

## 2022 Specialty Pharmacy Prior Authorization Drug List

Updated December 2022 to reference changes through January 2023

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.

Code	Category	Drug Product Name* Brand (generic) <small>*Trademarks are the property of their respective owners.</small>	Medical Policy Number	Medical Policy Title	Reason for Prior Authorization Requirement	Update History / Delegation Notes*** <small>(Highlighted = Multiple Indications)</small>
C9095	Medical Infusion / Specialty Drug	Kimtrak (tebentafusp-tebn)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	End code effective 12/31/2022, replaced by code J9274 effective 01/01/2023; Add effective 10/01/2022. Prior Authorization required through AIM.
C9142	Medical Infusion / Specialty Drug	Alymsys (bevacizumab-maly)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
C9399	Medical Infusion / Specialty Drug	Cutaqig (Immune Globulin (Human)-hlgp); Kimtrak (tebentafusp-tebn) Unituxin (dinutuximab) Alymsys (bevacizumab-maly)	AIM RXS01.137 RXS01.135 RXS01.136 RXS01.087 RXS01.099 RXS04.003 RXS01.130 RXS01.129	AIM Clinical Guidelines Aducanumab-awva Casimersen Evinacumab-dgnb FDA-Approved Drugs and Biologicals Ibalizumab-uyk Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Vekury Viltolarsen	Medical Oncology & Supportive Care	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly). New Medical Oncology drug Kimtrak added into existing PA code and drug Cutaqig 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.
I3490	Medical Infusion / Specialty Drug	Cutaqig (Immune Globulin (Human)-hlgp); Kimtrak (tebentafusp-tebn) Unituxin (dinutuximab)	AIM RXS01.137 MED206.001 RXS01.135 RXS01.063 SUR716.001 RXS01.067 RXS01.105 RXS01.136 RXS01.087 RXS01.040 RXS01.099 RXS04.003 OTH903.027 OTH903.020 RXS01.080 SUR706.001 RXS01.086 RXS01.085 RXS01.104 RXS02.030 MED206.006 MED201.014 RXS01.130 RXS01.129	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 FDA-Approved Drugs and Biologicals Human Growth Hormone (GH) Ibalizumab-uyk Immunoglobulin (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 Apeparovex-xioi Rituximab and Biosimilars for Non-Oncologic Indications Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy Treatment of Hyperhidrosis Vekury Viltolarsen	Medical Oncology & Supportive Care	Effective 01/01/2023, add new drug Unituxin (dinutuximab); New Medical Oncology drug Kimtrak added into existing PA code and drug Cutaqig 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.
I3590	Medical Infusion / Specialty Drug	Cutaqig (Immune Globulin (Human)-hlgp); Kimtrak (tebentafusp-tebn) Unituxin (dinutuximab) Alymsys (bevacizumab-maly)	AIM RXS01.137 RXS01.135 RXS01.073 RXS01.063 RXS01.067 RXS01.087 RXS01.099 RXS04.003 RXS01.051 RXS01.080 RXS01.085 RXS01.104 RXS01.129	AIM Clinical Guidelines Aducanumab-awva Casimersen Clostridial Collagenase for Fibroproliferative Disorders Compounded Drug Products Enzyme-Replacement Therapy for Lysosomal Storage Disorders Evinacumab-dgnb FDA-Approved Drugs and Biologicals Ibalizumab-uyk Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Infliximab and Associated Biosimilars Mepolizumab Ocrelizumab Onasemnogene Apeparovex-xioi Viltolarsen	Medical Oncology & Supportive Care	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly). New Medical Oncology drug Kimtrak added into existing PA code and drug Cutaqig 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.
J9019	Medical Infusion / Specialty Drug	Erwinaze (asparaginase Erwinia chrysanthemi)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
J9021	Medical Infusion / Specialty Drug	Rylaze (asparaginase erwinia chrysanthemi (recombinant)-rywn)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
J9023	Medical Infusion / Specialty Drug	Beleodaq (belinostat)	AIM RXS02.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive Care/Provider Administered	Effective 01/01/2023. Prior Authorization move from BCBS to AIM. Prior Authorization required through BCBS.
J9118	Medical Infusion / Specialty Drug	Aspartas (calaspargase pegol-mknl)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
J9153	Medical Infusion / Specialty Drug	Vyxeos (daunorubicin and cytarabine)	AIM RXS02.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive Care/Provider Administered	Effective 01/01/2023. Prior Authorization move from BCBS to AIM. Prior Authorization required through BCBS.
J9266	Medical Infusion / Specialty Drug	Oncaspar (pegaspargase)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
J9274	Medical Infusion / Specialty Drug	Kimtrak (tebentafusp-tebn)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add code effective 01/01/2023 for drug Kimtrak (tebentafusp-tebn)
J9295	Medical Infusion / Specialty Drug	Portrazza (nectrumab)	AIM RXS02.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive Care/Provider Administered	Effective 01/01/2023. Prior Authorization move from BCBS to AIM. Prior Authorization required through BCBS.
J9298	Medical Infusion / Specialty Drug	Opdualag (relatlimab and nivolumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 01/01/2023. Prior Authorization required through AIM.
J9311	Medical Infusion / Specialty Drug	Rituxan- Hycela (Rituximab Hyaluronidase)	AIM RXS02.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Provider Administered Drug Therapy/Medical Oncology	Effective 01/01/2023. BCBS will stop review of code and AIM will continue review of Specialty Medication Administration Site of Care. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J9325	Medical Infusion / Specialty Drug	Imlygic (talimogene laherparepvec)	AIM RXS02.061	AIM Clinical Guidelines Oncology Medications	Medical Oncology & Supportive Care/Provider Administered	Effective 01/01/2023. Prior Authorization move from BCBS to AIM. Prior Authorization required through BCBS.
J9999	Medical Infusion / Specialty Drug	Cutaqig (Immune Globulin (Human)-hlgp); Kimtrak (tebentafusp-tebn) Unituxin (dinutuximab) Alymsys (bevacizumab-maly)	AIM MED203.002 RXS01.063 RXS01.087 RXS04.003 RXS01.085 RXS01.067 RY901.014 RXS04.003	AIM Clinical Guidelines Anti-neoplastic Cancer Therapy Compounded Drug Products FDA-Approved Drugs and Biologicals Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Sodium Phenobarbital Autism Spectrum Disorders (ASD) Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Medical Oncology & Supportive Care	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly). New Medical Oncology drug Kimtrak added into existing PA code and drug Cutaqig 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.
90283	Medical Infusion / Specialty Drug	IVIG (immune globulin intravenous)	AIM	AIM Clinical Guidelines	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
90284	Medical Infusion / Specialty Drug	SCIG	AIM	AIM Clinical Guidelines	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
90378	Medical Infusion / Specialty Drug	Synagis (palivizumab)	RXS04.009	Respiratory Syncytial Virus (RSV) Immunoprophylaxis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
C9098	Medical Infusion / Specialty Drug	Carvykti (ciltaicabtagene autoleuce)	RXS02.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBS.
C9257	Medical Infusion / Specialty Drug	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.
J0129	Medical Infusion / Specialty Drug	Orencia (abatacept)	RXS01.113 RXS01.096	Abatacept Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0180	Medical Infusion / Specialty Drug	Fabrazyme (agalsidase beta)	RXS01.067 RXS01.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0202	Medical Infusion / Specialty Drug	Leimtraa (alemtuzumab)	RXS01.077	Alemtuzumab	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
J0221	Medical Infusion / Specialty Drug	Lumizyme (alglucosidase alfa)	RXS01.067 RXS01.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
J0222	Medical Infusion / Specialty Drug	Onpatro (patisiran)	RXS01.096 RXS01.102	Specialty Medication Administration Site of Care Patisiran (Onpatro)	Infusion Site of Care	Prior Authorization required through BCBS.
J0223	Medical Infusion / Specialty Drug	Givlaari (givosiran)	RXS01.125 RXS01.096	Givosiran Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.

0490	Medical Infusion / Specialty Drug	Benlysta (belimumab)	RXS01.116 RXS01.096	Belimumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
0517	Medical Infusion / Specialty Drug	Fasenra (benralizumab)	RXS01.100 RXS01.096	Benralizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
0565	Medical Infusion / Specialty Drug	Znplava (bezlotoxumab)	RXS01.093	Bezlotoxumab	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
0567	Medical Infusion / Specialty Drug	Brineura (cerliponase alfa)	RXS01.092	Cerliponase alfa	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
0584	Medical Infusion / Specialty Drug	Burosumab-twa	RXS02.058 RXS01.096	Burosumab-twa Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
0585	Medical Infusion / Specialty Drug	Botox (abobotulinumtoxinA)	RXS01.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
0586	Medical Infusion / Specialty Drug	Dysport (abobotulinumtoxinA)	RXS01.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
0587	Medical Infusion / Specialty Drug	Myobloc (rimabotulinumtoxinB)	RXS01.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
0588	Medical Infusion / Specialty Drug	Xeomin (incobotulinumtoxinA)	RXS01.019	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
0598	Medical Infusion / Specialty Drug	Cnryze (C1 esterase inhibitor)	RXS04.013 RXS01.096	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Recombinant Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
0638	Medical Infusion / Specialty Drug	Ilaris (canakinumab)	RXS01.119 RXS01.096	Canakinumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
0641	Medical Infusion / Specialty Drug	Fusilev_(Levoleucovorin Calcium)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
0642	Medical Infusion / Specialty Drug	Khapzoy_(Levoleucovorin )	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
0717	Medical Infusion / Specialty Drug	Cimzia (certolizumab pegol)	RXS01.111 RXS01.096	Certolizumab Pegol Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
0775	Medical Infusion / Specialty Drug	Xialflex (collagenase, clostridium histolyticum)	RXS01.073	Clostridial Collagenase for Fibroproliferative Disorders	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
0791	Medical Infusion / Specialty Drug	Adakveo (crizanlizumab-tmca)	RXS01.126 RXS01.096	Crizanlizumab-tmca Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
0881	Medical Infusion / Specialty Drug	Non-ESRD, Aranesp_(Darbepoetin alfa)	AIM RXS01.069	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.
0882	Medical Infusion / Specialty Drug	ESRD, Aranesp_(Darbepoetin alfa)	AIM RXS01.069	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.
0885	Medical Infusion / Specialty Drug	Non-ESRD, Epogen/Procrit_(Epoetin Alfa)	AIM RXS01.069	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.
0888	Medical Infusion / Specialty Drug	Mircera (pegylated-epoetin beta)	RXS01.069	Erythropoiesis-Stimulating Agents (ESAs)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
0896	Medical Infusion / Specialty Drug	Rebolyzo_(Luspatercept-aamt)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
0897	Medical Infusion / Specialty Drug	Injection, denosumab, 1 mg Proia/Xgeva_(Denosumab)	RXS01.140 AIM	Denosumab (Proia & 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.
11290	Medical Infusion / Specialty Drug	Kalbitor (ecallantide)	RXS04.013 RXS01.096	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Recombinant Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
11300	Medical Infusion / Specialty Drug	Soliris (eculizumab)	RXS01.066 RXS01.096	Eculizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
11301	Medical Infusion / Specialty Drug	Radacava (edaravone)	RXS01.095 RXS01.096	Edaravone Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
11303	Medical Infusion / Specialty Drug	Utomior (ravulizumab-cwz)	RXS01.107 RXS01.096	Ravulizumab-cwz Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
11322	Medical Infusion / Specialty Drug	Vimizim (elosulfate alfa)	RXS01.067 RXS01.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
1375	Medical Infusion / Specialty Drug	Flofan, Veletri (epoprostenol)	RXS01.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
1428	Medical Infusion / Specialty Drug	Exondys 51 (eteplirsen)	RXS01.084	Eteplirsen	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
1442	Medical Infusion / Specialty Drug	Neupogen_(Filgrastim )	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
1447	Medical Infusion / Specialty Drug	Granix_(Tbo-Filgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
1448	Medical Infusion / Specialty Drug	Cosela (trilaciclib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
1458	Medical Infusion / Specialty Drug	Naglazyme (galactase)	RXS01.067 RXS01.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
1459	Medical Infusion / Specialty Drug	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	AIM RXS04.003 RXS01.096	AIM Clinical Guidelines Immuno-globulin (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.
1551	Medical Infusion / Specialty Drug	Cutagaig_(Immune Globulin (Human)-hsp)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
1554	Medical Infusion / Specialty Drug	Asceniv_(Immune Globulin (Human)-Sira)	AIM RXS04.003	AIM Clinical Guidelines Immuno-globulin (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.
1555	Medical Infusion / Specialty Drug	Covitrux_(Immune Globulin (Human) Subcutaneous)	AIM RXS04.003 RXS01.096	AIM Clinical Guidelines Immuno-globulin (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.
1556	Medical Infusion / Specialty Drug	Bivigam_(Injection, immune globulin, 500 mg)	AIM RXS04.003 RXS01.096	AIM Clinical Guidelines Immuno-globulin (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.
1557	Medical Infusion / Specialty Drug	(Gammaplex_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RXS04.003 RXS01.097	AIM Clinical Guidelines Immuno-globulin (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.
1558	Medical Infusion / Specialty Drug	Xembyri_(Injection, immune globulin 100 mg)	AIM RXS04.003 RXS01.098	AIM Clinical Guidelines Immuno-globulin (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.
1559	Medical Infusion / Specialty Drug	Hizentra_(Injection, immune globulin intravenous, 100 mg)	AIM RXS04.003 RXS01.099	AIM Clinical Guidelines Immuno-globulin (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.
1561	Medical Infusion / Specialty Drug	Gamunex-C/Gammaked_(Injection, immune globulin, nonlyophilized (e.g., liquid), 500 mg)	AIM RXS04.003 RXS01.100	AIM Clinical Guidelines Immuno-globulin (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.
1562	Medical Infusion / Specialty Drug	Viviglobin_(Immune globulin subcutaneous)	RXS04.003	Immuno-globulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
1566	Medical Infusion / Specialty Drug	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	AIM RXS04.003 RXS01.101	AIM Clinical Guidelines Immuno-globulin (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.
1568	Medical Infusion / Specialty Drug	Octagam_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RXS04.003 RXS01.102	AIM Clinical Guidelines Immuno-globulin (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.
1569	Medical Infusion / Specialty Drug	Gammagard liquid_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RXS04.003 RXS01.103	AIM Clinical Guidelines Immuno-globulin (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.
1572	Medical Infusion / Specialty Drug	Flebogamma/Flebogamma DF_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RXS04.003 RXS01.104	AIM Clinical Guidelines Immuno-globulin (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.
1575	Medical Infusion / Specialty Drug	Hycvis_(Injection, immune globulin/hyaluronidase, 100 mg immune globulin)	AIM RXS04.003 RXS01.105	AIM Clinical Guidelines Immuno-globulin (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.
1599	Medical Infusion / Specialty Drug	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	AIM RXS04.003	AIM Clinical Guidelines Immuno-globulin (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.
1602	Medical Infusion / Specialty Drug	Simpsoni Aria (golimumab)	RXS01.112 RXS01.096	Golimumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
1675	Medical Infusion / Specialty Drug	histrelin acetate	RXS01.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
1726	Medical Infusion / Specialty Drug	Makena (hydroxyprogesterone caproate)	RXS01.062	Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
1743	Medical Infusion / Specialty Drug	Elaprase (idursulfase)	RXS01.067 RXS01.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
1745	Medical Infusion / Specialty Drug	Remicade (infliximab)	THE801.028 RXS01.051 RXS01.096	Acne Management Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
1746	Medical Infusion / Specialty Drug	Trogarzo (ibalizumab-uiyk)	RXS01.099 RXS01.096	Ibalizumab-uiyk Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
1786	Medical Infusion / Specialty Drug	Cerezyme (imiglucerase)	RXS01.067 RXS01.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
1931	Medical Infusion / Specialty Drug	Aldurazyme (larotidase)	RXS01.067 RXS01.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
1950	Medical Infusion / Specialty Drug	Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, per 3.75 mg)	RXS01.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
2182	Medical Infusion / Specialty Drug	Nucala (mepolizumab)	RXS01.080 RXS01.096	Mepolizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
2278	Medical Infusion / Specialty Drug	Prialt (ziconotide)	RXS01.060	Ziconotide	Provider Administered Drug Therapy	Prior Authorization required through BCBS.

12323	Medical Infusion / Specialty Drug	Tysabri (natalizumab)	RX501.059 RX501.096	Natalizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
12326	Medical Infusion / Specialty Drug	Spinraza (nusinersen)	RX501.086	Nusinersen	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
12350	Medical Infusion / Specialty Drug	Ocrevus (ocrelizumab)	RX501.085 RX501.096	Ocrelizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
12357	Medical Infusion / Specialty Drug	Xolair (omalizumab)	RX501.058 RX501.096	Omalizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
12502	Medical Infusion / Specialty Drug	Signifor LAR (pasireotide)	RX501.079	Pasireotide	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
12505	Medical Infusion / Specialty Drug	Neulasta (pegfilgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Retire effective 04/01/2022.
12506	Medical Infusion / Specialty Drug	Neulasta Onpro Kit (Pegfilgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 04/01/2022. Prior Authorization required through AIM.
12507	Medical Infusion / Specialty Drug	Krystrexa (pegloticase)	RX501.120 RX501.096	Pegloticase Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
12562	Medical Infusion / Specialty Drug	Mozobil (plerixafor)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
12786	Medical Infusion / Specialty Drug	Cinqair (reslizumab)	RX501.083 RX501.096	Reslizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
12820	Medical Infusion / Specialty Drug	Leukine (sargramostim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
12840	Medical Infusion / Specialty Drug	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.
12860	Medical Infusion / Specialty Drug	Sylvant (siltuximab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
12941	Medical Infusion / Specialty Drug	Humatrope, Saizen (somatotropin)	RX501.040	Human Growth Hormone (GH)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
13032	Medical Infusion / Specialty Drug	Yvepti (eptinezumab-jjmr)	RX501.124 RX501.096	Eptinezumab-jjmr Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
13060	Medical Infusion / Specialty Drug	Elyso (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.
13121	Medical Infusion / Specialty Drug	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.
13145	Medical Infusion / Specialty Drug	Aveed (testosterone undecanoate)	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
13241	Medical Infusion / Specialty Drug	Teppeza (teprotumumab-trbw)	RX501.110	Specialty Medication Administration Site of Care Teprotumumab	Infusion Site of Care	Prior Authorization required through BCBS.
13245	Medical Infusion / Specialty Drug	Ilumya (tiludrakzumab-asmn)	RX501.096 RX501.123	Specialty Medication Administration Site of Care Tiludrakzumab-asmn	Infusion Site of Care	Prior Authorization required through BCBS.
13262	Medical Infusion / Specialty Drug	Actemra (tocilizumab)	RX501.096 RX501.115	Specialty Medication Administration Site of Care Tocilizumab	Infusion Site of Care	Prior Authorization required through BCBS.
13285	Medical Infusion / Specialty Drug	Remodulin (treprostinil)	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
13315	Medical Infusion / Specialty Drug	Trelstar (triptorelin pamoate)	RX502.061	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
13358	Medical Infusion / Specialty Drug	Stelara (ustekinumab for intravenous use)	RX501.095 RX501.114	Specialty Medication Administration Site of Care Ustekinumab	Infusion Site of Care	Prior Authorization required through BCBS.
13380	Medical Infusion / Specialty Drug	Entyvio (vedolizumab)	RX501.096 RX501.117	Specialty Medication Administration Site of Care Vedolizumab	Infusion Site of Care	Prior Authorization required through BCBS.
13385	Medical Infusion / Specialty Drug	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.
13397	Medical Infusion / Specialty Drug	Mepsevii (vestronidase alfa-vjkb)	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.
13398	Medical Infusion / Specialty Drug	Luxturna (voretigene neparvovec-rzyl)	RX501.098	Gene Therapy for Inherited Retinal Dystrophy	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
13399	Medical Infusion / Specialty Drug	Zolgensma (onasemnogene apearvovec-xio)	RX501.104	Onasemnogene Apearvovec-xio	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
17178	Medical Infusion / Specialty Drug	RiaSTAP (human fibrinogen concentrate)	RX501.072	Human Fibrinogen Concentrate (RiaSTAP and Fibriga)	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
17340	Medical Infusion / Specialty Drug	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.
19022	Medical Infusion / Specialty Drug	Tecentriq (atezolizumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19023	Medical Infusion / Specialty Drug	Bavencio (avelumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19035	Medical Infusion / Specialty Drug	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. Supporting Care requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
19037	Medical Infusion / Specialty Drug	Blenrep (belantamab mafodotin-bimf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19039	Medical Infusion / Specialty Drug	Bilincyo (blinatumomab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19042	Medical Infusion / Specialty Drug	Adcetris (brentuximab vedotin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19043	Medical Infusion / Specialty Drug	Jevtana (Cabazitaxel)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19047	Medical Infusion / Specialty Drug	Kyprolis (Carfilzomib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19055	Medical Infusion / Specialty Drug	Eributux (Cetuximab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19057	Medical Infusion / Specialty Drug	Aliqopa (Copanlisib)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19061	Medical Infusion / Specialty Drug	Amivantamab-vmwj	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
19119	Medical Infusion / Specialty Drug	Libtayo (Cemiplimab-rwlc)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19144	Medical Infusion / Specialty Drug	Darzalex-Faspro (Daratumumab-hyaluronidase-ijh)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19145	Medical Infusion / Specialty Drug	Darzalex (Daratumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19155	Medical Infusion / Specialty Drug	Firmagon (degarelix)	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
19173	Medical Infusion / Specialty Drug	Imfinzi (durvalumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19176	Medical Infusion / Specialty Drug	Empliciti (Elotuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19177	Medical Infusion / Specialty Drug	Padcev (Fam-trastuzumab deruxtecan-nxki)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19179	Medical Infusion / Specialty Drug	Halaven (Eribulin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19202	Medical Infusion / Specialty Drug	Zoladex (goserelin acetate implant)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
19203	Medical Infusion / Specialty Drug	Mylotarg (Gemtuzumab ozogamicin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19204	Medical Infusion / Specialty Drug	Poteligeo (Mogamulizumab-kpkc)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19205	Medical Infusion / Specialty Drug	Onivyde (irinotecan liposome)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19207	Medical Infusion / Specialty Drug	Ixempra (ixabepilone)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19217	Medical Infusion / Specialty Drug	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.
19218	Medical Infusion / Specialty Drug	leuprolide acetate, non depot	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
19219	Medical Infusion / Specialty Drug	Viadur (leuprolide acetate implant)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
19223	Medical Infusion / Specialty Drug	Zepzeka (lurbinectedin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19225	Medical Infusion / Specialty Drug	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.
19226	Medical Infusion / Specialty Drug	Supprelin LA (histrelin implant)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
19227	Medical Infusion / Specialty Drug	Sarclisa (isatuximab-irkc)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19228	Medical Infusion / Specialty Drug	Yervoy (Ipilimumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19229	Medical Infusion / Specialty Drug	Besponsa (Inotuzumab ozogamicin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19264	Medical Infusion / Specialty Drug	Abraxane (Paclitaxel protein-bound particles)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19269	Medical Infusion / Specialty Drug	Elzonris (tagraofusp-ersz)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19271	Medical Infusion / Specialty Drug	Keytruda (Pembrolizumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
19272	Medical Infusion / Specialty Drug	Dostarlimab-gly	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
19273	Medical Infusion / Specialty Drug	Tisotumab vedotin-tftv	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
19281	Medical Infusion / Specialty Drug	Jelmyto (Mitomycin Gel)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.

93299	Medical Infusion / Specialty Drug	Opdivo_(Nivolumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93301	Medical Infusion / Specialty Drug	Gazyva_(Obinutuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93302	Medical Infusion / Specialty Drug	Azerra_(Ofatumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93303	Medical Infusion / Specialty Drug	Vectibix_(Panitumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93306	Medical Infusion / Specialty Drug	Perjeta_(Pertuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93308	Medical Infusion / Specialty Drug	Cyramza_(Ramucirumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93309	Medical Infusion / Specialty Drug	Polivy_(Polatuzumab vedotin-piq)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93312	Medical Infusion / Specialty Drug	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.
93313	Medical Infusion / Specialty Drug	Lumoxiti_(Moxetumomab pasudotox-tdfk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93316	Medical Infusion / Specialty Drug	Phegso_(Pertuzumab-Trastuzumab-Hyaluronidase-zzxf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93317	Medical Infusion / Specialty Drug	Trodelvy_(Sacituzumab-govitecan)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93331	Medical Infusion / Specialty Drug	Fyarro_(sirolimus albumin bound nanoparticles)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
93348	Medical Infusion / Specialty Drug	Danyjeta_(Naxitamab-gqgk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93349	Medical Infusion / Specialty Drug	Monjivi_(Tafasitamab-cxix)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93352	Medical Infusion / Specialty Drug	Yondelis_(Trabectedin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93353	Medical Infusion / Specialty Drug	Margenza_(Margatuximab-cmkb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93354	Medical Infusion / Specialty Drug	Kadcyla_(Ado-Trastuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93355	Medical Infusion / Specialty Drug	Herceptin_(Trastuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93356	Medical Infusion / Specialty Drug	Herceptin Hylecta_(Trastuzumab-hyaluronidase-oyks)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93358	Medical Infusion / Specialty Drug	Enhertu_(Fam-trastuzumab deruxtecan-nxki)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
93359	Medical Infusion / Specialty Drug	Loncastuximab Tesirine-lpyl	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Add effective 10/01/2022. Prior Authorization required through AIM.
Q2041	Medical Infusion / Specialty Drug	Yescarta_(axicabtagene ciloleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Q2042	Medical Infusion / Specialty Drug	Kymriah_(tisagenlecleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBS.
Q2043	Medical Infusion / Specialty Drug	Provenge_(Sipuleucel-T)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q2049	Medical Infusion / Specialty Drug	Doxil/Lipodox_(Doxorubicin liposomal)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q2050	Medical Infusion / Specialty Drug	Doxil/Lipodox_(Doxorubicin liposomal)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q2053	Medical Infusion / Specialty Drug	Tecartus_(brexucabtagene autoleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBS.
Q2054	Medical Infusion / Specialty Drug	Tecartus_(brexucabtagene autoleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBS.
Q2056	Medical Infusion / Specialty Drug	Ciltacabtagene car pos 1	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add (REPLACE C9098 which AHA termed 10/01/2022)
Q2055	Medical Infusion / Specialty Drug	Abecma_(idecabtagene vicleucel)	RX502.061	Oncologic Medications	Provider Administered Drug Therapy	Add effective 10/01/2022. Prior Authorization required through BCBS.
Q4081	Medical Infusion / Specialty Drug	ESRD, Epopro/Procrit_(Epoetin Alfa)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5101	Medical Infusion / Specialty Drug	Zarxio_(Filgrastim-sndz)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5103	Medical Infusion / Specialty Drug	Inflixtra_(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.
Q5104	Medical Infusion / Specialty Drug	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.
Q5105	Medical Infusion / Specialty Drug	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.
Q5106	Medical Infusion / Specialty Drug	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.
Q5107	Medical Infusion / Specialty Drug	Mvasi_(Bevacizumab-awwb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5108	Medical Infusion / Specialty Drug	Fulphila_(Pegfilgrastim-jmdb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5109	Medical Infusion / Specialty Drug	ixifi_(infliximab-qbtx) - NON-PREFERRED	RX501.051	Infliximab and Associated Biosimilars	Infusion Site of Care	Prior Authorization required through BCBS.
Q5110	Medical Infusion / Specialty Drug	Nivestym_(Filgrastim-aaf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5111	Medical Infusion / Specialty Drug	Udenyca_(Pegfilgrastim-cbqv)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5112	Medical Infusion / Specialty Drug	Ontruzant_(Trastuzumab-dttb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5113	Medical Infusion / Specialty Drug	Herzuma_(Trastuzumab-pkrb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5114	Medical Infusion / Specialty Drug	Ogivri_(Trastuzumab-dkst)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5115	Medical Infusion / Specialty Drug	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.
Q5116	Medical Infusion / Specialty Drug	Trazimera_(Trastuzumab-qypp)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5117	Medical Infusion / Specialty Drug	Kanjinti_(Trastuzumab-anns)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5118	Medical Infusion / Specialty Drug	Zrabev_(Bevacizumab-bvvr)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5119	Medical Infusion / Specialty Drug	Ruxience_(Rituximab-prrv)	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.
Q5120	Medical Infusion / Specialty Drug	Zientenzo_(Pegfilgrastim-bmez)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5121	Medical Infusion / Specialty Drug	Avsola_(infliximab-axqx)	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBS.
Q5122	Medical Infusion / Specialty Drug	Nyvepria_(Pegfilgrastim-aggf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Q5123	Medical Infusion / Specialty Drug	Riabni_(Rituximab-arrx)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
S0157	Medical Infusion / Specialty Drug	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.
S0189	Medical Infusion / Specialty Drug	Testopel (testosterone pellets)	SUR717.001 RX501.007 RX501.076	Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions 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.

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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.

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