

## **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<sup>®</sup> 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).

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) *Trademarks are the property of their respective owners.	Reason for Prior Authorization Requirement** (AIM = Med Oncology & Supportive Care BCBSNM = Provider Administered Therapy Or Infusion Site Of Care) **Send PA requests to BCBSNM for Provider Administered Therapy or Infusion Site of Care; Send PA requests to AIM for Medical Oncology and Supportive care unless drug requested has multiple indications. AIM will only review requests for oncology drugs that are supported by an oncology diagnosis. Refer to the Update History / Prior Authorization Delegation Notes for details.	Update History / Prior Authorization Delegation Notes*** (Highlighted = Multiple Indications Blue text = added codes) ***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.
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.
19999	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 immuneglobulin)	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.

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	Erbitux_(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	Ixempra_(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	Polivy (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	Herceptin Hylecta_(Trastuzumab- hyaluronidase-oysk)	Medical Oncology & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
19358	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.
		Madical Openlagy & Supportive Care	Effective 10/11/2021, Prior Authorization required through AIM.
Q5110	Nivestym_(Filgrastim-aafi)	Medical Oncology & Supportive Care	

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		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	Effective 10/11/2021, Prior Authorization delegated to AIM.
J9039	Blincyto_(Blinatumomab)	Medical Oncology & Supportive Care Provider Administered Drug Therapy	Effective 10/11/2021, Prior Authorization delegated to AIM.
19029	Bincyto_(Binatumoniab)	Medical Oncology & Supportive Care	Enective 10/11/2021, Phot Authonization delegated to Alm.
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	Provider Administered Drug Therapy	Added to list - PA effective 2019
90284	intravenous) 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	-
	Lemtrada (alemtuzumab)	Provider Administered Drug Therapy	
J0202	Lenniada (alenniazamab)	rioriaer, ianimister ea brag merapy	-

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		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		Infusion Site of Care	Added to 2021 PA list
J1322	Vimizim (elosulfase alfa)	Infusion Site of Care	-
J1325		Provider Administered Drug Therapy	-
J1428	Exondys 51 (eteplirsen)	Provider Administered Drug Therapy	-
J1458	Naglazyme (galsulfase) Vivaglobin (immune globulin	Infusion Site of Care	-
J1562	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	-

1984         Versitives - Second Administered Drug Throughy         Added to Ints: P.A. effective 2020           1984         Versitives - Second Administered Drug Throughy         Added to Ints: P.A. effective 2020           1985         Versitives - Second Administered Drug Throughy         Added to Ints: P.A. effective 2020           1985         Versitives - Second Administered Drug Throughy         Added to Ints: P.A. effective 2020           1985         Versitives - Second Administered Drug Throughy         Added to Ints: P.A. effective 2020           1985         Added to Ints: P.A. effective 2020         -           1985         Added Ints: P.A. effective 2020         -           1985         Market Externed Thread Market Bord Drag Thready         -           1985         Market Externed Thread Market Bord Drag Thready         -           1985         Market Externed Drag Thready Administered Drag Thready         -           1986         Market Externed Drag Thready Administered Drag Thready         -           1987         Market Externed Drag Thready Administered Drag Thready         -           1988         Market Externed Drag T	J2840	Kanuma (sebelipase alfa)	Infusion Site of Care	
Literatisgin         Literation           JADID         Veget Explorement-literation         Model to 2021 PA181.           JADID         Veget Explorement-literation         Model to 2021 PA181.           JADID         Veget Explorement-literation         Model to 2021 PA181.           JADID         Veget Explorement-literation         Model to 15.4 Model Literation           JADID         Veget Explorement-literation         Model to 15.4 Model Literation           JADID         Veget Explorement-literation         Model to 15.4 Model Literation           JADID         Veget Explorement-literation         Model to 2021 PA182.           JADID         Veget Explorement-literation         Model to 15.4 Model Literation           JADID         Model Literation         Model Literation		· · · · · ·		
Hole         Project plagenesse it juited         Mutuality Set of Gare           11/12         Version Place Additionation Requirements to align with update in Medical Set of Gare         Addit to Iss - Period Place Additionation Requirements to align with update in Medical Set of Gare           11/12         Version Requirements to align with update in Medical Set of Gare         Addit to Iss - Period Place Additionations Requirements to align with update in Medical Set of Gare           11/12         Market Instance Req Care         Addit to Iss - Period Place Additionations Requirements to align with update in Medical Set Org           11/12         Market Instance Req Care		(somatropin)		
Jubble         Determinants         Instruction of California           Jubble         Addet to list - PA effective 2019           Jubble         Marked Patter Administered Drug Therapy         -           Jubble         Addet to list - PA effective 2019         -           Jubble         Marked Patter Administered Drug Therapy         -           Jubble         Addet to list - PA effective 2019         -           Jubble         Marked Patter Administered Drug Therapy         -           Jubble         Patter Administered Drug Therapy         -           Jubble         Pattered Patter Administered Drug Therapy				
Added bills for Provide Administered Drug Therapy         Added to list P affective 2019           13211         Toesca (reprotumman-brue) Intrator Site of Care         Added to 322 PA 661           13245         Tunge (tickations-tuning)         Intrator Site of Care         Damage in Reson for Prior Authorization Requirement to align with uodes in Medical Bills           13245         Remote International I				Policy
Just         Induction data         Provide Administered Drug Therapy         Addet to 1021           13241         Topezzi (approximative): They induces Site of Care         Change in Research for Nor Autorization Requirements to align with usable in Medical Note           13252         Remodulation the exclusion         Induces Site of Care         -           13252         Remodulation the exclusion         Provide Administered Drug Therapy         -           13253         Remodulation the exclusion of the intervence as all         Induces Site of Care         -           13254         Remodulation the exclusion of the intervence as all         Induces Site of Care         -           13255         Trivities (Instructure) and Induces Site of Care         -         -           13255         Trivities (Instructure) and Induces Site of Care         -         -           13255         Induces Site of Care         -         -         -           13256         Induces Site of Care         -         -         -           13257         Magnetic (Atternation Site of Care         -         -         -           13258         Magnetic (Atternation Site of Care         -         -         -           13259         Explore Administered Drug Therapy         -         -         - <t< td=""><td>J3121</td><td></td><td>Provider Administered Drug Therapy</td><td>Added to list - PA effective 2019</td></t<>	J3121		Provider Administered Drug Therapy	Added to list - PA effective 2019
Dataset         Charge in Resont for Prior Audionization Regularement to align with update in Medical Network           13222         Actems (Inscitunate)         Medical Steer Care	J3145		Provider Administered Drug Therapy	Added to list - PA effective 2019
11/12     Nump (Intravenous) and intervent Ore	J3241	Tepezza (teprotumumab-trbw)	Infusion Site of Care	
3288     Remodulin (trepresint)     Provider Administered Drug Therapy	J3245	Ilumya (tildrakizumab-asmn)	Infusion Site of Care	
13135     Treissar (tripporeinin paroate)     Provider Administered Drog Therapy     Added to Iist - PA effective 2019       13389     Stellow (tripporeinin paroate)     Influion Site of Care     -       13389     Entwork (tripporeinin paroate)     Influion Site of Care     -       13389     Entwork (tripporeinin paroate)     Influion Site of Care     -       13389     Entwork (tripporeinin paroate)     Influion Site of Care     -       13389     Entwork (tripporeinin paroate)     Influion Site of Care     -       13399     Mepsow (tertondese affer (tripporeinin parootec:rap)     -     -       13399     Listurna (torestigner enternin parootec:rap)     -     -       13399     Experiment (tripporeinin parootec:rap)     -     -       13399     Zelgentrue (toripporeinin)     Provider Administered Drug Therapy     -       13315     Provider Administered Drug Therapy     -     -       13315     Verseo (danorundich and parootec: tripporein)     Provider Administered Drug Therapy     -       13315     Verseo (danorundich and parootec: tripporein)     Provider Administered Drug Therapy     -       13315     Verseo (danorundich and parootec: tripporein)     Provider Administered Drug Therapy     -       13315     Verseo (danorundich and parootec: tripporein)     Provider Administered Drug Therapy     - <td>J3262</td> <td>Actemra (toclizumab)</td> <td>Infusion Site of Care</td> <td></td>	J3262	Actemra (toclizumab)	Infusion Site of Care	
3238     Selara (usakhuma) for Intersecous use)     Industo Site of Care	J3285	Remodulin (treprostinil)	Provider Administered Drug Therapy	_
12338     Intravenous usig)     Influsion Stee Clare     -       1338     Entypic (coldiurmal)     Influsion Stee Clare     -       1337     Marken functionalize after inclusion Stee Clare     Charge in Reason for Prior Authorization Requirement to align with update in Medical Policy       1338     Entypic (coldiurmal)     Provider Administered Dng Therapy     -       1339     Zogersma (conservingen expansione: train to inclusion)     Provider Administered Dng Therapy     Added to list - PA effective 2020       1717     RuSTAP [Intruma Ibtringen enternal suspension]     Provider Administered Dng Therapy     -       1730     RusTAP [Intruma Ibtringen enternal suspension]     Provider Administered Dng Therapy     -       1731     RusTAP [Intruma Ibtringen enternal suspension]     Provider Administered Dng Therapy     -       1732     RusTAP [Intruma Ibtringen enternal suspension]     Provider Administered Dng Therapy     -       1733     Verses (Guaronalitics and provider Administered Dng Therapy     -     -       1733     Ruses (Internalitic and Provider Administered Dng Therapy     -     -       1733     Verses (Guaronalitics and provider Administered Dng Therapy     Added to list - PA effective 2019       1734     Beiodia (Reliministered Dng Therapy     Added to list - PA effective 2019       1735     Firmage Inflages. Lipson Dequis Administered Dng Therapy     Added to list -	J3315	Trelstar (triptorelin pamoate)	Provider Administered Drug Therapy	Added to list - PA effective 2019
13365       Vpriv (verlagiverse alla)       Initialion Sile of Care	J3358		Infusion Site of Care	-
Mergeni (textonidate after vipb)         Charge in Reason for Prior Authorization Requirement to align with update in Medical Policy           1338         Lutatura (ventrigine neparovec: vip)         Provider Administered Drug Therapy	J3380	Entyvio (vedolizumab)	Infusion Site of Care	_
12359     vibil     minimization state in Late     Policy       1338     Latituma (concigned) paparosec: (rg))     Provider Administered Drug Therapy	J3385	Vpriv (velaglucerase alfa)	Infusion Site of Care	_
13998     respansed:ryli     Provider Administered Drug Therapy     -       1399     Zolgensma (onseemingere approvect-sit)     Provider Administered Drug Therapy     Added to list - PA effective 2020       17340     Duopa (achidopa/izvedopa esteral supersition)     Provider Administered Drug Therapy     -       19032     Becknag (belinostit)     Provider Administered Drug Therapy     -       19032     Seedoda (belinostit)     Provider Administered Drug Therapy     -       19133     ytranshne)     Provider Administered Drug Therapy     -       19133     Yeres (dauroubloth and provider Administered Drug Therapy     -       19120     Zoldaes (ligearelix)     Provider Administered Drug Therapy     -       19213     Experimenter     Provider Administered Drug Therapy     -       19220     Zoldaes (ligearelix)     Provider Administered Drug Therapy     Added to list - PA effective 2019       19217     Eligard, Lupron Depot, Lupron Depot + Part (begoplide acetate, non depot     Provider Administered Drug Therapy     Added to list - PA effective 2019       19218     Featoride acetate, non depot     Provider Administered Drug Therapy     Added to list - PA effective 2019       19219     Vidadr (Depolide acetate, non depot     Provider Administered Drug Therapy     Added to list - PA effective 2019       19219     Vidadr (Depolide acetate, non depot     Provider Adminis	J3397		Infusion Site of Care	
1.399     abegarwore-xilo)     Provider Administered Drug Therapy     Added to list - PA effective 2020       17278     RuSTAP (human fibringen concentrate)     Provider Administered Drug Therapy	J3398		Provider Administered Drug Therapy	-
17.178     concentrate)     Provider Administered Drug Therapy     Addex to list - PA effective 2020       17.340     Duopa (chridopa/levodopa terrard suspension)     Provider Administered Drug Therapy     -       19032     Beleodag (belinostat)     Provider Administered Drug Therapy     -       19133     Vyrees (dauronubic) and gyrarabine)     Provider Administered Drug Therapy     -       19135     Firmagon (degarelik)     Provider Administered Drug Therapy     -       19202     Zoldake (gisterial scetate implant)     Provider Administered Drug Therapy     Addex to list - PA effective 2019       19217     Depot Ped (leuronubic) acetas, for depot suspension, 7.5 mg)     Provider Administered Drug Therapy     Addex to list - PA effective 2019       19218     leuprolife acetate implant)     Provider Administered Drug Therapy     Added to list - PA effective 2019       19219     Vatas (histerial implant)     Provider Administered Drug Therapy     Added to list - PA effective 2019       19221     Vatas (histerial implant)     Provider Administered Drug Therapy     Added to list - PA effective 2019       19222     Vatas (histerial implant)     Provider Administered Drug Therapy     Added to list - PA effective 2019       19225     Supper La (histerial implant)     Provider Administered Drug Therapy     Added to list - PA effective 2019       19225     Vatats (histerial implant)     Provider Administered	J3399		Provider Administered Drug Therapy	Added to list - PA effective 2020
1/240       enteral suspension)       Provider Administered Drug Therapy       -         19032       Beledad (belinostat)       Provider Administered Drug Therapy       -         19155       Vyeos (dauroubicin and oytarabine)       Provider Administered Drug Therapy       -         19155       Firmagon (degarelix)       Provider Administered Drug Therapy       Added to list - PA effective 2019         19202       Zoldark (goscenia catate implant)       Provider Administered Drug Therapy       Added to list - PA effective 2019         19217       Eligard, Lupron Depot, Lupron pept-Aed (leuprolide acetate, non depot       Provider Administered Drug Therapy       Added to list - PA effective 2019         19218       leuprolide acetate implant)       Provider Administered Drug Therapy       Added to list - PA effective 2019         19229       Viator (leuprolide acetate implant)       Provider Administered Drug Therapy       Added to list - PA effective 2019         19229       Viator (leuprolide acetate implant)       Provider Administered Drug Therapy       Added to list - PA effective 2019         19225       Supper lin LA (histrelin implant)       Provider Administered Drug Therapy       -         19225       Supper lin LA (histrelin implant)       Provider Administered Drug Therapy       -         19225       Supper lin LA (histrelin implant)       Provider Administered Drug Therapy	J7178		Provider Administered Drug Therapy	Added to list - PA effective 2020
J9153       Vyzeos (daunorubicin and cytarabine)       Provider Administered Drug Therapy       _         J9155       Firmagon (degarelik)       Provider Administered Drug Therapy       Added to list - PA effective 2019         J9202       Zoladek (goorelin acetate implant)       Provider Administered Drug Therapy       Added to list - PA effective 2019         J9217       Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate implant)       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       Valats (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         J9225       Valats (histrelin implant)       Provider Administered Drug Therapy       Added to list - PA effective 2019         J9226       Supprelin LA (histrelin implant)       Provider Administered Drug Therapy	J7340		Provider Administered Drug Therapy	-
19153       optarabine)       Provider Administered Drug Therapy       -         19155       Firmagon (degarelix)       Provider Administered Drug Therapy       Added to list- PA effective 2019         19202       Zoladex (goserelin actate Implant)       Provider Administered Drug Therapy       Added to list- PA effective 2019         19217       Depot-Ped (leuprolide acetate, for depot suspension, 7.5 mg)       Provider Administered Drug Therapy       Added to list- PA effective 2019         19218       leuprolide acetate, non depot       Provider Administered Drug Therapy       Added to list- PA effective 2019         19219       Viadur (leuprolide acetate implant)       Provider Administered Drug Therapy       Added to list- PA effective 2019         19218       leuprolide acetate, non depot       Provider Administered Drug Therapy       Added to list- PA effective 2019         19219       Viadur (leuprolide acetate implant)       Provider Administered Drug Therapy       Added to list- PA effective 2019         19225       Vantas (histrelin implant)       Provider Administered Drug Therapy	J9032	Beleodaq (belinostat)	Provider Administered Drug Therapy	-
J9202       Zoladex (goserelin acetate implant)       Provider Administered Drug Therapy       Added to list - PA effective 2019         J9217       Eligard, Lupron Depot, Lupron Depot, Lupron Depot, Lupron Depot, Edigard, Lupron Depot, Lupron Depot, Lupron Depot, Tay and the 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       Supprein LA (histrelin 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       Supprein LA (histrelin Provider Administered Drug Therapy	J9153		Provider Administered Drug Therapy	-
J9202     implant)     Provider Administered Drug Therapy     Added to list - PA effective 2019       J9217     Eligard, Lupron Depot, Lupron Depot-Ped (Leyronide 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     Viadr (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       J9226     Supprelin LA (histrelin implant)     Provider Administered Drug Therapy     Added to list - PA effective 2019       J9225     Portrazza (necitumumab)     Provider Administered Drug Therapy	J9155	Firmagon (degarelix)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J9217       Depot-Ped (leuprolide acetate, for depot suspension, 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)       Provider Administered Drug Therapy       Added to list - PA effective 2019         J9219       Viadur (leuprolide acetate)       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       Suppreint LA (histrelin       Provider Administered Drug Therapy       Added to list - PA effective 2019         J9227       Portrazza (necitumuab)       Provider Administered Drug Therapy	J9202		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         J9225       Inhygic (talimogen laherparepuec)       Provider Administered Drug Therapy	J9217	Depot-Ped (leuprolide acetate, for depot suspension,	Provider Administered Drug Therapy	Added to list - PA effective 2019
J9219       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         J9226       Portrazza (necitumumab)       Provider Administered Drug Therapy	J9218	leuprolide acetate, non depot	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         J9255       Portrazza (necitumumab)       Provider Administered Drug Therapy	J9219		Provider Administered Drug Therapy	Added to list - PA effective 2019
J922b     implant)     Provider Administered Drug Therapy     Added to list - PA effective 2019       J9295     Portrazza (necitumumab)     Provider Administered Drug Therapy	J9225	Vantas (histrelin implant)	Provider Administered Drug Therapy	Added to list - PA effective 2019
J9325       Imlygic (talimogene laherparepvec)       Provider Administered Drug Therapy       -         Q2041       Yescarta (axicabtagene ciloleucel)       Provider Administered Drug Therapy       -         Q2042       Kymriah (tisagenlecleucel)       Provider Administered Drug Therapy       -         Q2042       Kymriah (tisagenlecleucel)       Provider Administered Drug Therapy       -         Q5103       Inflectra (infliximab-dyyb)       Infusion Site of Care       -         Q5104       Renflexis (infliximab-adda) - NON-PREFERRED       Infusion Site of Care       -         Q5109       Ixifi (infliximab-qbtx) - NON- PREFERRED       Infusion Site of Care       -         Q5121       Avsola (infliximab-axq)       Infusion Site of Care       Added to list - PA effective 2019         Q5121       Avsola (infliximab-axq)       Infusion Site of Care       Added to 2021 PA list         S0157       Regranex (becaplermin gel)       Provider Administered Drug Therapy       Added to list - PA effective 2019	J9226		Provider Administered Drug Therapy	Added to list - PA effective 2019
J9325       Iaherparepvec)       Provider Administered Drug Therapy       -         Q2041       Yescarta (axicabtagene ciloleucel)       Provider Administered Drug Therapy       -         Q2042       Kymriah (tisagenlecleucel)       Provider Administered Drug Therapy       -         Q2042       Kymriah (tisagenlecleucel)       Provider Administered Drug Therapy       -         Q5103       Inflectra (infliximab-dyty)       Infusion Site of Care       -         Q5104       Renflexis (infliximab-adda) - Infusion Site of Care       -       -         Q5109       Ixifi (infliximab-qbtx) - NON- PREFERRED       Infusion Site of Care       -         Q5121       Avsola (infliximab-axxq)       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	J9295	Portrazza (necitumumab)	Provider Administered Drug Therapy	-
Q2041       ciloleucel)       Provider Administered Drug Therapy	J9325		Provider Administered Drug Therapy	-
Q2042       Kymriah (tisagenlecleucel)       Provider Administered Drug Therapy	Q2041		Provider Administered Drug Therapy	-
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	Q2042		Provider Administered Drug Therapy	-
OS104     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	Q5103	Inflectra (infliximab-dyyb)	Infusion Site of Care	_
QS109     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	Q5104		Infusion Site of Care	-
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	Q5109		Infusion Site of Care	Added to list - PA effective 2019
Added to list - PA effective 2019	Q5121		Infusion Site of Care	Added to 2021 PA list
S0189     Testopel (testosterone pellets)     Provider Administered Drug Therapy     Added to list - PA effective 2019	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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