



2021 Specialty Pharmacy Preauthorization Drug List

Updated November 2021 to reference changes that will be effective January 2022

This list includes procedure code changes for Medical Benefit Specialty Pharmacy that may require benefit preauthorization through BCBSNM effective Jan. 1, 2021 for Fully Insured and ASO members. This is not an exhaustive listing of all codes. Codes may change, and this list may be updated throughout the year.

The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. It is imperative that providers check eligibility and benefits through Availity® or their preferred vendor to determine if preauthorization is required.

Use this document to view details for a procedure code, including: 1) Drug Product Name - Brand (generic); 2) Reason for prior authorization where medical necessity review is required for both therapy and place of infusion (Infusion Site of Care) or for therapy only (Provider Administered Drug Therapy) and/or for Medical Oncology & Supportive Care and 3) Effective date for when prior authorization was implemented at BCBSNM (provider administered drug therapy or infusion site of care) or AIM Specialty HealthSM (AIM) (requests for oncology drugs that are supported by an oncology diagnosis).

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

Procedure Code	Drug Product Name* Brand (generic)	Reason for Prior Authorization Requirement** (AIM = Med Oncology & Supportive Care BCBSNM = Provider Administered Therapy Or Infusion Site Of Care)	Update History / Prior Authorization Delegation Notes*** (Highlighted = Multiple Indications Blue text = added codes)
	<i>*Trademarks are the property of their respective owners.®</i>	<i>**Send PA requests to BCBSNM for Provider Administered Therapy or Infusion Site of Care; Send PA requests to AIM for Medical Oncology and Supportive care unless drug requested has multiple indications. AIM will only review requests for oncology drugs that are supported by an oncology diagnosis. Refer to the Update History / Prior Authorization Delegation Notes for details.</i>	<i>***Some drugs / codes on this PA list have multiple indications. AIM will only review requests that are supported by an oncology diagnosis only. Some drugs / codes will begin to require PA thru AIM (blue text = added codes), while some that already require PA thru BCBSNM will be delegated to AIM effective 10/11/2021 if supported by oncology diagnosis. See details provided on this list for each drug/code.</i>
J1460	GamaSTAN S/D_(Immune Globulin (Human) IM)	Medical Oncology & Supportive Care	Retired Effective 1/1/22; Effective 10/11/2021, Prior Authorization required through AIM.
J1560	GamaSTAN S/D_(Immune Globulin (Human) IM)	Medical Oncology & Supportive Care	Retired Effective 1/1/22; Effective 10/11/2021, Prior Authorization required through AIM.
C9399	Cutaquig_(Immune Globulin (Human)-hipp)	Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J0882	ESRD, Aranesp_(Darbepoetin alfa)	Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J1554	Asceniv_(Immune Globulin (Human)-slra)	Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J3490	Cutaquig_(Immune Globulin (Human)-hipp)	Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J3590	Cutaquig_(Immune Globulin (Human)-hipp)	Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J9999	Cutaquig_(Immune Globulin (Human)-hipp)	Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Q5105	Retacrit_(Epoetin alfa-epbx)	Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Q5106	Retacrit_(Epoetin alfa-epbx)	Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Q5115	Truxima_(Rituximab-abbs)	Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Q5119	Ruxience_(Rituximab-pvvr)	Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Q5123	Riabni_(Rituximab-arrx)	Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.

J0881	Non-ESRD, Aranesp_(Darbepoetin alfa)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J0885	Non-ESRD, Epogen/Procrit_(Epoetin Alfa)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Infusion Site of Care Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J1555	Cuvitru_(Immune Globulin (Human) Subcutaneous)	Infusion Site of Care Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J1556	Bivigam_(Injection, immune globulin, 500 mg)	Infusion Site of Care Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J1557	(Gammaplex_(Injection, immune globulin, , intravenous, nonlyophilized (e.g., liquid), 500 mg)	Infusion Site of Care Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J1558	Xembify_(Injection, immune globulin , 100 mg)	Infusion Site of Care Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J1559	Hizentra_(Injection, immune globulin , 100 mg)	Infusion Site of Care Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J1561	Gamunex/Gamunex-C/Gammaked_(Injection, immune globulin, , nonlyophilized (e.g., liquid), 500 mg)	Infusion Site of Care Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Infusion Site of Care Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J1568	Octagam_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	Infusion Site of Care Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J1569	Gammagard liquid_(Injection, immune globulin,, intravenous, nonlyophilized, (e.g., liquid), 500 mg)	Infusion Site of Care Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J1572	Flebogamma/Flebogamma Dif_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	Infusion Site of Care Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J1575	Hyqvia_(Injection, immune globulin/hyaluronidase, , 100 mg immunoglobulin)	Infusion Site of Care Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J9035	Avastin_(Bevacizumab)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J9311	Rituxan- Hycela_(Rituximab Hyaluronidase)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J9312	Rituxan*_(Rituximab)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
J0641	Fusilev_(Levoleucovorin Calcium)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J0642	Khazory_(Levoleucovorin)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.

J0896	Reblozyl_(Luspatercept-aamt)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J0897	Prolia/Xgeva_(Denosumab)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J1442	Neupogen_(Filgrastim)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J1447	Granix_(Tbo-Filgrastim)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J2505	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J2820	Leukine_(Sargramostim)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9037	Blenrep_(Belantamab mafodotin-blmf)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9042	Adcetris_(Brentuximab vedotin)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9055	Erbix_(Cetuximab)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9119	Libtayo_(Cemiplimab-rwlc)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9144	Darzalex- Faspro_(Daratumumab- hyaluronidase-fijh)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9177	Padcev_(Fam-trastuzumab deruxtecan-nxki)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9179	Halaven_(Eribulin)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9204	Poteligeo_(Mogamulizumab- kpkc)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9207	Ixempria_(Ixabepilone)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9223	Zepzelca_(Lurbinectedin)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9227	Sarclisa_(Isatuximab-irfc)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9269	Elzonris_(Tagraxofusp-erzs)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9281	Jelmyto_(Mitomycin Gel)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9302	Arzerra_(Ofatumumab)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9303	Vectibix_(Panitumumab)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9309	Poliivy_(Polatuzumab vedotin- piiq)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9313	Lumoxiti_(Moxetumomab pasudotox-tdfk)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9316	Phesgo_(Pertuzumab- Trastuzumab-Hyaluronidase- zzxf)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9317	Trodelvy_(Sacituzumab- govitecan)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9348	Danyelza_(Naxitamab-gqgk)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9349	Monjuvi_(Tafasitamab-cxix)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9353	Margenza_(Margetuximab- cmkb)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9355	Herceptin_(Trastuzumab)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9356	Hylecta_(Trastuzumab- hyaluronidase-oysk)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J9358	Enhertu_(Fam-trastuzumab deruxtecan-nxki)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
Q2049	Doxil/Lipodox_(Doxorubicin liposomal)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
Q2050	Doxil/Lipodox_(Doxorubicin liposomal)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
Q4081	ESRD, Epogen/Procrit_(Epoetin Alfa)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
Q5101	Zarxio_(Filgrastim-sndz)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
Q5107	Mvasi_(Bevacizumab-awwb)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
Q5108	Fulphila_(Pegfilgrastim-jmdb)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
Q5110	Nivestym_(Filgrastim-aafi)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
Q5111	Udenyca_(Pegfilgrastim-cbqv)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.

Q5112	Ontruzant_(Trastuzumab-dttb)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
Q5113	Herzuma_(Trastuzumab-pkrb)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
Q5114	Ogivri_(Trastuzumab-dkst)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
Q5116	Trazimera_(Trastuzumab-qyyp)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
Q5117	Kanjinti_(Trastuzumab-anns)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
Q5118	Zirabev_(Bevacizumab-bvzr)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
Q5120	Ziextenzo_(Pegfilgrastim-bmez)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
Q5122	Nyvepria_(Pegfilgrastim-apgf)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
J2860	Sylvant_(Siltuximab)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9022	Tecentriq_(Atezolizumab)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9023	Bavencio_(Avelumab)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9039	Blincyto_(Blinatumomab)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9043	Jevtana_(Cabazitaxel)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9047	Kyprolis_(Carfilzomib)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9057	Aliqopa_(Copanlisib)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9145	Darzalex_(Daratumumab)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9173	Imfinzi_(Durvalumab)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9176	Empliciti_(Elotuzumab)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9203	Mylotarg_(Gemtuzumab ozogamicin)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9205	Onivyde_(Irinotecan liposome)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9228	Yervoy_(Ipilimumab)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9229	Besponsa_(Inotuzumab ozogamicin)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9264	Abraxane_(Paclitaxel protein-bound particles)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9271	Keytruda_(Pembrolizumab)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9299	Opdivo_(Nivolumab)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9301	Gazyva_(Obinutuzumab)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9306	Perjeta_(Pertuzumab)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9308	Cyramza_(Ramucirumab)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9352	Yondelis_(Trabectedin)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9354	Kadcyla_(Ado-Trastuzumab)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
Q2043	Provenge_(Sipuleucel-T)	Provider Administered Drug Therapy Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9285	Injection, olaratumab, 10 mg	Infusion Site of Care	Discontinued drug. Retire effective 10/01/2021.
90283	IVIG (immune globulin intravenous)	Provider Administered Drug Therapy	Added to list - PA effective 2019
90284	SCIG	Provider Administered Drug Therapy	Added to list - PA effective 2019
90378	Synagis (palivizumab)	Provider Administered Drug Therapy	—
C9257	Avastin (bevacizumab)	Provider Administered Drug Therapy	—
J0129	Orencia (abatacept)	Infusion Site of Care	—
J0180	Fabrazyme (agalsidase beta)	Infusion Site of Care	—
J0202	Lemtrada (alemtuzumab)	Provider Administered Drug Therapy	—
J0221	Lumizyme (alglucosidase alfa)	Infusion Site of Care	—

J0222	Onpattro (patisiran)	Infusion Site of Care	Change in Reason for Prior Authorization Requirement to align with update in Medical Policy
J0223	Givlaari (givosiran)	Infusion Site of Care	Added to 2021 PA list
J0490	Benlysta (belimumab)	Infusion Site of Care	–
J0517	Fasenra (benralizumab)	Infusion Site of Care	–
J0565	Zinplava (bezlotoxumab)	Provider Administered Drug Therapy	–
J0567	Brineura (cerliponase alfa)	Provider Administered Drug Therapy	–
J0584	Crysvita (burosumab-twza)	Infusion Site of Care	Change in Reason for Prior Authorization Requirement to align with update in Medical Policy
J0585	Botox (onabotulinumtoxinA)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J0586	Dysport (abobotulinumtoxinA)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J0587	Myobloc (rimabotulinumtoxinB)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J0588	Xeomin (incobotulinumtoxinA)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J0598	Cinryze (C1 esterase inhibitor)	Infusion Site of Care	–
J0638	Ilaris (canakinumab)	Infusion Site of Care	Change in Reason for Prior Authorization Requirement to align with update in Medical Policy
J0717	Cimzia (certolizumab pegol)	Infusion Site of Care	–
J0775	Xiaflex (collagenase, clostridium histolyticum)	Provider Administered Drug Therapy	–
J0791	Adakveo (crizanlizumab-tmca)	Infusion Site of Care	Added to 2021 PA list
J0888	Mircera (pegylated-epoetin beta)	Provider Administered Drug Therapy	–
J1290	Kalbitor (ecallantide)	Infusion Site of Care	–
J1300	Soliris (eculizumab)	Infusion Site of Care	–
J1301	Radicava (edaravone)	Infusion Site of Care	–
J1303	Ultomiris (ravulizumab-cwvz)	Infusion Site of Care	Added to 2021 PA list
J1322	Vimizim (elosulfase alfa)	Infusion Site of Care	–
J1325	Flolan, Veletri (epoprostenol)	Provider Administered Drug Therapy	–
J1428	Exondys 51 (eteplirsen)	Provider Administered Drug Therapy	–
J1458	Naglazyme (galsulfase)	Infusion Site of Care	–
J1562	Vivaglobin (immune globulin subcutaneous)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J1602	Simponi Aria (golimumab)	Infusion Site of Care	–
J1675	histrelin acetate	Provider Administered Drug Therapy	Added to list - PA effective 2019
J1726	Makena (hydroxyprogesterone caproate)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J1743	Elaprase (idursulfase)	Infusion Site of Care	–
J1745	Remicade (infliximab)	Infusion Site of Care	–
J1746	Trogarzo (ibalizumab-uiyk)	Infusion Site of Care	Change in Reason for Prior Authorization Requirement to align with update in Medical Policy
J1786	Cerezyme (imiglucerase)	Infusion Site of Care	–
J1931	Aldurazyme (laronidase)	Infusion Site of Care	–
J1950	Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, per 3.75 mg)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J2182	Nucala (mepolizumab)	Infusion Site of Care	–
J2278	Prialt (ziconotide)	Provider Administered Drug Therapy	–
J2323	Tysabri (natalizumab)	Infusion Site of Care	–
J2326	Spinraza (nusinersen)	Provider Administered Drug Therapy	–
J2350	Ocrevus (ocrelizumab)	Infusion Site of Care	–
J2357	Xolair (omalizumab)	Infusion Site of Care	–
J2502	Signifor LAR (pasireotide)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J2507	Krystexxa (pegloticase)	Infusion Site of Care	–
J2562	Mozobil (plerixafor)	Provider Administered Drug Therapy	–
J2786	Cinqair (reslizumab)	Infusion Site of Care	–

J2840	Kanuma (sebelipase alfa)	Infusion Site of Care	–
J2941	Humatrope, Saizen (somatropin)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J3032	Vyepti (eptinezumab-jjmr)	Infusion Site of Care	Added to 2021 PA list
J3060	Elelyso (taliglucerase alfa)	Infusion Site of Care	Change in Reason for Prior Authorization Requirement to align with update in Medical Policy
J3121	testosterone enanthate	Provider Administered Drug Therapy	Added to list - PA effective 2019
J3145	Aveed (testosterone undecanoate)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J3241	Tepezza (teprotumumab-trbw)	Infusion Site of Care	Added to 2021 PA list
J3245	Ilumya (tildrakizumab-asmn)	Infusion Site of Care	Change in Reason for Prior Authorization Requirement to align with update in Medical Policy
J3262	Actemra (tocilizumab)	Infusion Site of Care	–
J3285	Remodulin (treprostinil)	Provider Administered Drug Therapy	–
J3315	Trelstar (triptorelin pamoate)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J3358	Stelara (ustekinumab for intravenous use)	Infusion Site of Care	–
J3380	Entyvio (vedolizumab)	Infusion Site of Care	–
J3385	Vpriv (velaglucerase alfa)	Infusion Site of Care	–
J3397	Mepsevii (vestronidase alfa-vjbk)	Infusion Site of Care	Change in Reason for Prior Authorization Requirement to align with update in Medical Policy
J3398	Luxturna (voretigene neparovvec-rzyl)	Provider Administered Drug Therapy	–
J3399	Zolgensma (onasemnogene abeparovvec-xioi)	Provider Administered Drug Therapy	Added to list - PA effective 2020
J7178	RiaSTAP (human fibrinogen concentrate)	Provider Administered Drug Therapy	Added to list - PA effective 2020
J7340	Duopa (carbidopa/levodopa enteral suspension)	Provider Administered Drug Therapy	–
J9032	Beleodaq (belinostat)	Provider Administered Drug Therapy	–
J9153	Vyxeos (daunorubicin and cytarabine)	Provider Administered Drug Therapy	–
J9155	Firmagon (degarelix)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J9202	Zoladex (goserelin acetate implant)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J9217	Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 mg)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J9218	leuprolide acetate, non depot	Provider Administered Drug Therapy	Added to list - PA effective 2019
J9219	Viadur (leuprolide acetate implant)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J9225	Vantas (histrelin implant)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J9226	Supprelin LA (histrelin implant)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J9295	Portrazza (necitumumab)	Provider Administered Drug Therapy	–
J9325	Imlygic (talimogene laherparepvec)	Provider Administered Drug Therapy	–
Q2041	Yescarta (axicabtagene ciloleucel)	Provider Administered Drug Therapy	–
Q2042	Kymriah (tisagenlecleucel)	Provider Administered Drug Therapy	–
Q5103	Inflectra (infliximab-dyyb)	Infusion Site of Care	–
Q5104	Renflexis (infliximab-abda) - NON-PREFERRED	Infusion Site of Care	–
Q5109	Ixifi (infliximab-qbtx) - NON-PREFERRED	Infusion Site of Care	Added to list - PA effective 2019
Q5121	Avsola (infliximab-axxq)	Infusion Site of Care	Added to 2021 PA list
S0157	Regranex (becaplermin gel)	Provider Administered Drug Therapy	Added to list - PA effective 2019
S0189	Testopel (testosterone pellets)	Provider Administered Drug Therapy	Added to list - PA effective 2019

There are procedure codes that required PA prior to 01/01/2021 that were added to this 2021 document.

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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