximab Soravtansine- Gynx)	Carelon	Code Termed 07/01/2023 - This code is replaced with J9063
C9147	Medical Oncology & Supportive Care	Imjudo (Tremelimumab-Actl)	Carelon	Code Termed 07/01/2023 - This code is replaced with J9347
C9148	Medical Oncology & Supportive Care	Tecvayli (Teclistamab-Cqyv)	Carelon	Code Termed 07/01/2023 - This code is replaced with J9380
C9399	Medical Oncology & Supportive Care	Cutaquig_(Immune Globulin (Human)- Hipp); Unituxin (Dinutuximab) Alymsys (Bevacizumab-Maly)	Carelon	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); Carelon 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.
J0641	Medical Oncology & Supportive Care	Fusilev_(Levoleucovorin Calcium)	Carelon	Prior Authorization required through Carelon.
J0642	Medical Oncology & Supportive Care	Khazory_(Levoleucovorin)	Carelon	Prior Authorization required through Carelon.
J0882	Medical Oncology & Supportive Care	Esrd, Aranesp_(Darbepoetin Alfa)	Carelon	Carelon 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.
J0896	Medical Oncology & Supportive Care	Reblozyl_(Luspatercept-Aamt)	Carelon	Prior Authorization required through Carelon.
J1442	Medical Oncology & Supportive Care	Neupogen_(Filgrastim)	Carelon	Prior Authorization required through Carelon.
J1447	Medical Oncology & Supportive Care	Granix_(Tbo-Filgrastim)	Carelon	Prior Authorization required through Carelon.
J1448	Medical Oncology & Supportive Care	Cosela (Trilaciclib)	Carelon	Prior Authorization required through Carelon.
J1449	Medical Oncology & Supportive Care	Rolvedon (Eflapegrastim-Xnst)	Carelon	Add Effective 7/1/2023; Carelon 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.
J2506	Medical Oncology & Supportive Care	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim)	Carelon	Prior Authorization required through Carelon.

J2820	Medical Oncology & Supportive Care	Leukine_(Sargramostim)	Carelon	Prior Authorization required through Carelon.
J2860	Medical Oncology & Supportive Care	Sylvant_(Siltuximab)	Carelon	Prior Authorization required through Carelon.
J3490	Medical Oncology & Supportive Care	Cutaquig_(Immune Globulin (Human)-Hipp); Unituxin (Dinutuximab) Alymsys (Bevacizumab-Maly)	Carelon	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); Carelon 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.
J3590	Medical Oncology & Supportive Care	Cutaquig_(Immune Globulin (Human)-Hipp); Unituxin (Dinutuximab) Alymsys (Bevacizumab-Maly)	Carelon or BCBSNM	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); Carelon 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.
J9019	Medical Oncology & Supportive Care	Erwinaze (Asparaginase Erwinia Chrysanthemii)	Carelon	Add effective 01/01/2023. Prior Authorization required through Carelon.
J9021	Medical Oncology & Supportive Care	Rylaze (Asparaginase Erwinia Chrysanthemii (Recombinant)-Rywn)	Carelon	Add effective 01/01/2023. Prior Authorization required through Carelon.
J9022	Medical Oncology & Supportive Care	Tecentriq_(Atezolizumab)	Carelon	Prior Authorization required through Carelon.
J9023	Medical Oncology & Supportive Care	Bavencio_(Avelumab)	Carelon	Prior Authorization required through Carelon.
J9037	Medical Oncology & Supportive Care	Blenrep (Belantamab Mafodotin-Blmf)	Carelon	Prior Authorization required through Carelon.
J9039	Medical Oncology & Supportive Care	Blinicyto_(Blinatumomab)	Carelon	Prior Authorization required through Carelon.
J9042	Medical Oncology & Supportive Care	Adcetris_(Brentuximab Vedotin)	Carelon	Prior Authorization required through Carelon.
J9043	Medical Oncology & Supportive Care	Jevtana_(Cabazitaxel)	Carelon	Prior Authorization required through Carelon.
J9047	Medical Oncology & Supportive Care	Kyprolis_(Carfilzomib)	Carelon	Prior Authorization required through Carelon.
J9055	Medical Oncology & Supportive Care	Erbix_(Cetuximab)	Carelon	Prior Authorization required through Carelon.
J9057	Medical Oncology & Supportive Care	Aliqopa_(Copanlisib)	Carelon	Prior Authorization required through Carelon.
J9061	Medical Oncology & Supportive Care	Amivantamab-Vmjw	Carelon	Prior Authorization required through Carelon.
J9063	Medical Oncology & Supportive Care	Elahere (Mirvetuximab Soravtansine-Gynx)	Carelon	Add Effective 7/1/2023; Carelon 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.
J9118	Medical Oncology & Supportive Care	Asparlas (Calaspargase Pegol-Mknl)	Carelon	Add effective 01/01/2023. Prior Authorization required through Carelon.
J9119	Medical Oncology & Supportive Care	Libtayo (Cemiplimab-Rwlc)	Carelon	Prior Authorization required through Carelon.
J9144	Medical Oncology & Supportive Care	Darzalex-Faspro_(Daratumumab-Hyaluronidase-Fijh)	Carelon	Prior Authorization required through Carelon.
J9145	Medical Oncology & Supportive Care	Darzalex_(Daratumumab)	Carelon	Prior Authorization required through Carelon.
J9173	Medical Oncology & Supportive Care	Imfinzi_(Durvalumab)	Carelon	Prior Authorization required through Carelon.
J9176	Medical Oncology & Supportive Care	Empliciti_(Elotuzumab)	Carelon	Prior Authorization required through Carelon.

J9177	Medical Oncology & Supportive Care	Padcev_(Fam-Trastuzumab Deruxtecan-Nxki)	Carelon	Prior Authorization required through Carelon.
J9179	Medical Oncology & Supportive Care	Halaven_(Eribulin)	Carelon	Prior Authorization required through Carelon.
J9203	Medical Oncology & Supportive Care	Mylotarg_(Gemtuzumab Ozogamicin)	Carelon	Prior Authorization required through Carelon.
J9204	Medical Oncology & Supportive Care	Poteligeo_(Mogamulizumab- Kpkc)	Carelon	Prior Authorization required through Carelon.
J9205	Medical Oncology & Supportive Care	Onivyde_(Irinotecan Liposome)	Carelon	Prior Authorization required through Carelon.
J9207	Medical Oncology & Supportive Care	Ixempra_(Ixabepilone)	Carelon	Prior Authorization required through Carelon.
J9223	Medical Oncology & Supportive Care	Zepzelca_(Lurbinectedin)	Carelon	Prior Authorization required through Carelon.
J9227	Medical Oncology & Supportive Care	Sarclisa_(Isatuximab-Irfc)	Carelon	Prior Authorization required through Carelon.
J9228	Medical Oncology & Supportive Care	Yervoy_(Ipilimumab)	Carelon	Prior Authorization required through Carelon.
J9229	Medical Oncology & Supportive Care	Besponsa_(Inotuzumab Ozogamicin)	Carelon	Prior Authorization required through Carelon.
J9264	Medical Oncology & Supportive Care	Abraxane_(Paclitaxel Protein-Bound Particles)	Carelon	Prior Authorization required through Carelon.
J9266	Medical Oncology & Supportive Care	Oncaspar (Pegaspargase)	Carelon	Add effective 01/01/2023. Prior Authorization required through Carelon.
J9269	Medical Oncology & Supportive Care	Elzonris_(Tagraxofusp-Erzs)	Carelon	Prior Authorization required through Carelon.
J9271	Medical Oncology & Supportive Care	Keytruda_(Pembrolizumab)	Carelon	Prior Authorization required through Carelon.
J9272	Medical Oncology & Supportive Care	Dostarlimab-Gxly	Carelon	Prior Authorization required through Carelon.
J9273	Medical Oncology & Supportive Care	Tisotumab Vedotin-Tftv	Carelon	Prior Authorization required through Carelon.
J9274	Medical Oncology & Supportive Care	Kimtrak (Tebentafusp-Tebn)	Carelon	Add code effective 01/01/2023 for drug Kimtrak (tebentafusp-tebn)
J9281	Medical Oncology & Supportive Care	Jelmyto_(Mitomycin Gel)	Carelon	Prior Authorization required through Carelon.
J9298	Medical Oncology & Supportive Care	Opdivalag (Relatlimab And Nivolumab)	Carelon	Add effective 01/01/2023. Prior Authorization required through Carelon.
J9299	Medical Oncology & Supportive Care	Opdivo_(Nivolumab)	Carelon	Prior Authorization required through Carelon.
J9301	Medical Oncology & Supportive Care	Gazyva_(Obinutuzumab)	Carelon	Prior Authorization required through Carelon.
J9302	Medical Oncology & Supportive Care	Arzerra_(Ofatumumab)	Carelon	Prior Authorization required through Carelon.
J9303	Medical Oncology & Supportive Care	Vectibix_(Panitumumab)	Carelon	Prior Authorization required through Carelon.
J9306	Medical Oncology & Supportive Care	Perjeta_(Pertuzumab)	Carelon	Prior Authorization required through Carelon.
J9308	Medical Oncology & Supportive Care	Cyramza_(Ramucirumab)	Carelon	Prior Authorization required through Carelon.
J9309	Medical Oncology & Supportive Care	Polivy (Polatuzumab Vedotin-Piiq)	Carelon	Prior Authorization required through Carelon.
J9313	Medical Oncology & Supportive Care	Lumoxiti (Moxetumomab Pasudotox-Tdfk)	Carelon	Prior Authorization required through Carelon.
J9316	Medical Oncology & Supportive Care	Phesgo_(Pertuzumab-Trastuzumab-Hyaluronidase-Zzxf)	Carelon	Prior Authorization required through Carelon.
J9317	Medical Oncology & Supportive Care	Trodelvy_(Sacituzumab-Govitecan)	Carelon	Prior Authorization required through Carelon.
J9331	Medical Oncology & Supportive Care	Fyarro (Sirolimus Albumin Bound Nanoparticles)	Carelon	Prior Authorization required through Carelon.

J9347	Medical Oncology & Supportive Care	Imjudo (Tremelimumab-Actl)	Carelon	Add Effective 7/1/2023; Carelon 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.
J9348	Medical Oncology & Supportive Care	Danyelza_(Naxitamab-Gqgk)	Carelon	Prior Authorization required through Carelon.
J9349	Medical Oncology & Supportive Care	Monjuvi_(Tafasitamab-Cxix)	Carelon	Prior Authorization required through Carelon.
J9352	Medical Oncology & Supportive Care	Yondelis_(Trabectedin)	Carelon	Prior Authorization required through Carelon.
J9353	Medical Oncology & Supportive Care	Margenza_(Margetuximab-Cmkb)	Carelon	Prior Authorization required through Carelon.
J9354	Medical Oncology & Supportive Care	Kadcyla_(Ado-Trastuzumab)	Carelon	Prior Authorization required through Carelon.
J9355	Medical Oncology & Supportive Care	Herceptin_(Trastuzumab)	Carelon	Prior Authorization required through Carelon.
J9356	Medical Oncology & Supportive Care	Herceptin Hylecta_(Trastuzumab-Hyaluronidase-Oysk)	Carelon	Prior Authorization required through Carelon.
J9358	Medical Oncology & Supportive Care	Enhertu_(Fam-Trastuzumab Deruxtecan-Nxki)	Carelon	Prior Authorization required through Carelon.
J9359	Medical Oncology & Supportive Care	Loncastuximab Tesirine-Lpyl	Carelon	Prior Authorization required through Carelon.
J9380	Medical Oncology & Supportive Care	Tecvayli (Tclistamab-Cqyv)	Carelon	Add Effective 7/1/2023; Carelon 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.
J9999	Medical Oncology & Supportive Care	Cutaquig_(Immune Globulin (Human)-Hipp); Unituxin (Dinutuximab) Alymsys (Bevacizumab-Maly)	Carelon	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); Carelon 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.
Q2043	Medical Oncology & Supportive Care	Provenge_(Sipuleucel-T)	Carelon	Prior Authorization required through Carelon.
Q2049	Medical Oncology & Supportive Care	Doxil/Lipodox_(Doxorubicin Liposomal)	Carelon	Prior Authorization required through Carelon.
Q2050	Medical Oncology & Supportive Care	Doxil/Lipodox_(Doxorubicin Liposomal)	Carelon	Prior Authorization required through Carelon.
Q4081	Medical Oncology & Supportive Care	Esrd, Epogen/Procrit_(Epoetin Alfa)	Carelon	Prior Authorization required through Carelon.
Q5101	Medical Oncology & Supportive Care	Zarxio_(Filgrastim-Sndz)	Carelon	Prior Authorization required through Carelon.
Q5105	Medical Oncology & Supportive Care	Retacrit_(Epoetin Alfa-Epbx)	Carelon	Carelon 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.
Q5106	Medical Oncology & Supportive Care	Retacrit_(Epoetin Alfa-Epbx)	Carelon or BCBSNM	Carelon 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.
Q5107	Medical Oncology & Supportive Care	Mvasi_(Bevacizumab-Awwb)	Carelon	Prior Authorization required through Carelon.
Q5108	Medical Oncology & Supportive Care	Fulphila_(Pegfilgrastim-Jmdb)	Carelon	Prior Authorization required through Carelon.

Q5110	Medical Oncology & Supportive Care	Nivestym_(Filgrastim-Aafi)	Carelon	Prior Authorization required through Carelon.
Q5111	Medical Oncology & Supportive Care	Udenyca_(Pegfilgrastim-Cbqv)	Carelon	Prior Authorization required through Carelon.
Q5112	Medical Oncology & Supportive Care	Ontruzant_(Trastuzumab-Dttb)	Carelon	Prior Authorization required through Carelon.
Q5113	Medical Oncology & Supportive Care	Herzuma_(Trastuzumab-Pkrb)	Carelon	Prior Authorization required through Carelon.
Q5114	Medical Oncology & Supportive Care	Ogivri_(Trastuzumab-Dkst)	Carelon	Prior Authorization required through Carelon.
Q5115	Medical Oncology & Supportive Care	Truxima_(Rituximab-Abbs)	Carelon or BCBSNM	Carelon 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.
Q5116	Medical Oncology & Supportive Care	Trazimera_(Trastuzumab-Qyyp)	Carelon	Prior Authorization required through Carelon.
Q5117	Medical Oncology & Supportive Care	Kanjinti_(Trastuzumab-Anns)	Carelon	Prior Authorization required through Carelon.
Q5118	Medical Oncology & Supportive Care	Zirabev_(Bevacizumab-Bvzr)	Carelon	Prior Authorization required through Carelon.
Q5119	Medical Oncology & Supportive Care	Ruxience_(Rituximab-Pvvr)	Carelon or BCBSNM	Carelon 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.
Q5120	Medical Oncology & Supportive Care	Ziextenzo_(Pegfilgrastim-Bmez)	Carelon	Prior Authorization required through Carelon.
Q5122	Medical Oncology & Supportive Care	Nyvepria_(Pegfilgrastim-Apgf)	Carelon	Prior Authorization required through Carelon.
Q5123	Medical Oncology & Supportive Care	Riabni_(Rituximab-Arrx)	Carelon or BCBSNM	Carelon 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.
Q5125	Medical Oncology & Supportive Care	Releuko (Filgrastim-Ayow), Biosimilar	Carelon	Add effective 04/01/2023
Q5126	Medical Oncology & Supportive Care	Alymsys (Bevacizumab-Maly)	Carelon	Add Effective 4/1/2023 to replace C9142
Q5127	Medical Oncology & Supportive Care	Stimufend (Pegfilgrastim-Fpgk)	Carelon	Add Effective 7/1/2023; Carelon 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.
Q5129	Medical Oncology & Supportive Care	Vegzelma (Bevacizumab-Adcd)	Carelon	Add Effective 7/1/2023; Carelon 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.
Q5130	Medical Oncology & Supportive Care	Flynetra (Pegfilgrastim-Pbbk)	Carelon	Add Effective 7/1/2023; Carelon 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.
J0881	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Non-Esrd, Aranesp_(Darbepoetin Alfa)	Carelon or BCBSNM	Carelon 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.

J0885	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Non-Esrd, Epogen/Procrit_(Epoetin Alfa)	Carelon or BCBSNM	Carelon 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.
J0897	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Injection, Denosumab, 1 Mg Prolia/Xgeva_(Denosumab)	Carelon	Carelon 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.
J9032	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Beleodaq (Belinostat)	Carelon	Effective 01/01/2023, Prior Authorization move from BCBS to Carelon. Prior Authorization required through BCBS.
J9035	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Avastin_(Bevacizumab)	Carelon or BCBSNM	Carelon 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.
J9153	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Vyxeos (Daunorubicin And Cytarabine)	Carelon	Effective 01/01/2023, Prior Authorization move from BCBS to Carelon. Prior Authorization required through BCBS.
J9295	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Portrazza (Necitumumab)	Carelon	Effective 01/01/2023, Prior Authorization move from BCBS to Carelon. Prior Authorization required through BCBS.
J9311	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Rituxan- Hycela_(Rituximab Hyaluronidase)	Carelon	Effective 01/01/2023, BCBS will stop review of code and Carelon will continue review of 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.
J9312	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Rituxan*_(Rituximab)	Carelon or BCBSNM	Carelon 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.
J9325	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Imlygic (Talimogene Laherparepvec)	Carelon	Effective 01/01/2023, Prior Authorization move from BCBS to Carelon. Prior Authorization required through BCBS.
90378	Provider Administered Drug Therapy	Synagis (Palivizumab)	BCBSNM	Prior Authorization required through BCBS.
C9257	Provider Administered Drug Therapy	Avastin (Bevacizumab)	BCBSNM	Prior Authorization required through BCBS.
J0202	Provider Administered Drug Therapy	Lemtrada (Alemtuzumab)	BCBSNM	Prior Authorization required through BCBS.
J0565	Provider Administered Drug Therapy	Zinplava (Bezlotoxumab)	BCBSNM	Prior Authorization required through BCBS.
J0775	Provider Administered Drug Therapy	Xiaflex (Collagenase, Clostridium Histolyticum)	BCBSNM	Prior Authorization required through BCBS.
J0888	Provider Administered Drug Therapy	Mircera (Pegylated-Epoetin Beta)	BCBSNM	Prior Authorization required through BCBS.
J1428	Provider Administered Drug Therapy	Exondys 51 (Eteplirsen)	BCBSNM	Prior Authorization required through BCBS.
J2278	Provider Administered Drug Therapy	Prialt (Ziconotide)	BCBSNM	Prior Authorization required through BCBS.
J2326	Provider Administered Drug Therapy	Spinraza (Nusinersen)	BCBSNM	Prior Authorization required through BCBS.

J2562	Provider Administered Drug Therapy	Mozobil (Plerixafor)	BCBSNM	Prior Authorization required through BCBS.
J3285	Provider Administered Drug Therapy	Remodulin (Treprostinil)	BCBSNM	Prior Authorization required through BCBS.
J3398	Provider Administered Drug Therapy	Luxturna (Voretigene Neparvovec-Rzyl)	BCBSNM	Prior Authorization required through BCBS.
J3399	Provider Administered Drug Therapy	Zolgensma (Onasemnogene Apeparvovec-Xioi)	BCBSNM	Prior Authorization required through BCBS.
J7178	Provider Administered Drug Therapy	Riastap (Human Fibrinogen Concentrate)	BCBSNM	Prior Authorization required through BCBS.
J7340	Provider Administered Drug Therapy	Duopa (Carbidopa/Levodopa Enteral Suspension)	BCBSNM	Prior Authorization required through BCBS.
Q2041	Provider Administered Drug Therapy	Yescarta (Axicabtagene Ciloleucel)	BCBSNM	Prior Authorization required through BCBS.
Q2042	Provider Administered Drug Therapy	Kymriah (Tisagenlecleucel)	BCBSNM	Prior Authorization required through BCBS.
Q2053	Provider Administered Drug Therapy	Tecartus (Brexucabtagene Autoleucel)	BCBSNM	Prior Authorization required through BCBS.
Q2054	Provider Administered Drug Therapy	Tecartus (Brexucabtagene Autoleucel)	BCBSNM	Prior Authorization required through BCBS.
Q2055	Provider Administered Drug Therapy	Abecma (Idecabtagene Vicleucel)	BCBSNM	Prior Authorization required through BCBS.
Q2056	Provider Administered Drug Therapy	Ciltacabtagene Car Pos T	BCBSNM	Add effective 01/01/2023

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