



2022 Specialty Pharmacy Preauthorization Drug List

Updated February 2022 to reference changes that will be effective April 2022

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

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

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

EXCEPT AS OTHERWISE NOTED IN THE UPDATE HISTORY COLUMN, THESE PRIOR AUTHORIZATION REQUIREMENTS ARE EFFECTIVE ON JANUARY 1, 2022

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

Category	Code	Drug Product Name* Brand (generic) <small>*Trademarks are the property of their respective owners.‡</small>	Medical Policy Number	Medical Policy Title	Reason for Prior Authorization Requirement** (AIM = Med Oncology & Supportive Care BCBSNM = Provider Administered Therapy Or Infusion Site Of Care) **Send PA requests to BCBSNM for Provider Administered Therapy or Infusion Site of Care. Send PA requests to AIM for Medical Oncology and Supportive Care unless drug requested has multiple indications. AIM will only review requests for oncology drugs that are supported by an oncology diagnosis. Refer to the Update History / Prior Authorization Delegation Notes for details.	Update History / Delegation Notes*** (highlighted = Multiple Indications) ***Some drugs / codes on this PA list have multiple indications. AIM will only review requests that are supported by an oncology diagnosis. See details provided on this list for each drug/code.
Medical Infusion / Specialty Drug	J2505	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Retire effective 02/28/2022.
Medical Infusion / Specialty Drug	J2506	Neulasta_(Pegfilgrastim) Neulasta Onpro Kit_(Pegfilgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Replacing code J2505. Add effective 03/01/2022. Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	C9399	Cutaquil_(Immune Globulin (Human)-Hipp)	AIM RXS01.137 RXS01.135 RXS01.136 RXS01.087 RXS01.099 RXS04.003 RXS01.130 RXS01.129	AIM Clinical Guidelines Aducanumab-awwa Casimersen Evinacumab-dgnb FDA-Approved Drugs and Biologicals Ibalizumab-uyk Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Veklury Viltolarsen	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 BCBSNM.
Medical Infusion / Specialty Drug	J0881	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 BCBSNM.
Medical Infusion / Specialty Drug	J0882	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 BCBSNM.
Medical Infusion / Specialty Drug	J0885	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 BCBSNM.
Medical Infusion / Specialty Drug	J1459	Injection, Immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	AIM RXS04.003 RXS01.096	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	J1554	Asceniv_(Immune Globulin (Human)-sIra)	AIM RXS04.003	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	J1555	Cuvitra_(Immune Globulin (Human) Subcutaneous)	AIM RXS04.003 RXS01.096	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	J1556	Bigviam_(Injection, immune globulin, 500 mg)	AIM RXS04.003 RXS01.096	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	J1557	Gammaglex_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RXS04.003 RXS01.097	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	J1558	Xembify_(Injection, immune globulin, 100 mg)	AIM RXS04.003 RXS01.098	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	J1559	Hizentra_(Injection, immune globulin, 100 mg)	AIM RXS04.003 RXS01.099	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	J1561	Gamunex/Gamunex-C_(Gammaked_(Injection, immune globulin, nonlyophilized (e.g., liquid), 500 mg)	AIM RXS04.003 RXS01.100	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	AIM RXS04.003 RXS01.101	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	J1568	Octagam_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RXS04.003 RXS01.102	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	J1569	Gammagard liquid_(Injection, immune globulin, intravenous, nonlyophilized, (e.g., liquid), 500 mg)	AIM RXS04.003 RXS01.103	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	J1572	Hebogamma/Hebogamma DIF_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RXS04.003 RXS01.104	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	J1575	Hyvia_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 100 mg immunoglobulin)	AIM RXS04.003 RXS01.105	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	AIM RXS04.003	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.

Medical Infusion / Specialty Drug	13490	Cutaquig_(Immune Globulin (Human)-hipp)	<p>AIM RX501.137 MED206.001 RX501.135 RX501.063 SUR716.001 RX501.067 RX501.105 RX501.136 RX501.087 RX501.040 RX501.099 RX504.003 OTH903.027 OTH903.020 RX501.080 SUR706.001 RX501.086 RX501.085 RX501.104 RX502.030 MED206.006 MED201.014 RX501.130 RX501.129 RX501.049</p>	<p>AIM Clinical Guidelines Aducanumab-awwa Allergy Management Casimersen Compounded Drug Products Cosmetic and Reconstructive Procedures Enzyme-Replacement Therapy for Lysosomal Storage Disorders Esketamine Nasal Spray Evinacumab-dgnb FDA-Approved Drugs and Biologicals Human Growth Hormone (GH) Ibalizumab-uyk Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Mepolizumab Nasal and Sinus Surgery Nusinersen Ocrelizumab Onasemnogene Apeparovvec-xioi Rituximab and Biosimilars for Non-Oncologic Indications Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy Treatment of Hyperhidrosis Vekury Viltolarsen Viscosupplementation for Osteoarthritis</p>	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 BCBSNM.
Medical Infusion / Specialty Drug	13590	Cutaquig_(Immune Globulin (Human)-hipp)	<p>AIM RX501.137 RX501.135 RX501.073 RX501.063 RX501.067 RX501.136 RX501.087 RX501.099 RX504.003 RX501.051 RX501.080 RX501.085 RX501.104 RX501.129</p>	<p>AIM Clinical Guidelines Aducanumab-awwa 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 Apeparovvec-xioi Viltolarsen</p>	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 BCBSNM.
Medical Infusion / Specialty Drug	19035	Avastin_(Bevacizumab)	<p>AIM OTH903.027 OTH903.020 OTH903.015</p>	<p>AIM Clinical Guidelines Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)</p>	<p>Provider Administered Drug Therapy Medical Oncology & Supportive Care</p>	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.
Medical Infusion / Specialty Drug	19311	Rituxan-Hycela_(Rituximab Hyaluronidase)	<p>AIM RX502.030</p>	<p>AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications</p>	<p>Provider Administered Drug Therapy Medical Oncology & Supportive Care</p>	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.
Medical Infusion / Specialty Drug	19312	Rituxan_(Rituximab)	<p>AIM RX502.030</p>	<p>AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications</p>	<p>Provider Administered Drug Therapy Medical Oncology & Supportive Care</p>	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.
Medical Infusion / Specialty Drug	19999	Cutaquig_(Immune Globulin (Human)-hipp)	<p>AIM MED203.002 RX501.063 RX501.087 RX504.003 RX501.085 RX501.057</p>	<p>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]) Ocrelizumab Sodium Phenylbutyrate</p>	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 BCBSNM.
Medical Infusion / Specialty Drug	05105	Retacrit_(Epoetin alfa-epbx)	<p>AIM RX501.069</p>	<p>AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)</p>	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 BCBSNM.
Medical Infusion / Specialty Drug	05106	Retacrit_(Epoetin alfa-epbx)	<p>AIM RX501.069</p>	<p>AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)</p>	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 BCBSNM.
Medical Infusion / Specialty Drug	05115	Truxima_(Rituximab-abbs)	<p>AIM RX502.030</p>	<p>AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications</p>	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 BCBSNM.
Medical Infusion / Specialty Drug	05119	Ruxience_(Rituximab-pvvr)	<p>AIM RX502.030</p>	<p>AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications</p>	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 BCBSNM.
Medical Infusion / Specialty Drug	05123	Riabni_(Rituximab-arrx)	<p>AIM RX502.030</p>	<p>AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications</p>	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 BCBSNM.
Medical Infusion / Specialty Drug	10641	Fusilev_(Levoleucovorin Calcium)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	10642	Khapzory_(Levoleucovorin)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	10896	Reblozyl_(Luspatercept-aamt)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	10897	Prolia_(Denosumab)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	11442	Neupogen_(Filgrastim)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	11447	Granix_(Tbo-Filgrastim)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	12820	Leukine_(Sargramostim)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	12860	Sylvant_(Siltuximab)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19022	Tecentriq_(Atezolizumab)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19023	Bavencio_(Avelumab)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19037	Blenrep_(Belantamab mafodotin-bimf)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19039	Blinicyto_(Blinatumomab)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19042	Adcetris_(Brentuximab vedotin)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19043	Jevtana_(Cabazitaxel)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19047	Kyprolis_(Carfilzomib)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19055	Eribtux_(Cetuximab)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19057	Aliqopa_(Copanlisib)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19119	Litbayo_(Cemiplimab-rwlc)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19144	Darzalex-Faspro_(Daratumumab-hyaluronidase-fjh)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19145	Darzalex_(Daratumumab)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19173	Imfinzi_(Durvalumab)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19176	Empliciti_(Elotuzumab)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19177	Padcev_(Fam-trastuzumab deruxtecan-rwlk)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19179	Halaven_(Eribulin)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19203	Mylotarg_(Gemtuzumab ozogamicin)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19204	Poteligeo_(Mogamulizumab- kpkc)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19205	Orinvyde_(irinotecan liposome)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19207	Ixempra_(Ixabepilone)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19223	Zepzelca_(Lurbinectedin)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19227	Sarclisa_(Isatuximab-Ifc)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19228	Yervoy_(Ipilimumab)	<p>AIM</p>	<p>AIM Clinical Guidelines</p>	Medical Oncology & Supportive Care	Prior Authorization required through AIM.

Medical Infusion / Specialty Drug	J9229	Besponsa_(Inotuzumab azogamicin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9264	Abraxane_(Paclitaxel protein-bound particles)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9269	Elzonris_(Tagraxofusp-erzs)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9271	Keytruda_(Pembrolizumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9281	Jelmyto_(Mitomycin Gel)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9299	Opdivo_(Nivolumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9301	Gazyva_(Obinutuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9302	Arzerra_(Ofatumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9303	Vectibix_(Panitumumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9306	Perjeta_(Pertuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9308	Cyramza_(Ramucirumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9309	Polivy_(Polatuzumab vedotin-piiq)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9313	Lumoxiti_(Moxetumomab pasudotox-tfak)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9316	Phesgo_(Pertuzumab-Trastuzumab-Hyaluronidase-zxf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9317	Trodelvy_(Sacituzumab-govitecan)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9348	Danyelto_(Naxitamab-gqgk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9349	Monjuvi_(Tafasitamab-cxix)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9352	Tondelis_(Trabectedin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9353	Margenza_(Margetuximab-cmkb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9354	Kadcyla_(Ado-Trastuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9355	Herceptin_(Trastuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9356	Herceptin Hylecta_(Trastuzumab-hyaluronidase-oyzk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9358	Enhertu_(Fam-trastuzumab deruxtecan-nxki)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2043	Provenge_(SRPvaccines-T)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2049	Doxil/Lipodox_(Doxorubicin liposomal)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q2050	Doxil/Lipodox_(Doxorubicin liposomal)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q4081	ESRD, Epogen/Procrit_(Epoetin Alfa)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5101	Zarxio_(Filgrastim-sndz)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5107	Mvasi_(Bevacizumab-awwb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5108	Fulphila_(Pegfilgrastim-jmdb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5110	Nivestym_(Filgrastim-aaf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5111	Udenyca_(Pegfilgrastim-cbqv)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5112	Ontruzant_(Trastuzumab-dtrb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5113	Herzuma_(Trastuzumab-pkrb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5114	Ogivi_(Trastuzumab-dkst)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5116	Trazimera_(Trastuzumab-qyyp)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5117	Kanjinti_(Trastuzumab-anns)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5118	Zirabev_(Bevacizumab-bvaz)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5120	Ziextenzo_(Pegfilgrastim-bmez)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	Q5122	Nyvepria_(Pegfilgrastim-aggf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	90283	IVIg (immune globulin intravenous)	PSY301.014 RX504.003	Autism Spectrum Disorders (ASD) Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	90284	SCIG	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	90378	Synagis (palivizumab)	RX504.009	Respiratory Syncytial Virus (RSV) Immunoprophylaxis	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	C9257	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 BCBSNM.
Medical Infusion / Specialty Drug	J0129	Orencia (abatacept)	RX501.113 RX501.095	Abatacept Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0180	Fabryzyme (agalasidase beta)	RX501.067 RX501.056	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0202	Lamtraide (alemtuzumab)	RX501.077	Alemtuzumab	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0221	Lumizyme (alginate-chitosan)	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 BCBSNM.
Medical Infusion / Specialty Drug	J0222	Onpatro (patisiran)	RX501.096 RX501.102	Specialty Medication Administration Site of Care Patisiran (Onpatro)	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0223	Givlaari (givosiran)	RX501.125 RX501.096	Givosiran Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0490	Benlysta (belimumab)	RX501.116 RX501.096	Belimumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0517	Fasenra (benralizumab)	RX501.100 RX501.096	Benralizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0565	Zinplava (beclotouxumab)	RX501.093	Beclotouxumab	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0567	Brineura (cerliponase alfa)	RX501.092	Cerliponase alfa	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0584	Crysvita (burosumab-twaa)	RX502.058 RX501.096	Burosumab-twaa Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0585	Botox (onabotulinumtoxinA)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0586	Dysport (abobotulinumtoxinA)	RX501.019 MED201.014	Botulinum Toxin Treatment of hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0587	Myobloc (rimabotulinumtoxinB)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0588	Xeomin (incobotulinumtoxinA)	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0598	Cinryze (C1 esterase inhibitor)	RX504.013 RX501.096	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 BCBSNM.
Medical Infusion / Specialty Drug	J0638	Ilaris (canakinumab)	RX501.119 RX501.096	Canakinumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0717	Cimzia (certolizumab pegol)	RX501.111 RX501.096	Certolizumab Pegol Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0775	Xiaflex (collagenase, clostridium histolyticum)	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0791	Adakveo (crizanlizumab-tmca)	RX501.126 RX501.096	Crizanlizumab-tmca Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J0888	Mircera (pegylated-epoetin beta)	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J1290	Kalbitor (ecallantide)	RX504.013 RX501.096	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 BCBSNM.

Medical Infusion / Specialty Drug	11300	Soliris (eculizumab)	RX501.066 RX501.096	Eculizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	11301	Radacava (edaravone)	RX501.095 RX501.096	Edaravone Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	11303	Ultomiris (ravulizumab-cwvz)	RX501.107 RX501.096	Ravulizumab-cwvz Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	11322	Vimizim (elosulfase alfa)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	11325	Flofan, Veletri (epoprostenol)	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	11428	Exondys 51 (eteplirsen)	RX501.084	Eteplirsen	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	11458	Naglazyme (galsulfase)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	11562	Vivaglobin (immune globulin subcutaneous)	RX504.003	Immunglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	11602	Simponi Aria (golimumab)	RX501.112 RX501.096	Golimumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	11675	hiztralin acetate	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	11726	Makena (hydroxyprogesterone caproate)	RX501.062	Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	11743	Elaprase (dursulfase)	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 BCBSNM.
Medical Infusion / Specialty Drug	11745	Remicade (infliximab)	THE801.028 RX501.051 RX501.096	Acne Management Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	11746	Trogazo (balizumab-ulyk)	RX501.099 RX501.096	Balizumab-ulyk Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	11786	Cerezyme (miglustase)	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	11931	Aldurazyme (laronidase)	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 BCBSNM.
Medical Infusion / Specialty Drug	11950	Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, per 3.75 mg)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	12182	Nucala (mepolizumab)	RX501.080 RX501.096	Mepolizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	12278	Prialt (ziconotide)	RX501.060	Ziconotide	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	12323	Tysabri (natalizumab)	RX501.059 RX501.096	Natalizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	12326	Spiranza (nusinersen)	RX501.086	Nusinersen	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	12350	Ocrevus (ocrelizumab)	RX501.085 RX501.096	Ocrelizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	12357	Xolair (omalizumab)	RX501.058 RX501.096	Omalizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	12502	Signifor LAR (pasireotide)	RX501.079	Pasireotide	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	12507	Krysteoa (pegloticase)	RX501.120 RX501.096	Pegloticase Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	12562	Mozobil (plerixafor)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	12786	Cinqair (reslizumab)	RX501.083 RX501.096	Reslizumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	12840	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 BCBSNM.
Medical Infusion / Specialty Drug	12941	Humatrope, Saizen (somatropin)	RX501.040	Human Growth Hormone (GH)	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	13032	Vyepti (eptinezumab-jjmr)	RX501.124 RX501.096	Eptinezumab-jjmr Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	13060	Eileyo (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 BCBSNM.
Medical Infusion / Specialty Drug	13121	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 BCBSNM.
Medical Infusion / Specialty Drug	13145	Aveed (testosterone undecanoate)	SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	13241	Tepezza (teprotumumab-trbw)	RX501.096 RX501.110	Specialty Medication Administration Site of Care Teprotumumab	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	13245	Iumya (tildrakizumab-asmn)	RX501.096 RX501.123	Specialty Medication Administration Site of Care Tildrakizumab-asmn	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	13262	Actemra (tocilizumab)	RX501.096 RX501.115	Specialty Medication Administration Site of Care Tocilizumab	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	13285	Remodulin (treprostinil)	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	13315	Trelestar (triptorelin pamoate)	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	13358	Stelara (ustekinumab for intravenous use)	RX501.096 RX501.114	Specialty Medication Administration Site of Care Ustekinumab	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	13380	Envyio (vedolizumab)	RX501.096 RX501.117	Specialty Medication Administration Site of Care Vedolizumab	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	13385	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 BCBSNM.
Medical Infusion / Specialty Drug	13397	Mepesivi (vestronidase alfa-yibk)	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 BCBSNM.
Medical Infusion / Specialty Drug	13398	Luxturna (voretigene neparovvec-rzyl)	RX501.098	Gene Therapy for Inherited Retinal Dystrophy	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	13399	Zolgensma (onasemnogene abeparovvec-xio)	RX501.104	Onasemnogene Abeparovvec-xio	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	17178	RiaSTAP (human fibrinogen concentrate (Fate))	RX501.072	Human Fibrinogen Concentrate (RiaSTAP and Fibruga)	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	17340	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 BCBSNM.
Medical Infusion / Specialty Drug	19032	Beleodag (belinostat)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	19153	Vyxeos (daunorubicin and cytarabine)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	19155	Firmagon (degarelix)	RX502.061 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	19202	Zoladex (goserelin acetate implant)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	19217	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 BCBSNM.
Medical Infusion / Specialty Drug	19218	leuprolide acetate, non depot	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	19219	Viadur (leuprolide acetate implant)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	19225	Vantas (hiztralin implant)	RX502.063 RX501.041	Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	19226	Supprelin LA (hiztralin implant)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	19295	Portrazza (necitumumab)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	19325	Imlygic (talimogene laherparepvec)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	Q2041	Yescarta (axicabtagene ciloleucel)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	Q2042	Kymriah (tisagenlecleucel)	RX502.061	Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	Q5103	Inflectra (infliximab-dyyb)	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	Q5104	Renflexis (infliximab-abda) - NON-PREFERRED	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	Q5109	bixi (infliximab-qbxi) - NON-PREFERRED	RX501.051	Infliximab and Associated Biosimilars	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	Q5121	Avsola (infliximab-axxa)	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	50157	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 BCBSNM.
Medical Infusion / Specialty Drug	50189	Testopel (testosterone pellets)	SUR717.001 RX501.007 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Hormone Replacement Therapies (HRT) Using Implanted Pellets for Women and Delayed Puberty Testosterone Replacement Therapies	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.

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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