

## 2022 Specialty Pharmacy Preauthorization Drug List

Indated Enhance 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) *Tradomarks are the property of their respective owners.	Medical Policy Number	Medical Policy Title	Reason for Prior Authorization Requirement** (AIM = Med Oncolog y & Supportive Care BCESINN = 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 ancology drugs that are supported by an oncology diagnosis. Refer to the Vigotac History / Prior Authorization Delegation hotes 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 encology 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	Cutaquig_(Immune Globulin (Human)- hipp)	AIM RX501.137 RX501.135 RX501.136 RX501.087 RX501.099 RX504.003 RX501.130 RX501.129	AM Clinical Guidelines Aducanumsha-wwa Casimersen Evinacumah-dgmb Evinacumah-d	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 BCBSMM.
Medical Infusion / Specialty Drug	J0881	Non-ESRD, Aranesp_(Darbepoetin alfa)	AIM RX501.069	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 RX501.069	AIM Clinical Guidelines Erythropoiesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	J0885	Non-ESRD, Epogen/Procrit_(Epoetin Alfa)	AIM RX501.069	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 RX504.003 RX501.096	AIM Clinical Guidelines Immunoglobulin (Ig) Therapy (Including Intravenous [VIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	Infusion Site of Care Medical Oncology & Supportive Care	AllM 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)- slra)	AIM RX504.003	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	Cuvitru_(Immune Globulin (Human) Subcutaneous)	AIM RX504.003 RX501.096	AIM Clinical Guidelines Immunoglobulin (lig.) 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	Bivigam_(Injection, immune globulin, 500 mg)	AIM RX504.003 RX501.096	AIM Clinical Guidelines Immunoglobulin (lg) 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	(Gammaplex_(injection, immune globulin, , intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.097	AIM Clinical Guidelines Immunoglobulin (lg) 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 RX504.003 RX501.098	AIM Clinical Guidelines Immunoglobulin (lig) 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 RX504.003 RX501.099	AIM Clinical Guidelines Immunoglobulin (lig) 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 RX504.003 RX501.100	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 BCBSMM.
Medical Infusion / Specialty Drug	J1566	injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	AIM RX504.003 RX501.101	AIM Clinical Guidelines Immunoglobulin (lg) 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 RX504.003 RX501.102	AIM Clinical Guidelines Immunoglobulin (lg) 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 RX504.003 RX501.103	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	Flebogamma/Flebogamma Dif_(Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), 500 mg)	AIM RX504.003 RX501.104	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	Hyqvia_(Injection, immune globulin/hyaluronidase, , 100 mg immuneglobulin)	AIM RX504.003 RX501.105	AIM Clinical Guidelines Immunoglobulin (lg) 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 RX504.003	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.

			AIM RX501.137	AIM Clinical Guidelines Aducanumab-avwa		
			MED206.001	Aducanumab-avwa Allergy Management		
			RX501.135 RX501.063	Casimersen Compounded Drug Products		
			SUR716.001	Cosmetic and Reconstructive Procedures		
			RX501.067 RX501.105	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Esketamine Nasal Spray		
			RX501.136	Evinacumab-dgnb		
			RX501.087 RX501.040	FDA-Approved Drugs and Biologicals Human Growth Hormone (GH)		
			RX501.099	Ibalizumab-uiyk		AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	J3490	Cutaquig_(Immune Globulin (Human)- hipp)	RX504.003 OTH903.027	Immunoglobulin (ig) Therapy (Including Intravenous [IVIG] and Subcutaneous ig [SCIG]) Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
		1	OTH903.020	Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions		BCBSNM.
			RX501.080 SUR706.001	Mepolizumab Nasal and Sinus Surgery		
			RX501.086 RX501.085	Nusinersen Ocrelizumab		
			RX501.104	Onasemnogene Abeparvovec-xioi		
			RX502.030 MED206.006	Rituximab and Biosimilars for Non-Oncologic Indications Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy		
			MED201.014	Treatment of Hyperhidrosis		
			RX501.130 RX501.129	Veklury Viltolarsen		
			RX501.049	Viscosupplementation for Osteoarthritis		
			AIM RX501.137	AIM Clinical Guidelines Aducanumab-avwa		
			RX501.135	Casimersen		
			RX501.073 RX501.063	Clostridial Collagenase for Fibroproliferative Disorders Compounded Drug Products		
			RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders		
Medical Infusion / Specialty Drug	13590	Cutaquig_(Immune Globulin (Human)-	RX501.136 RX501.087	Evinacumab-dgnb FDA-Approved Drugs and Biologicals	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
,,	,	hipp)	RX501.099	Ibalizumab-uiyk		BCBSNM.
			RX504.003 RX501.051	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Infliximab and Associated Biosimilars		
			RX501.080 RX501.085	Mepolizumab Ocrelizumab		
			RX501.085 RX501.104	Onasemnogene Abeparvovec-xioi		
	1		RX501.129	Viltolarsen		
Modical Infraint (C. 1111)	10025	Avartin (Royalarman)	AIM OTH903.027	AIM Clinical Guidelines Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders	Provider Administered Drug Therapy	AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	19035	Avastin_(Bevacizumab)	OTH903.020 OTH903.015	Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	10211	Rituxan- Hycela_(Rituximab	AIM	AIM Clinical Guidelines	Provider Administered Drug Therapy	AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	3 19311	Hyaluronidase)	RX502.030	Ritximab and Biosimilars for Non-Oncologic Indications	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCESNM.  AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	J9312	Rituxan*_(Rituximab)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Provider Administered Drug Therapy Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
			AIM MED203.002	AIM Clinical Guidelines Antineoplaston Cancer Therapy		
Administration (Consists December	10000	Cutaquig_(Immune Globulin (Human)-	RX501.063	Compounded Drug Products	Madical Consider & Consentius Cons	AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	19999	hipp)	RX501.087 RX504.003	FDA-Approved Drugs and Biologicals Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
			RX501.085 RX501.057	Ocrelizumab Sodium Phenylbutyrate		
	1		AIM	AIM Clinical Guidelines		AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	Q5105	Retacrit_(Epoetin alfa-epbx)	RX501.069	Erythropolesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
			AIM	AIM Clinical Guidelines		AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	Q5106	Retacrit_(Epoetin alfa-epbx)	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCESNM.  AIM will review requests for oncology drugs that are supported by an oncology diagnosis.
Medical Infusion / Specialty Drug	Q5115	Truxima_(Rituximab-abbs)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Medical Oncology & Supportive Care	If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	Q5119	Ruxience_(Rituximab-pvvr)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.
Medical Infusion / Specialty Drug	Q5123	Riabni_(Rituximab-arrx)	AIM RX502.030	AIM Clinical Guidelines Rituximab and Biosimilars for Non-Oncologic Indications	Medical Oncology & Supportive Care	AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by
			AIM			BCBSNM.
Medical Infusion / Specialty Drug	30641	Fusilev_(Levoleucovorin Calcium)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J0642	Khapzory_(Levoleucovorin )	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J0896	Reblozyl_(Luspatercept-aamt)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J0897	Prolia/Xgeva_(Denosumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J1442	<b>†</b>	AIM	AIM Clinical Guidelines		Prior Authorization required through AIM.
Medical iniusion / specialty brug	1	Neupogen_(Filgrastim )			Medical Oncology & Supportive Care	Prior Authorization required through Auto.
Medical Infusion / Specialty Drug	J1447	Granix_(Tbo-Filgrastim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J2820	Leukine_(Sargramostim)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J2860	Sylvant (Siltuximab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
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Medical Infusion / Specialty Drug	J9022	Tecentriq_(Atezolizumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9023	Bavencio_(Avelumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9037	Blenrep (Belantamab mafodotin-blmf)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19039	Blincyto_(Blinatumomab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	-	<b>†</b>			1	
Medical Infusion / Specialty Drug	J9042	Adcetris_(Brentuximab vedotin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9043	Jevtana_(Cabazitaxel)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Manager 1 10 11 11		Kyprolis _(Carfilzomib)	AIM		. —	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9047	kypiolis_(carilizoffilo)	AllVI	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Filor Authorization required through Anivi.
	1	<b>†</b>	AIM	AIM Clinical Guidelines  AIM Clinical Guidelines		
Medical Infusion / Specialty Drug	19055	Erbitux_(Cetuximab )	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	1	<b>†</b>	AIM AIM	AIM Clinical Guidelines AIM Clinical Guidelines		Prior Authorization required through AIM.  Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	J9055 J9057	Erbitux_(Cetuximab )	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug  Medical Infusion / Specialty Drug	g J9055 g J9057 g J9119	Erbitux_(Cetuximab ) Aliqopa_(Copanlisib)	AIM AIM	AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care  Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Prior Authorization required through AIM.
Medical Infusion / Specialty Drug  Medical Infusion / Specialty Drug  Medical Infusion / Specialty Drug	3 J9055 3 J9057 3 J9119 3 J9144	Erbitux_(Cetuximab ) Aliqopa_(Copanlisib) Libtayo (Cemiplimab-rwlc) Darzalex-Faspro_(Daratumumab-	AIM AIM	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care  Medical Oncology & Supportive Care  Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Prior Authorization required through AIM.  Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	\$ J9055 \$ J9057 \$ J9119 \$ J9144 \$ J9145	Erbitux_(Cetusimab )  Aliqopa_(Copanlisib)  Libtayo (Cemiplimab-rwic)  Darzalex-Faspro_(Daratumumab-hyaluronidase-fijh)	AIM AIM AIM	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	\$ 19055 \$ 19057 \$ 19119 \$ 19144 \$ 19145 \$ 19173	Erbitux (Cetusimab ) Aliqopa (Copanisib) Libtayo (Cemiplimab-rwkc) Darzalex-Faspro_(Daratumumab-hyaluronidase-fijh) Darzalex_(Daratumumab) Imfinci_(Durvalumab)	AIM AIM AIM AIM AIM AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	\$ 19055 \$ 19057 \$ 19119 \$ 19144 \$ 19145 \$ 19173	Erbitux (Cetusimab ) Aliqopa (Copanisib) Libtayo (Cemiplimah-nvic) Darzalex-Faspro (Daratumumab- hyaluronidase-fijh) Darzalex (Daratumumab) Infinzi (Durvalumab) Empliciti (Elotuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	\$ 19055 \$ 19057 \$ 19119 \$ 19144 \$ 19145 \$ 19173	Erbitux (Cetusimab ) Aliqopa (Copanisib) Libtayo (Cemiplimab-rwk) Darzalex-Faspro_(Daratumumab-hyaluronidase-fijh) Darzalex_(Daratumumab) Imfinci_(Durvalumab)	AIM AIM AIM AIM AIM AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19055   19057   19057   19119   19144   19145   19173   19176   19177   1917	Erbitus_(Cetusinab )  Aliqopa_(Copanlisib)  Libitayo (Cemiplimab-rwlc)  Darzales_Faspro_(Daratumumab- hyaluronidase-fijn)  Darzales_(Daratumumab)  imfinat_(Durvalumab)  Emplicit_(Elotuzumab)  Padocy_(Fam-trastuzumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19055   19057   19157   19144   19145   19176   19177   19179   19177   19179   1917	Erbitux (Cetusimab )  Aliqopa (Copanisib)  Libtayo (Cemiplimab-rwic)  Darzalex-Faspro (Daratumumab-hyalurondose-fijh)  Darzalex (Coratumumab)  imfinzi (Durvalumab)  Emplicit (Efotuzumab)  Padex (Fant-restuzumab)  denutecan-roki)  Halawen (Eribulin )	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19055   19057   19119   19144   19145   19176   19177   19179   19203   19203   19203   19203   19205   1920	Erbitux (Cetusimab )  Aliqopa (Copanisib)  Libtayo (Cemiplimab-rwkc)  Darzalex-Faspro_(Daratumumab-hyaluroulosiase-fiji)  Darzalex (Coratumumab)  imfinzi_(Durvalumab)  Emplicit_(Elotuzumab)  Fadex_(Farat-rastuzumab)  Halaven_(Eribulin)  Mylotarg_(Gemtuzumab ozogamicin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19055   19057   19057   19057   19057   19119   19144   19145   19173   19176   19177   19179   19203   19204   1920	Erbitux (Cetusimab )  Aliqopa (Copanisib)  Libtayo (Cemiplimab-rwic)  Darzalex-Faspro (Daratumumab-hyalurodiodas-fijh)  Darzalex (Claratumumab)  Imfinzi (Durvalumab)  Emplicit (Elotuzumab)  Padcex (Fam-trastuzumab)  Andaven (Erbitulin)  Mylotarg (Gemtuzumab orogamicin)  Poteligeo (Mogamulizumab-kykc)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19055   19057   19057   19057   19057   19119   19144   19145   19173   19176   19177   19179   19203   19204   1920	Erbitux (Cetusimab )  Aliqopa (Copanisib)  Libtayo (Cemiplimab-rwkc)  Darzalex-Faspro_(Daratumumab-hyaluroulosiase-fiji)  Darzalex (Coratumumab)  imfinzi_(Durvalumab)  Emplicit_(Elotuzumab)  Fadex_(Farat-rastuzumab)  Halaven_(Eribulin)  Mylotarg_(Gemtuzumab ozogamicin)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19055   19057   19057   19057   19119   19144   19145   19173   19176   19177   19179   19204   19205   19204   19205   1920	Erbitux (Cetusimab )  Aliqopa (Copanisib)  Libtayo (Cemiplimab-rwic)  Darzalex-Faspro (Daratumumab-hyalurodiodas-fijh)  Darzalex (Claratumumab)  Imfinzi (Durvalumab)  Emplicit (Elotuzumab)  Padcex (Fam-trastuzumab)  Andaven (Erbitulin)  Mylotarg (Gemtuzumab orogamicin)  Poteligeo (Mogamulizumab-kykc)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19055   19057   19057   19057   19057   19119   19144   19145   19173   19176   19177   19179   19203   19204   19205   19207   1920	Erbitux (Cetusimab )  Aliqopa (Copanisib)  Libtayo (Cemiplimab-rwic)  Darzalex-Faspro (Daratumumab-hyaluronduse-fijh)  Darzalex (Coratumumab)  Imfinzi (Durvalumab)  Emplicit (Elotuzumab)  Padex (Fam't estatuzumab  derustecan-rokk)  Halaven (Eribulin )  Mylotarg (Gemtuzumab orogamicin)  Poteligeo (Mogamulizumab kokc)  Onlwyde (Irinotecan liposome)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19055   19057   19057   19057   19119   19144   19145   19173   19176   19177   19203   19204   19205   19207   19223   19223   19223   19224   19225   1922	Erbitux (Cetusimab )  Aliqopa (Copanisib)  Libtayo (Cemiplimab-rwic)  Darzalex-Faspro (Daratumumab-hyaluronduse-fijh)  Darzalex (Coratumumab)  Imfinzi (Durvalumab)  Emplicit (Elotuzumab)  Padcex (Fam-trastuzumab)  Andersen (Erbitulin)  Mylotarg (Gemtuzumab orogamicin)  Potelige (Mogamulizumab rogamicin)  Potelige (Mogamulizumab rogamicin)  Lempra (Istabelpilone)  Lempra (Istabelpilone)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care  Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19055   19057   19057   19057   19119   19144   19145   19173   19176   19177   19203   19204   19205   19207   19223   19223   19223   19224   19225   1922	Erbitux (Cetusimab )  Aliqopa (Copanisib)  Libtayo (Cemiplimab-rwic)  Darzalex-Faspro (Daratumumab-hyaluronduse-fijh)  Darzalex (Coratumumab)  Imfinzi (Durvalumab)  Emplicit (Efotuzumab)  Padex (Farn tratuzumab  denutecan-noki)  Halaven (Erbulin )  Mylotarg (Jemtuzumab ocogamicin)  Poteligeo (Mogamulizumab ocogamicin)  Poteligeo (Mogamulizumab ocogamicin)  lempra (Istabelpilone)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug	19055   19057   19057   19057   19119   19144   19145   19173   19176   19177   19203   19204   19205   19207   19223   19223   19223   19224   19225   1922	Erbitux (Cetusimab )  Aliqopa (Copanisib)  Libtayo (Cemiplimab-rwic)  Darzalex-Faspro (Daratumumab-hyaluronduse-fijh)  Darzalex (Coratumumab)  Imfinzi (Durvalumab)  Emplicit (Elotuzumab)  Padcex (Fam-trastuzumab)  Andersen (Erbitulin)  Mylotarg (Gemtuzumab orogamicin)  Potelige (Mogamulizumab rogamicin)  Potelige (Mogamulizumab rogamicin)  Lempra (Istabelpilone)  Lempra (Istabelpilone)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care  Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Prior Authorization required through AIM.

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Medical Infusion / Specialty Drug J9229	Besponsa_(Inotuzumab ozogamicin)	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 19269	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 19299	Opdivo (Nivolumab)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM
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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 19313	Lumoxiti (Moxetumomab pasudotox-	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	tdfk)  Phesgo (Pertuzumab-Trastuzumab-				
Medical Infusion / Specialty Drug J9316	Hyaluronidase-zzxf)	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	Danyelza_(Naxitamab-gqgk)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug 19349	Monjuvi_(Tafasitamab-cxix)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
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Medical Infusion / Specialty Drug J9352	Yondelis_(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-	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
	hyaluronidase-oysk) Enhertu (Fam-trastuzumab				
Medical Infusion / Specialty Drug J9358	deruxtecan-nxki)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Q2043	Provenge_(Sipuleucel-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.
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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-aafi)	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-dttb)	AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
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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 Q5113  Medical Infusion / Specialty Drug Q5114		AIM AIM	AIM Clinical Guidelines AIM Clinical Guidelines		
Medical Infusion / Specialty Drug Q5114	Ogivri_(Trastuzumab-dkst)			Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Q5114  Medical Infusion / Specialty Drug Q5116	Ogivri_(Trastuzumab-dkst)  Trazimera_(Trastuzumab-qyyp)	AIM AIM	AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care  Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Q5114  Medical Infusion / Specialty Drug Q5116  Medical Infusion / Specialty Drug Q5117	Ogivri_(Trastuzumab-dkst) Trazimera_(Trastuzumab-qyyp) Kanjinti_(Trastuzumab-anns)	AIM AIM	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care  Medical Oncology & Supportive Care  Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Prior Authorization required through AIM.  Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Q5114  Medical Infusion / Specialty Drug Q5116	Ogivri_(Trastuzumab-dkst)  Trazimera_(Trastuzumab-qyyp)	AIM AIM	AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care  Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Q5114  Medical Infusion / Specialty Drug Q5116  Medical Infusion / Specialty Drug Q5117	Ogivri_(Trastuzumab-dkst) Trazimera_(Trastuzumab-qyyp) Kanjinti_(Trastuzumab-anns)	AIM AIM	AIM Clinical Guidelines AIM Clinical Guidelines AIM Clinical Guidelines	Medical Oncology & Supportive Care  Medical Oncology & Supportive Care  Medical Oncology & Supportive Care	Prior Authorization required through AIM.  Prior Authorization required through AIM.  Prior Authorization required through AIM.
Medical Infusion / Specialty Drug Q5114  Medical Infusion / Specialty Drug Q5116  Medical Infusion / Specialty Drug Q5117  Medical Infusion / Specialty Drug Q5118	Ogivri_[Trastuzumab-dkst)  Trazimera_[Trastuzumab-qyyp)  Kanjinti_[Trastuzumab-anns]  Zirabev_[8evacizumab-bvzr]	AIM AIM AIM AIM AIM AIM AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical infusion / Specialty Drug QS114 Medical Infusion / Specialty Drug QS116 Medical Infusion / Specialty Drug QS117 Medical Infusion / Specialty Drug QS118 Medical Infusion / Specialty Drug QS118 Medical Infusion / Specialty Drug QS120	Oglvri_(Trastuzumab-dixst) Trazimera_(Trastuzumab-qyyp) Kanjinti_(Trastuzumab-anns) Zirabev_(Bevacizumab-bvzr) Ziextenzo_(Pegfilgrastim-bmez)	AIM AIM AIM AIM	AIM Clinical Guidelines	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug QS114 Medical Infusion / Specialty Drug QS116 Medical Infusion / Specialty Drug QS117 Medical Infusion / Specialty Drug QS118 Medical Infusion / Specialty Drug QS120 Medical Infusion / Specialty Drug QS120 Medical Infusion / Specialty Drug QS122	Ogivri (Trastuzumab-disst) Trazimera (Trastuzumab-qyp) Kanjini (Trastuzumab-anra) Zirabev (Bevucicumab-bvzr) Ziesterzo (Pegfilgrastin-bmez) Nyvepria (Pegfilgrastin-apgf)	AIM	AIM Clinical Guidelines  Autorin Spectrum Disorders (ASD)	Medical Oncology & Supportive Care	Prior Authorization required through AIM.
Medical Infusion / Specialty Drug QS114 Medical Infusion / Specialty Drug QS116 Medical Infusion / Specialty Drug QS117 Medical Infusion / Specialty Drug QS118 Medical Infusion / Specialty Drug QS120 Medical Infusion / Specialty Drug QS1220 Medical Infusion / Specialty Drug QS1220 Medical Infusion / Specialty Drug QS122	Ogivri_(Trastuzumab-dist) Trazimera_(Trastuzumab-qyyp) Kanjinti_(Trastuzumab-anns) Zirabev_(Bevaziumab-bvzr) Ziestenzo_(Psegfiigrastim-bmez) Nyvepria_(Pegfiigrastim-apgf) IVIG (Immune globulin intravenous) SCIG	AIM AIM AIM AIM AIM AIM PSYSOL 014 RX504.003	AIM Clinical Guidelines  Intervention of the Company (Including Intravenous [IVIG] and Subcutaneous (g [SCIG])  Immunoglobulin ((g) Therapy (Including Intravenous [IVIG] and Subcutaneous (g [SCIG])	Medical Oncology & Supportive Care  Provider Administered Drug Therapy	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug 05114 Medical Infusion / Specialty Drug 05116 Medical Infusion / Specialty Drug 05117 Medical Infusion / Specialty Drug 05117 Medical Infusion / Specialty Drug 05120 Medical Infusion / Specialty Drug 05122 Medical Infusion / Specialty Drug 05122 Medical Infusion / Specialty Drug 09283 Medical Infusion / Specialty Drug 09284 Medical Infusion / Specialty Drug 09284 Medical Infusion / Specialty Drug 09284	Ogivri_(Trastuzumab-disst) Trasimera_Trastuzumab-qyyp) Kanjinti_(Trastuzumab-anes) Zirabev_(Bevoiztumab-bzzr) Ziesteno_(Pegfilgrastim-bmez) Nyvepria_(Pegfilgrastim-apgf) NYG (Immune globulin intravenous) SCIG Synagis (palivizumab)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AIM Clinical Guidelines  Autism Spectrum Disorders (ASD)  Immunoglobulin (lg) Therapy (including intravenous [IVIG] and Subcutaneous Ig (SCIG))  Immunoglobulin (lg) Therapy (including intravenous [IVIG] and Subcutaneous Ig (SCIG))  Respiratory Syncytial Virus (RSV) Immunoprophylaxis  Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.  Prior Authorization required through BCBSNM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug QS114 Medical Infusion / Specialty Drug QS116 Medical Infusion / Specialty Drug QS117 Medical Infusion / Specialty Drug QS118 Medical Infusion / Specialty Drug QS120 Medical Infusion / Specialty Drug QS122 Medical Infusion / Specialty Drug QS122 Medical Infusion / Specialty Drug QS228 Medical Infusion / Specialty Drug QS288 Medical Infusion / Specialty Drug QS284	Ogivri_(Trastuzumab-dist) Trazimera_(Trastuzumab-qyyp) Kanjinti_(Trastuzumab-anns) Zirabev_(Bevaziumab-bvzr) Ziestenzo_(Psegfiigrastim-bmez) Nyvepria_(Pegfiigrastim-apgf) IVIG (Immune globulin intravenous) SCIG	AIM  AIM  AIM  AIM  AIM  AIM  PSYSOL 014  8X504.003  RX504.009	AIM Clinical Guidelines AIM Cl	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug 05114 Medical Infusion / Specialty Drug 05116 Medical Infusion / Specialty Drug 05117 Medical Infusion / Specialty Drug 05117 Medical Infusion / Specialty Drug 05120 Medical Infusion / Specialty Drug 05122 Medical Infusion / Specialty Drug 05122 Medical Infusion / Specialty Drug 09283 Medical Infusion / Specialty Drug 09284 Medical Infusion / Specialty Drug 09284 Medical Infusion / Specialty Drug 09284	Ogivri_(Trastuzumab-disst) Trasimera_Trastuzumab-qyyp) Kanjinti_(Trastuzumab-anes) Zirabev_(Bevoiztumab-bzzr) Ziesteno_(Pegfilgrastim-bmez) Nyvepria_(Pegfilgrastim-apgf) NYG (Immune globulin intravenous) SCIG Synagis (palivizumab)	AIM	AIM Clinical Guidelines  Autism Spectrum Disorders (ASD)  Immunoglobulin (lg) Therapy (including intravenous [IVIG] and Subcutaneous Ig (SCIG))  Immunoglobulin (lg) Therapy (including intravenous [IVIG] and Subcutaneous Ig (SCIG))  Respiratory Syncytial Virus (RSV) Immunoprophylaxis  Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.  Prior Authorization required through BCBSNM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug 05114 Medical Infusion / Specialty Drug 05116 Medical Infusion / Specialty Drug 05117 Medical Infusion / Specialty Drug 05117 Medical Infusion / Specialty Drug 05120 Medical Infusion / Specialty Drug 05122 Medical Infusion / Specialty Drug 05122 Medical Infusion / Specialty Drug 05284 Medical Infusion / Specialty Drug 05287	Ogivri_[frastuzumab-dist]  Trazimera_[frastuzumab-dist]  Trazimera_[frastuzumab-anns)  Zirabev_[Bevacizumab-bvzr]  Ziestenzo_[Pegfilgrastim-bnez]  Nyvepria_[Pegfilgrastim-apgf]  NVIG (immune globulin intravenous)  SCIG  Synagis (palivizumab)  Avastin (bevacizumab)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AIM Clinical Guidelines  AIM Clinical Guidelin	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug 05:114 Medical Infusion / Specialty Drug 05:116 Medical Infusion / Specialty Drug 05:116 Medical Infusion / Specialty Drug 05:117 Medical Infusion / Specialty Drug 05:122 Medical Infusion / Specialty Drug 05:122 Medical Infusion / Specialty Drug 05:123 Medical Infusion / Specialty Drug 05:124 Medical Infusion / Specialty Drug 05:125 Medical Infusion / Specialty Drug 05:126 Medical Infusion / Specialty Drug 10:127 Medical Infusion / Specialty Drug 10:128 Medical Infusion / Specialty Drug 10:129 Medical Infusion / Specialty Drug 10:180	Ogivri_[frastuzumab-dist]  Trazimera_[frastuzumab-dist]  Trazimera_[frastuzumab-dypp)  Kanjinti_[frastuzumab-anns)  Zirabev_[fewacizumab-bzzr]  Zirabev_[fewacizumab-bzzr]  Zirabev_[fewacizumab-bzzr]  Zirabev_[fewacizumab-bzzr]  Nyvepria_[Pegfilgrastim-bnez]  Nyvepria_[Pegfilgrastim-apgf]  NViG (immune globulin intravenous)  SCIG  Synagis (palivizumab)  Avastin (bevacizumab)  Orencia (abatacept)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AIM Clinical Guidelines  AIM Clinical Guidelin	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care  Infusion Site of Care	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug 05114 Medical Infusion / Specialty Drug 05116 Medical Infusion / Specialty Drug 05116 Medical Infusion / Specialty Drug 05117 Medical Infusion / Specialty Drug 05122 Medical Infusion / Specialty Drug 05122 Medical Infusion / Specialty Drug 05122 Medical Infusion / Specialty Drug 0528 Medical Infusion / Specialty Drug 0528 Medical Infusion / Specialty Drug 0528 Medical Infusion / Specialty Drug 10129 Medical Infusion / Specialty Drug 10120	Ogivri_[frastuzumab-dist]  Trazimera_[frastuzumab-dist]  Trazimera_[frastuzumab-qiyp)  Kanjinti_[frastuzumab-anns]  Zirabev_[feexdizumab-bzzr]  Zirabev_[feexdizumab-bzzr]  Zirabev_[feexdizumab-bzzr]  Zirabev_[feexdizumab-bzzr]  Zirabev_[feexdizumab-bzzr]  Zirabev_[feexdizumab-bzzr]  Zirabev_[feexdizumab-bzzr]  Nyvepria_[Pegfilgrastim-apgf]  NVIG (immune globulin intravenous)  SCIG  Synagis (palivizumab)  Avastin (bevacizumab)  Orencia_(abatacept)  Fabrazyme (agalidase beta)  Lemtrada (alemtuzumab)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AIM Clinical Guidelines  AIM Clinical Guidelin	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug 05:14 Medical Infusion / Specialty Drug 05:16 Medical Infusion / Specialty Drug 05:17 Medical Infusion / Specialty Drug 05:18 Medical Infusion / Specialty Drug 05:18 Medical Infusion / Specialty Drug 05:22 Medical Infusion / Specialty Drug 05:22 Medical Infusion / Specialty Drug 09:28 Medical Infusion / Specialty Drug 09:28 Medical Infusion / Specialty Drug 09:27 Medical Infusion / Specialty Drug 09:27 Medical Infusion / Specialty Drug 09:28 Medical Infusion / Specialty Drug 10:29 Medical Infusion / Specialty Drug 10:20 Medical Infusion / Specialty Drug 10:22	Ogivri_[frastuzumab-dist]  Trazimera_[frastuzumab-dist]  Trazimera_[frastuzumab-dryp)  Kanjinti_(frastuzumab-anns)  Zirabev_(feexizumab-bvzr)  Zirabev_(feexizumab-bvzr)  Zirabev_(feexizumab-bvzr)  Zirabev_(feexizumab-bvzr)  Zirabev_(feexizumab-bvzr)  Zirabev_(feexizumab-bvzr)  Zirabev_(feexizumab-bvzr)  Zirabev_(feexizumab-bvzr)  Nyvepria_(Pegfilgrastim-anegf)  NVIG (immune globulin intravenous)  SCIG  Synagis (palivizumab)  Avastin (bevacizumab)  Orencia_(abatacept)  Fabrazyme (agalidase beta)  Lemtrada (alemtuzumab)  Lumityme (alglucosidase alfa)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AIM Clinical Guidelines  AIM Clinical Guidelin	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care  Infusion Site of Care  Infusion Site of Care  Infusion Site of Care	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug 05:114 Medical Infusion / Specialty Drug 05:116 Medical Infusion / Specialty Drug 05:116 Medical Infusion / Specialty Drug 05:117 Medical Infusion / Specialty Drug 05:122 Medical Infusion / Specialty Drug 05:122 Medical Infusion / Specialty Drug 05:122 Medical Infusion / Specialty Drug 09:284 Medical Infusion / Specialty Drug 09:285 Medical Infusion / Specialty Drug 09:287 Medical Infusion / Specialty Drug 09:287 Medical Infusion / Specialty Drug 09:287 Medical Infusion / Specialty Drug 09:288 Medical Infusion / Specialty Drug 09:221	Ogivri_[frastuzumab-dist]  Trazimera_[frastuzumab-dist]  Trazimera_[frastuzumab-dist]  Kanjinti_(frastuzumab-anns)  Zirabev_(fewacizumab-bzzr)  Zirabev_(fewacizumab-bzzr)  Zirabev_(fewacizumab-bzzr)  Zirabev_(fewacizumab-bzzr)  Zirabev_(fewacizumab-bzzr)  Zirabev_(fewacizumab-bzzr)  Zirabev_(fewacizumab-bzzr)  Nyvepria_(Pegfilgrastim-apegf)  NVIG (immune globulin intravenous)  SCIG  Synagis (palivizumab)  Avastin (bevacizumab)  Orencia_(abatacept)  Fabrazyme (agalidase beta)  Lemtrada (alemtuzumab)  Lumizyme (alglucosidase alfa)  Onpattro (patisrian)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AM Clinical Guidelines  Autism Spectrum Disorders (ASD)  Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])  Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])  Respiratory Syncytial Virus (RSV) Immunoprophylaxis  Intravitreal Angiegenesis inhibitors for Retinal Vascular Disorders  Intravitreal Angiegenesis inhibitors for Choroidal Vascular Clorditors  Photodynamic Therapy (IPOIT for Choroidal Neovascularization (CNV)  Abatacept  Specially Medication Administration Site of Care  Enzyme-Replacement Therapy for Lysosomal Storage Disorders  Specially Medication Administration Site of Care  Enzyme-Replacement Therapy for Lysosomal Storage Disorders  Specially Medication Administration Site of Care  Specially Medication Administration Site of Care  Specially Medication Administration Site of Care  Patistran (Oppathy Medication Administration Site of Care	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug 05:14 Medical Infusion / Specialty Drug 05:16 Medical Infusion / Specialty Drug 05:17 Medical Infusion / Specialty Drug 05:18 Medical Infusion / Specialty Drug 05:18 Medical Infusion / Specialty Drug 05:22 Medical Infusion / Specialty Drug 05:22 Medical Infusion / Specialty Drug 09:28 Medical Infusion / Specialty Drug 09:28 Medical Infusion / Specialty Drug 09:27 Medical Infusion / Specialty Drug 09:27 Medical Infusion / Specialty Drug 09:28 Medical Infusion / Specialty Drug 10:29 Medical Infusion / Specialty Drug 10:20 Medical Infusion / Specialty Drug 10:22	Ogivri_[frastuzumab-dist]  Trazimera_[frastuzumab-dist]  Trazimera_[frastuzumab-dryp)  Kanjinti_(frastuzumab-anns)  Zirabev_(feexizumab-bvzr)  Zirabev_(feexizumab-bvzr)  Zirabev_(feexizumab-bvzr)  Zirabev_(feexizumab-bvzr)  Zirabev_(feexizumab-bvzr)  Zirabev_(feexizumab-bvzr)  Zirabev_(feexizumab-bvzr)  Zirabev_(feexizumab-bvzr)  Nyvepria_(Pegfilgrastim-anegf)  NVIG (immune globulin intravenous)  SCIG  Synagis (palivizumab)  Avastin (bevacizumab)  Orencia_(abatacept)  Fabrazyme (agalidase beta)  Lemtrada (alemtuzumab)  Lumityme (alglucosidase alfa)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AIM Clinical Guidelines  AIM Clinical Guidelin	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care  Infusion Site of Care  Infusion Site of Care  Infusion Site of Care	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug 05:114 Medical Infusion / Specialty Drug 05:116 Medical Infusion / Specialty Drug 05:116 Medical Infusion / Specialty Drug 05:117 Medical Infusion / Specialty Drug 05:122 Medical Infusion / Specialty Drug 05:122 Medical Infusion / Specialty Drug 05:122 Medical Infusion / Specialty Drug 09:284 Medical Infusion / Specialty Drug 09:285 Medical Infusion / Specialty Drug 09:287 Medical Infusion / Specialty Drug 09:287 Medical Infusion / Specialty Drug 09:287 Medical Infusion / Specialty Drug 09:288 Medical Infusion / Specialty Drug 09:221	Ogivri_[frastuzumab-dist]  Trazimera_[frastuzumab-dist]  Trazimera_[frastuzumab-dist]  Kanjinti_(frastuzumab-anns)  Zirabev_(fewacizumab-bzzr)  Zirabev_(fewacizumab-bzzr)  Zirabev_(fewacizumab-bzzr)  Zirabev_(fewacizumab-bzzr)  Zirabev_(fewacizumab-bzzr)  Zirabev_(fewacizumab-bzzr)  Zirabev_(fewacizumab-bzzr)  Nyvepria_(Pegfilgrastim-apegf)  NVIG (immune globulin intravenous)  SCIG  Synagis (palivizumab)  Avastin (bevacizumab)  Orencia_(abatacept)  Fabrazyme (agalidase beta)  Lemtrada (alemtuzumab)  Lumizyme (alglucosidase alfa)  Onpattro (patisrian)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AIM Clinical Guidelines  AIM Clinical Guidelin	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug 05:114 Medical Infusion / Specialty Drug 05:116 Medical Infusion / Specialty Drug 05:116 Medical Infusion / Specialty Drug 05:117 Medical Infusion / Specialty Drug 05:122 Medical Infusion / Specialty Drug 05:122 Medical Infusion / Specialty Drug 05:123 Medical Infusion / Specialty Drug 05:124 Medical Infusion / Specialty Drug 05:125 Medical Infusion / Specialty Drug 05:126 Medical Infusion / Specialty Drug 05:127 Medical Infusion / Specialty Drug 05:127 Medical Infusion / Specialty Drug 05:128 Medical Infusion / Specialty Drug 05:129 Medical Drug 05:129 Medical 05:12	Ogivri_[frastuzumab-dist]  Trazimera_[frastuzumab-dist]  Trazimera_[frastuzumab-dist]  Eanjinti_[frastuzumab-anns]  Zirabev_[fewacizumab-bzzr]  Zirabev_[fewacizumab-bzzr]  Zirabev_[fewacizumab-bzzr]  Zirabev_[fewacizumab-bzzr]  Zirabev_[fewacizumab-bzzr]  Nyvepria_[Pegfilgrastim-bnez]  Nyvepria_[Pegfilgrastim-apgf]  NViG (immune globulin intravenous)  SCIG  Synagis (palivizumab)  Avastin (bevacizumab)  Orencia_(abatacept)  Fabrazyme (agalidase beta)  Lemtrayme (algalucosidase alfa)  Onpattro (pattirian)  Givlaari (givosiran)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AIM Clinical Guidelines  AIM Clinical Guidelin	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug 05:14 Medical Infusion / Specialty Drug 05:16 Medical Infusion / Specialty Drug 05:17 Medical Infusion / Specialty Drug 05:18 Medical Infusion / Specialty Drug 05:18 Medical Infusion / Specialty Drug 05:22 Medical Infusion / Specialty Drug 05:22 Medical Infusion / Specialty Drug 09:28 Medical Infusion / Specialty Drug 09:28 Medical Infusion / Specialty Drug 09:27 Medical Infusion / Specialty Drug 09:27 Medical Infusion / Specialty Drug 09:28 Medical Infusion / Specialty Drug 10:29 Medical Infusion / Specialty Drug 10:20 Medical Infusion / Specialty Drug 10:20 Medical Infusion / Specialty Drug 10:22 Medical Infusion / Specialty Drug 10:23 Medical Infusion / Specialty Drug 10:23 Medical Infusion / Specialty Drug 10:23	Ogivri_[frastuzumab-dist]  Trazimera_[frastuzumab-dist]  Trazimera_[frastuzumab-dist]  Exanjerii_[frastuzumab-annes]  Zirabev_(Bevacizumab-bvzr)  Ziestenzo_[Pegfilgrastim-bmez]  Nyvepria_[Pegfilgrastim-bmez]  Nyvepria_[Pegfilgrastim-bmez]  Nyvepria_[Pegfilgrastim-bmez]  Nyvepria_[Pegfilgrastim-bmez]  Nyvepria_[Pegfilgrastim-bmez]  Nyvepria_[Pegfilgrastim-bmez]  SCIG  Synagis (palivizumab)  Avastin (bevacizumab)  Orencia_(abatacept)  Fabrazyme (agalicidase beta)  Lemtrada_(alemtuzumab)  Lumizyme (alglucosidase alfa)  Onpattro (pattirian)  Givlaari (givoziran)  Benlysta (belinumab)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AIM Clinical Guidelines  AIM Clinical Guidelin	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug 05:14 Medical Infusion / Specialty Drug 05:16 Medical Infusion / Specialty Drug 05:17 Medical Infusion / Specialty Drug 05:18 Medical Infusion / Specialty Drug 05:18 Medical Infusion / Specialty Drug 05:22 Medical Infusion / Specialty Drug 05:22 Medical Infusion / Specialty Drug 05:23 Medical Infusion / Specialty Drug 05:25 Medical Infusion / Specialty Drug 10:29 Medical Infusion / Specialty Drug 10:20 Medical Infusion / Specialty Drug 10:22 Medical Infusion / Specialty Drug 10:23	Ogivri_[frastuzumab-dist]  Trazimera_[frastuzumab-dist]  Trazimera_[frastuzumab-dist]  Trazimera_[frastuzumab-annes]  Zirabev_(Bevacizumab-bvzr)  Ziestenzo_(Pegfilgrastim-bmez)  Nyvepria_(Pegfilgrastim-bmez)  Nyvepria_(Pegfilgrastim-apgf)  NVG (immune globulin intravenous)  SCIG  Synagis (palivizumab)  Avastin (bevacizumab)  Orencia_(abatacept)  Fabrazyme (agalicidase beta)  Lemtrada_(alemtuzumab)  Lumizyme (alglucosidase alfa)  Onpattro (pattirian)  Givlaari (givoziran)  Benlysta (belimumab)  Fasenra (benralizumab)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AM Clinical Guidelines  AIM Clinical Guidelines  Intraviteral Anglogenesis Inhibitors for Retinal Vascular Disorders  Protocolynam (Alexandro Administration Ste of Care  Alemturumab  Enzyme-Replacement Therapy for Lysosomal Storage Disorders  Specially Medication Administration Ste of Care  Protocolynam (Alexandro Administration Ste of Care  Protocolynam (Alexandro Administration Ste of Care  Bernallumab  Specially Medication Administration Ste of Care  Bernallumab  Specially Medication Administration Ste of Care  Bernallumab  Specially Medication Administration Ste of Care	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug 05:114 Medical Infusion / Specialty Drug 05:116 Medical Infusion / Specialty Drug 05:117 Medical Infusion / Specialty Drug 05:118 Medical Infusion / Specialty Drug 05:122 Medical Infusion / Specialty Drug 05:122 Medical Infusion / Specialty Drug 05:223 Medical Infusion / Specialty Drug 05:23 Medical Infusion / Specialty Drug 05:25 Medical Infusion / Specialty Drug 05:17 Medical Infusion / Specialty Drug 05:17 Medical Infusion / Specialty Drug 05:17 Medical Infusion / Specialty Drug 05:55	Ogivri_[frastuzumab-dist]  Trazimera_[frastuzumab-dist]  Trazimera_[frastuzumab-dist]  Eanjint_[frastuzumab-anns]  Zirabev_(Bevacizumab-bzzr)  Zirabev_(Bevacizumab-bzzr)  Zizesteruo_(Pegfilgrastim-bmez)  Nyvepria_(Pegfilgrastim-bmez)  Nyvepria_(Pegfilgrastim-apgf)  NViG (immune globulin intravenous)  SCIG  Synagis (palivizumab)  Avastin (bevacizumab)  Orencia_(abatacept)  Fabrazyme (agalidase beta)  Lemtrada (alentuzumab)  Lumizyme (alglucosidase alfa)  Onpattro (patisiran)  Givlaari (galvosiran)  Benlysta (belimumab)  Faserra (bernalizumab)  Zinplava (bediotoxumab)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AIM Clinical Guidelines  Immunoglobiolin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])  Respiratory Syncystal Virus (ISV) Immunoprophylasis  Intravirusal Angiogenesis Inhibitors for Retinal Vascular Disorders  Intravirusal Angiogenesis Inhibitors for Corolival Vascular Conditions  Photodynamic Therapy (IPOT) for Chorolival Vascular Clinical Clinica	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug 05114 Medical Infusion / Specialty Drug 05115 Medical Infusion / Specialty Drug 05117 Medical Infusion / Specialty Drug 05117 Medical Infusion / Specialty Drug 05120 Medical Infusion / Specialty Drug 0528 Medical Infusion / Specialty Drug 0528 Medical Infusion / Specialty Drug 0527 Medical Infusion / Specialty Drug 05257 Medical Infusion / Specialty Drug 05257 Medical Infusion / Specialty Drug 05221 Medical Infusion / Specialty Drug 05221 Medical Infusion / Specialty Drug 05221 Medical Infusion / Specialty Drug 05223 Medical Infusion / Specialty Drug 10523 Medical Infusion / Specialty Drug 105517 Medical Infusion / Specialty Drug 105517 Medical Infusion / Specialty Drug 10565 Medical Infusion / Specialty Drug 10564	Ogivri (Trastuzumab-dist)  Trazimera_(Trastuzumab-qyyp)  Kanjinti_(Trastuzumab-qyyp)  Kanjinti_(Trastuzumab-anns)  Zirabev_(Bevacisumab-bvzr)  Ziestenzo_(Peglilgrastim-bmez)  Nyvepria_(Peglilgrastim-apgl)  N/IG (Immune globulin intravenous)  SCIG  Synagis (palivizumab)  Avastin (Bevacizumab)  Orencia (abatacept)  fabrazyme (agalidase beta)  Lemtrada (alemtuzumab)  Lemtrada (alemtuzumab)  Lumisyme (alglucosidase alfa)  Orpattro (patisiran)  Givlaari (givosiran)  Benlysta (belimumab)  Fasenra (bedrotosumab)  Zinplava (bedotosumab)  Brineura (cerliponase alfa)  Crysvila (burosumab-twza)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AIM Clinical Guidelines  AIM Clinical Guidelin	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug (05114 Medical Infusion / Specialty Drug (05115 Medical Infusion / Specialty Drug (05117 Medical Infusion / Specialty Drug (05120 Medical Infusion / Specialty Drug (05117 Medical Infusion / Specialty Drug (05117 Medical Infusion / Specialty Drug (0565) Medical Infusion / Specialty Drug (0565) Medical Infusion / Specialty Drug (05684) Medical Infusion / Specialty Drug (0584) Medical Infusion / Specialty Drug (0585)	Ogivri (Trastuzumab-dist)  Trazimera_(Trastuzumab-qyyp)  Kanjinti_(Trastuzumab-qyyp)  Kanjinti_(Trastuzumab-anns)  Zirabev_(Bewacizumab-bvzr)  Ziestenzo_(Peglilgrastim-bmez)  Nyvepria_(Peglilgrastim-apgl)  N/IG (Immune globulin intravenous)  SCIG  Synagis (palivizumab)  Avastin (Bewacizumab)  Orencia (abatacept)  Fabrazyme (agalidase beta)  Lemtrada (alemtuzumab)  Lemtrada (alemtuzumab)  Lumizyme (alglucosidase alfa)  Orpattro (patisiran)  Givlaari (givosiran)  Benlysta (belimumab)  Fasenra (benralizumab)  Zinplava (bedotosumab)  Brineva (acriponase alfa)  Crysvita (turosumab-tvza)  Botox (onabotulinumtoxinA)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AIM Clinical Guidelines  Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders  Intravitreal Angiogenesis Inhibitors for Concival Vascular Disorders  Specially Medication Administration Site of Care  Bernalizumab  Cerliponase alfa  Burosumab Specially Medication Administration Site of Care  Bernalizumab Specially Medication Administration Site of Care	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care  Provider Administered Drug Therapy	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug (25114 Medical Infusion / Specialty Drug (25115) Medical Infusion / Specialty Drug (25117) Medical Infusion / Specialty Drug (25118) Medical Infusion / Specialty Drug (25120)	Ogivri (Trastuzumab-dist)  Trazimera_(Trastuzumab-qyyp)  Kanjinti_(Trastuzumab-qyyp)  Kanjinti_(Trastuzumab-anns)  Zirabev_(Bevacisumab-bvzr)  Ziesteruo_(Pegligrastim-bmez)  Nyvepria_(Pegligrastim-apgl)  N/IG (Immune globulin intravenous)  SCIG  Synagis (palivizumab)  Avastin (bevacizumab)  Orencia (abatacept)  Fabrazyme (agalidase beta)  temtrada (alemtuzumab)  tumizyme (alglucosidase alfa)  Onpatro (patisiran)  Givlaari (givosiran)  Benlysta (belimumab)  Fasenra (bedrafizumab)  Zinplava (bedotosumab)  Brineura (cerijonase alfa)  Crysvita (burosumab-tuva)  Botox (onabotulinumtosinA)  Dysport (abobotulinumtoxinA)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AIM Clinical Guidelines  Intravitreal Angiegenesis Inhibitors for Betinal Vascular Disorders  Specially Medicalical Madministration Stite of Care  Alembraumab  Enzyme-Replacement Therapy for Lyosoomal Storage Disorders  Specially Medicalical Administration Stite of Care  Alembraumab  Specially Medicalical Administration Stite of Care  Berealizamab  Specially Medicalication Administration Stite of Care  Berealizamab  Specially Medicalical Administration Stite of Care  Berealizamab  Cerliponase alfa  Burosamab twas  Specially Medicalication Administration Stie of Care  Botulinum Towin  Treatment of Hyperhidrosis	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care  Provider Administered Drug Therapy	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug (05114 Medical Infusion / Specialty Drug (05115 Medical Infusion / Specialty Drug (05117 Medical Infusion / Specialty Drug (05120 Medical Infusion / Specialty Drug (05117 Medical Infusion / Specialty Drug (05117 Medical Infusion / Specialty Drug (0565) Medical Infusion / Specialty Drug (0565) Medical Infusion / Specialty Drug (05684) Medical Infusion / Specialty Drug (0584) Medical Infusion / Specialty Drug (0585)	Ogivri (Trastuzumab-dist)  Trazimera_(Trastuzumab-qyyp)  Kanjinti_(Trastuzumab-qyyp)  Kanjinti_(Trastuzumab-anns)  Zirabev_(Bewacizumab-bvzr)  Ziestenzo_(Peglilgrastim-bmez)  Nyvepria_(Peglilgrastim-apgl)  N/IG (Immune globulin intravenous)  SCIG  Synagis (palivizumab)  Avastin (Bewacizumab)  Orencia (abatacept)  Fabrazyme (agalidase beta)  Lemtrada (alemtuzumab)  Lemtrada (alemtuzumab)  Lumizyme (alglucosidase alfa)  Orpattro (patisiran)  Givlaari (givosiran)  Benlysta (belimumab)  Fasenra (benralizumab)  Zinplava (bedotosumab)  Brineva (acriponase alfa)  Crysvita (turosumab-tvza)  Botox (onabotulinumtoxinA)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AIM Clinical Guidelines  AIM Clinical Guidelin	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care  Provider Administered Drug Therapy	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug (25114 Medical Infusion / Specialty Drug (25115) Medical Infusion / Specialty Drug (25117) Medical Infusion / Specialty Drug (25118) Medical Infusion / Specialty Drug (25120)	Ogivri (Trastuzumab-dist)  Trazimera_(Trastuzumab-qyyp)  Kanjinti_(Trastuzumab-qyyp)  Kanjinti_(Trastuzumab-anns)  Zirabev_(Bevacisumab-bvzr)  Ziesteruo_(Pegligrastim-bmez)  Nyvepria_(Pegligrastim-apgl)  N/IG (Immune globulin intravenous)  SCIG  Synagis (palivizumab)  Avastin (bevacizumab)  Orencia (abatacept)  Fabrazyme (agalidase beta)  temtrada (alemtuzumab)  tumizyme (alglucosidase alfa)  Onpatro (patisiran)  Givlaari (givosiran)  Benlysta (belimumab)  Fasenra (bedrafizumab)  Zinplava (bedotosumab)  Brineura (cerijonase alfa)  Crysvita (burosumab-tuva)  Botox (onabotulinumtosinA)  Dysport (abobotulinumtoxinA)	AIM  AIM  AIM  AIM  AIM  AIM  AIM  AIM	AIM Clinical Guidelines  AIM Clinical Clinical Clinical Clinical Guidelines  AIM Clinical Guidel	Medical Oncology & Supportive Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care  Provider Administered Drug Therapy  Provider Administered Drug Therapy  Infusion Site of Care  Provider Administered Drug Therapy	Prior Authorization required through AIM.  Prior Authorization required through BCBSNM.
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Medical Infusion / Specialty Drug	J1300	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	J1301	Radicava (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	J1303	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	J1322	Vimizim (elosulfase alfa)	RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	11325	Flolan, Veletri (epoprostenol)	RX501.096 RX501.056	Specialty Medication Administration Site of Care  Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J1428	Exondys 51 (eteplirsen)	RX501.084	Eteolirsen	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
,,,,			RX501.067	Enzyme-Replacement Therapy for Lysosomal Storage Disorders	- ''	<u> </u>
Medical Infusion / Specialty Drug	J1458	Naglazyme (galsulfase) Vivaglobin (immune globulin	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J1562	subcutaneous)	RX504.003 RX501.112	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig (SCIG])  Gollmumab	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J1602	Simponi Aria (golimumab)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J1675	histrelin acetate	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J1726	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	J1743	Elaprase (idursulfase)	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	J1745	Remicade (infliximab)	THE801.028 RX501.051	Acne Management Infliximab and Associated Biosimilars	Infusion Site of Care	Prior Authorization required through BCBSNM.
			RX501.096 RX501.099	Specialty Medication Administration Site of Care Ibalizumab-ulyk		· -
Medical Infusion / Specialty Drug	J1746	Trogarzo (ibalizumab-uiyk)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J1786	Cerezyme (imiglucerase)	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	J1931	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	J1950	Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
		suspension, per 3.75 mg)	RX501.080	Mepolizumab		
Medical Infusion / Specialty Drug	1	Nucala (mepolizumab)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J2278	Prialt (ziconotide)	RX501.060	Ziconotide	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J2323	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	J2326	Spinraza (nusinersen)	RX501.086	Nusinersen	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J2350	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	J2357	Xolair (omalizumab)	RX501.058 RX501.096	Specialty Wedication Administration Site of Care  Omalizumab  Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J2502	Signifor LAR (pasireotide)	RX501.096	Speciatry Medication Administration Site of Care Pasireotide	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug		Krystexxa (pegloticase)	RX501.120	Pegloticase	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug		Mozobil (plerixafor)	RX501.096 RX502.061	Specialty Medication Administration Site of Care Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.  Prior Authorization required through BCBSNM.
			RX502.061 RX501.083	Reslizumab		
Medical Infusion / Specialty Drug	J2786	Cinqair (reslizumab)	RX501.096 RX501.067	Specialty Medication Administration Site of Care Enzyme-Replacement Therapy for Lysosomal Storage Disorders	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J2840	Kanuma (sebelipase alfa)	RX501.096	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J2941	Humatrope, Saizen (somatropin)	RX501.040	Human Growth Hormone (GH)	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3032	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	J3060	Elelyso (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	J3121	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	J3145	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	J3241	Tepezza (teprotumumab-trbw)	RX501.076 RX501.096 RX501.110	Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3245	Ilumya (tildrakizumab-asmn)	RX501.096	Teprotumumab Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3262	Actemra (toclizumab)	RX501.123 RX501.096	Tildrakizumab-asmn  Specialty Medication Administration Site of Care	Infusion Site of Care	Prior Authorization required through BCBSNM.
		,,	RX501.115	Tocilizumab		<u> </u>
Medical Infusion / Specialty Drug	1	Remodulin (treprostinil)	RX501.056 RX502.061	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension  Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3315	Trelstar (triptorelin pamoate) Stelara (ustekinumab for intravenous	RX501.041 RX501.096	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Specialty Medication Administration Site of Care	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3358	use)	RX501.114	Ustekinumab	Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3380	Entyvio (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	J3385	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	J3397	Mepsevii (vestronidase alfa-vjbk)	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	J3398	Luxturna (voretigene neparvovec-rzyl)	RX501.098	Gene Therapy for Inherited Retinal Dystrophy	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J3399	Zolgensma (onasemnogene abeparyoyec-xioi)	RX501.104	Onasemnogene Abeparvovec-xioi	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug		RiaSTAP (human fibrinogen	RX501.072	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug		concentrate) Duopa (carbidopa/levodopa enteral	RX504.015	Levodopa-Carbidopa Enteral Suspension (e.g. Duopa) for The Treatment of Parkinson Disease.	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
		suspension)	RX504.015			
Medical Infusion / Specialty Drug		Beleodaq (belinostat)		Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug		Vyxeos (daunorubicin and cytarabine)	RX502.061 RX502.061	Oncology Medications Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J9155	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	J9202	Zoladex (goserelin acetate implant)	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
		Eligard, Lupron Depot, Lupron Depot-	i		i .	İ
Medical Infusion / Specialty Drug	J9217	Ped (leuprolide acetate, for depot	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
		Ped (leuprolide acetate, for depot suspension, 7.5 mg)				
Medical Infusion / Specialty Drug	J9218	Ped (leuprolide acetate, for depot suspension, 7.5 mg) leuprolide acetate, non depot	RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
	J9218	Ped (leuprolide acetate, for depot suspension, 7.5 mg)	RX501.041 RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists		
Medical Infusion / Specialty Drug	J9218 J9219	Ped (leuprolide acetate, for depot suspension, 7.5 mg) 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 Medical Infusion / Specialty Drug	19218 19219 19225	Ped (leuprolide acetate, for depot suspension, 7.5 mg) leuprolide acetate, non depot Viadur (leuprolide acetate implant)	RX501.041 RX501.041 RX502.061	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Oncology Medications	Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	19218 19219 19225 19226	Ped (leuprolide acetate, for depot suspension, 7.5 mg) leuprolide acetate, non depot Viadur (leuprolide acetate implant) Vantas (histrelin implant)	RX501.041 RX501.041 RX502.061 RX501.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists  Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists  Oncology Medications  Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists  Oncologin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.  Prior Authorization required through BCBSNM.  Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug Medical Infusion / Specialty Drug	J9218 J9219 J9225 J9226 J9295	Ped (leuprolide acetate, for depot suspension, 7.5 mg) leuprolide acetate, non depot leuprolide acetate, non depot Viadur (leuprolide acetate implant) Vantas (histrelin implant) Supprelin LA (histrelin implant)	RXS01.041 RXS01.041 RXS02.061 RXS01.041 RXS01.041	Gonaddtropin-Releasing Hormone (GnRH) Agonists and Antagonists	Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J9218 J9219 J9225 J9226 J9295	Ped (leuprolide acetate, for depot suspension, 7.5 mg) leuprolide acetate, non depot Viadur (leuprolide acetate implant) Vantas (histrelin implant) Supprelin LA (histrelin implant) Portrazza (necitumumab)	RXS01.041 RXS01.041 RXS02.061 RXS01.041 RXS01.041 RXS01.041	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical infusion / Specialty Drug	J9218 J9219 J9225 J9226 J9295 J9325 Q2041	Ped (leuprolide acetate, for depot suspension, 7.5 m) leuprolide acetate, non depot Viadur (leuprolide acetate implant) Vantas (histrelin implant) Supprelin LA (histrelin implant) Portrazza (neckumumab) imlygic (talimogene laherparepec) Yescarta (axicabtagene ciloleucel)	RXS01.041 RXS01.041 RXS01.041 RXS01.041 RXS01.041 RXS01.061 RXS02.061	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Oncology Medications Oncology Medications	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical infusion / Specialty Drug	J9218 J9219 J9225 J9226 J9295 J9325 Q2041	Ped (leuprolide acetate, for depot suspension, 7.5 m); leuprolide acetate, non depot Viadur (leuprolide acetate implant) Vantas (histrelin implant) Supprelin LA (histrelin implant) Portrazza (necitumumab) Imlygic (tallimogene laherparepvec) Yessarta (axicabtagene cioleucei) Kymriah (tisageniecleucei)	RX501.041 RX501.041 RX502.061 RX501.041 RX501.041 RX502.061 RX502.061 RX502.061 RX502.061 RX502.061 RX502.061	Gonadotropin-Releasing hormone (GnRH) Agonists and Antagonists Gonadotropin-Releasing hormone (GnRH) Agonists and Antagonists Oncology Medications Gonadotropin-Releasing hormone (GnRH) Agonists and Antagonists Gonadotropin-Releasing hormone (GnRH) Agonists and Antagonists Oncology Medications Oncology Medications Oncology Medications Oncology Medications Influsions and Associated Biosimilars	Provider Administered Drug Therapy	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J9218 J9219 J9225 J9226 J9295 J9325 Q2041 Q2042 Q5103	Ped (leuprolide acetate, for depot suspension, 7.5 mg) leuprolide acetate, non depot Viadur (leuprolide acetate implant) Vantas (histrelin implant) Vantas (histrelin implant) Portrazza (nectumumab) imlygic (tallimogene laherparepvec) Yescarta (axicabtagene ciloleucel) Kymriah (tisagenlecleucel) inflectra (infliximab-dyyb) Renfleosis (infliximab-dyyb)	RX501.041 RX501.041 RX501.041 RX501.041 RX501.041 RX502.061 RX502.061 RX502.061 RX502.061	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Oncology Medications Oncology Medications Oncology Medications Oncology Medications	Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J9218 J9219 J9225 J9226 J9295 J9325 Q2041 Q2042 Q5103	ped (leuprolide acetate, for depot suspension, 7.5 m); leuprolide acetate, non depot Viadur (leuprolide acetate implant) Vantas (histrelin implant) Vantas (histrelin implant) Supprelin LA (histrelin implant) Portrazza (necitumumab) imlygic (talimogene laherparepvec) Vescarta (axicabtagene ciloleucei) Kymriah (tisagenlecleucei) inflectra (infliximab-dyylo) Renflexis (infliximab-abda) - NON-PREFERRED	RX501.041 RX501.041 RX501.041 RX501.041 RX501.041 RX502.061	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Oncology Medications Oncology Medication Administration Site of Care	Provider Administered Drug Therapy Infusion Site of Care Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J9218 J9219 J9225 J9226 J9295 J9325 Q2041 Q2042 Q5103 Q5104 Q5109	Ped (leuprolide acetate, for depot suspension, 7.5 mg) leuprolide acetate, non depot Viadur (leuprolide acetate implant) Vantas (histrelin implant) Vantas (histrelin implant) Supprelin LA (histrelin implant) Portrazza (necitumumab) imlygic (talimogene laherparepvec) Vescarta (axicabtagene ciloleucel) Kymriah (stagenlecleucel) inflectra (infliximab-dyky) infliximationationationationationationationation	RX501.041 RX501.041 RX501.041 RX501.041 RX501.041 RX502.061 RX502.061 RX502.061 RX502.061 RX502.061 RX502.061 RX502.061 RX501.051 RX501.051 RX501.051 RX501.051 RX501.051 RX501.051 RX501.051 RX501.051 RX501.051	Gonaddropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonaddropin-Releasing Hormone (GnRH) Agonists and Antagonists Oncology Medications Gonaddropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonaddropin-Releasing Hormone (GnRH) Agonists and Antagonists Oncology Medications Oncology Medications Oncology Medications Oncology Medications Oncology Medications Inflishmab and Associated Biosimilars Specialty Medication Administration Site of Care Inflishmab and Associated Biosimilars Specialty Medication Administration Site of Care Inflishmab and Associated Biosimilars	Provider Administered Drug Therapy Infusion Site of Care Infusion Site of Care Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J9218 J9219 J9225 J9226 J9295 J9325 Q2041 Q2042 Q5103 Q5104 Q5109	ped (leuprolide acetate, for depot suspension, 7.5 m); leuprolide acetate, non depot Viadur (leuprolide acetate implant) Vantas (histrelin implant) Vantas (histrelin implant) Supprelin LA (histrelin implant) Portrazza (necktumumab) Imilygic (tallinogene laheraprepee) Vescarta (axicabtagene ciloleucel) Kymrrán (tisagenlecleucel) inflectra (infliximab dyb) Reference (infliximab adda) - NON- REFERRIC via (infliximab adda) - NON-	RX501.041 RX501.041 RX501.041 RX501.041 RX501.041 RX502.061	Gonaddoropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonaddoropin-Releasing Hormone (GnRH) Agonists and Antagonists Oncology Medications Gonaddoropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonaddoropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonaddoropin-Releasing Hormone (GnRH) Agonists and Antagonists Oncology Medications Oncology Medications Oncology Medications Inflimination and Associated Biosimilars Sociality Medication Administration Site of Care Inflimination Administration Administration Site of Care Inflimination Administration Site of Care Inflimination Administration Site of Care	Provider Administered Drug Therapy Infusion Site of Care Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J9218 J9219 J9225 J9226 J9226 J9325 Q2041 Q2042 Q5103 Q5104 Q5109 Q5121	Ped (leuprolide acetate, for depot suspension, 7.5 mg) leuprolide acetate, non depot Viadur (leuprolide acetate implant) Vantas (histrelin implant) Vantas (histrelin implant) Supprelin LA (histrelin implant) Portrazza (necitumumab) imlygic (talimogene laherparepvec) Vescarta (axicabtagene ciloleucel) Kymriah (stagenlecleucel) inflectra (infliximab-dyky) infliximationationationationationationationation	RX501.041 RX501.041 RX502.061	Gonadotropin-Releasing hormone (GnRH) Agonists and Antagonists Oncology Medications Oncology Medications Oncology Medications Inflixing Agonists and Agonists Inflixing Agonists Specially Medication Administration Site of Care Inflixing Agonist Agonistration Site of Care Inflixing Agonistration Administration Site of Care Inflixing Agonistration Site of C	Provider Administered Drug Therapy Infusion Site of Care Infusion Site of Care Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J9218 J9219 J9225 J9226 J9295 J9325 Q2041 Q2042 Q5103 Q5104 Q5109 Q5121 S0157	ped (leuprolide acetate, for depot suspension, 7.5 mg) leuprolide acetate, non depot viadur (leuprolide acetate implant) Vantas (histrelin implant) Vantas (histrelin implant) Vantas (histrelin implant) Portrazza (nectumumab) Imlygic (talimogene laherparepuec) Vescarta (axicabtagene ciloleucel) Vescarta (axicabtagene ciloleucel) Inflectra (infliximab-dyyb) Reoffess; (efliximab-abda) - NON- PREFERRED Lold (infliximab-abca) - NON- PREFERRED Arosola (infliximab-abca) Regranex (becaplermin gel)	RX501.041 RX501.041 RX502.061 RX501.041 RX502.061 RX502.061 RX502.061 RX502.061 RX502.061 RX502.061 RX502.061 RX502.061 RX502.061 RX501.051	Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Oncology Medications Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Oncology Medications Oncology Medications Oncology Medications Oncology Medications Oncology Medications Oncology Medications Inflixinable and Associated Biosimilars Speciality Medication Administration Site of Care Inflixinable and Associated Biosimilars Speciality Medication Administration Site of Care Inflixinable and Associated Biosimilars Speciality Medication Administration Site of Care Inflixinable and Associated Biosimilars Speciality Medication Administration Site of Care Inflixinable and Associated Biosimilars Speciality Medication Administration Site of Care Recombinant and Autologous Pikaleite Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions Orthopedic Conditions Sugrey with Related Services	Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through BCBSNM.
Medical Infusion / Specialty Drug	J9218 J9219 J9225 J9226 J9295 J9325 Q2041 Q2042 Q5103 Q5104 Q5109 Q5121 S0157	Ped (leuprolide acetate, for depot suspension, 7.5 mg. graph (leuprolide acetate, non depot Viadur (leuprolide acetate implant) Vantas (histrelin implant) Vantas (histrelin implant) Supprelin LA (histrelin implant) Portrazza (necitumumab) inlygic (talimogene laherparepvec) Vescarta (axicabtagene ciloleucel) Kymriah (tisagenlecleucel) inflectra (infliximab-dyk) Renflees (infliximab-dyb) - NON-MICHERIECO LOURD (infliximab-dyb) - NON-MICHERIECO LOURD (infliximab-dyc) - NON-MICHERIECO LOURD (infliximab-dxxx)	RX501.041  RX501.041  RX501.041  RX501.041  RX501.041  RX502.061   Gonadotropin-Releasing Hormone (GnRH) Agonists and Antagonists Oncology Medications Oncology Medications Oncology Medications Oncology Medications Oncology Medications Inflimits Agonists Oncology Medication Administration Site of Care Recombinant and Autologous Platein-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	Provider Administered Drug Therapy Infusion Site of Care	Prior Authorization required through BCBSNM.  Prior Authorization required strongh BCBSNM.	

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Please note that checking eligibility and benefits and/or the fact that a service has been preauthorized is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.

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