



## 2021 Specialty Pharmacy Infusion Site of Care Benefit Preauthorization Drug List

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.

Items highlighted in blue may currently require benefit preauthorization. Items highlighted in yellow may require benefit preauthorization effective Jan. 1, 2021.

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

Procedure Code	PA Effective Date	Drug Product Name**	Reason for Preauthorization Requirement	Updates
J3241	1/1/2021	Tepezza (teprotumumab-trbw)	Infusion Site of Care	Add effective 01/01/2021
J3032	1/1/2021	Vyepti (eptinezumab-jjmr)	Infusion Site of Care	Add effective 01/01/2021
J0223	1/1/2021	Givlaari (givosiran)	Infusion Site of Care	Add effective 01/01/2021
J0791	1/1/2021	Adakveo (crizanlizumab-tmca)	Infusion Site of Care	Add effective 01/01/2021
J1303	1/1/2021	Ultomiris (ravulizumab-cwvz)	Infusion Site of Care	Add effective 01/01/2021
J1558	1/1/2021	Xembify (immune globulin subcutaneous, human-klhw)	Infusion Site of Care	Add effective 01/01/2021
Q5121	1/1/2021	Avsola (infliximab-axxq)	Infusion Site of Care	Add effective 01/01/2021
J0129	1/1/2018	Orencia (abatacept)	Infusion Site of Care	-
J0180	1/1/2018	Fabzyme (agalsidase beta)	Infusion Site of Care	-
J0221	1/1/2018	Lumizyme (alglucosidase alfa)	Infusion Site of Care	-
J0490	1/1/2018	Benlysta (belimumab)	Infusion Site of Care	-
J0598	1/1/2018	Cinryze (C1 esterase inhibitor)	Infusion Site of Care	-
J0717	1/1/2018	Cimzia (certolizumab pegol)	Infusion Site of Care	-
J1290	1/1/2018	Kalbitor (ecallantide)	Infusion Site of Care	-
J1300	1/1/2018	Soliris (eculizumab)	Infusion Site of Care	-
J1322	1/1/2018	Vimizim (elosulfase alfa)	Infusion Site of Care	-
J1458	1/1/2018	Naglazyme (galsulfase)	Infusion Site of Care	-
J1459	1/1/2018	Privigen (immune globulin intravenous)	Infusion Site of Care	-
J1555	1/1/2018	Cuvitru (immune globulin subcutaneous)	Infusion Site of Care	-
J1556	1/1/2018	Bivigam (immune globulin intravenous)	Infusion Site of Care	-
J1557	1/1/2018	Gammaplex (immune globulin intravenous)	Infusion Site of Care	-
J1559	1/1/2018	Hizentra (immune globulin subcutaneous)	Infusion Site of Care	-
J1561	1/1/2018	Gamunex-C, Gammaked (immune globulin intravenous)	Infusion Site of Care	-
J1561	1/1/2018	Gamunex-C, Gammaked (immune globulin intravenous)	Infusion Site of Care	-
J1566	1/1/2018	Carimune, Gammagard S-D (immune globulin intravenous)	Infusion Site of Care	-
J1566	1/1/2018	Carimune, Gammagard S-D (immune globulin intravenous)	Infusion Site of Care	-
J1568	1/1/2018	Octagam (immune globulin intravenous)	Infusion Site of Care	-
J1569	1/1/2018	Gammagard (immune globulin intravenous)	Infusion Site of Care	-
J1572	1/1/2018	Flebogamma (immune globulin intravenous)	Infusion Site of Care	-
J1575	1/1/2018	HyQvia (immune globulin subcutaneous)	Infusion Site of Care	-
J1602	1/1/2018	Simponi Aria (golimumab)	Infusion Site of Care	-
J1743	1/1/2018	Elaprased (idursulfase)	Infusion Site of Care	-
J1745	1/1/2018	Remicade (infliximab)	Infusion Site of Care	-
J1786	1/1/2018	Cerezyme (imiglucerase)	Infusion Site of Care	-
J1931	1/1/2018	Aldurazyme (laronidase)	Infusion Site of Care	-
J2182	1/1/2018	Nucala (mepolizumab)	Infusion Site of Care	-
J2323	1/1/2018	Tysabri (natalizumab)	Infusion Site of Care	-
J2350	1/1/2018	Ocrevus (ocrelizumab)	Infusion Site of Care	-

J2357	1/1/2018	Xolair (omalizumab)	Infusion Site of Care	-
J2507	1/1/2018	Krystexxa (pegloticase)	Infusion Site of Care	-
J2786	1/1/2018	Cinqair (reslizumab)	Infusion Site of Care	-
J2840	1/1/2018	Kanuma (sebelipase alfa)	Infusion Site of Care	-
J3262	1/1/2018	Actemra (tocilizumab)	Infusion Site of Care	-
J3358	1/1/2018	Stelara (ustekinumab for intravenous use)	Infusion Site of Care	-
J3380	1/1/2018	Entyvio (vedolizumab)	Infusion Site of Care	-
J3385	1/1/2018	Vpriv (velaglucerase alfa)	Infusion Site of Care	-
90283	1/1/2019	IVIG (immune globulin intravenous)	Provider Administered Drug Therapy	Added to list*
90284	1/1/2019	SCIG	Provider Administered Drug Therapy	Added to list*
90378	1/1/2019	Synagis (palivizumab)	Provider Administered Drug Therapy	-
C9257	1/1/2019	Avastin (bevacizumab)	Provider Administered Drug Therapy	-
J0202	1/1/2019	Lemtrada (alemtuzumab)	Provider Administered Drug Therapy	-
J0517	1/1/2019	Fasenra (benralizumab)	Infusion Site of Care	-
J0565	1/1/2019	Zinplava (bezlotoxumab)	Provider Administered Drug Therapy	-
J0585	1/1/2019	Botox (onabotulinumtoxinA)	Provider Administered Drug Therapy	Added to list*
J0586	1/1/2019	Dysport (abobotulinumtoxinA)	Provider Administered Drug Therapy	Added to list*
J0587	1/1/2019	Myobloc (rimabotulinumtoxinB)	Provider Administered Drug Therapy	Added to list*
J0588	1/1/2019	Xeomin (incobotulinumtoxinA)	Provider Administered Drug Therapy	Added to list*
J0638	1/1/2019	Ilaris (canakinumab)	Provider Administered Drug Therapy	-
J0775	1/1/2019	Xiaflex (collagenase, clostridium histolyticum)	Provider Administered Drug Therapy	-
J0881	1/1/2019	Aranesp (darbepoetin alfa )	Provider Administered Drug Therapy	-
J0885	1/1/2019	Epogen (epoetin alfa)	Provider Administered Drug Therapy	-
J0885	1/1/2019	Epogen (epoetin alfa)	Provider Administered Drug Therapy	-
J0888	1/1/2019	Mircera (pegylated-epoetin beta)	Provider Administered Drug Therapy	-
J1301	1/1/2019	Radicava (edaravone)	Infusion Site of Care	-
J1325	1/1/2019	Flolan, Veletri (epoprostenol)	Provider Administered Drug Therapy	Added to list*
J1428	1/1/2019	Exondys 51 (eteplirsen)	Provider Administered Drug Therapy	-
J1562	1/1/2019	Vivaglobin (immune globulin subcutaneous)	Provider Administered Drug Therapy	Added to list*
J1599	1/1/2019	IVIG (immune globulin intravenous)	Provider Administered Drug Therapy	Added to list*
J1675	1/1/2019	histrelin acetate	Provider Administered Drug Therapy	Added to list*
J1726	1/1/2019	Makena (hydroxyprogesterone caproate)	Provider Administered Drug Therapy	Added to list*
J1950	1/1/2019	Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension. per 3.75 mg)	Provider Administered Drug Therapy	Added to list*
J2278	1/1/2019	Prialt (ziconotide)	Provider Administered Drug Therapy	-
J2326	1/1/2019	Spinraza (nusinersen)	Provider Administered Drug Therapy	-
J2502	1/1/2019	Signifor LAR (pasireotide)	Provider Administered Drug Therapy	Added to list*
J2562	1/1/2019	Mozobil (plerixafor)	Provider Administered Drug Therapy	-
J2860	1/1/2019	Sylvant (siltuximab)	Provider Administered Drug Therapy	-
J2941	1/1/2019	Humatrope, Saizen (somatropin)	Provider Administered Drug Therapy	Added to list*
J3060	1/1/2019	Elelyso (taliglucerase alfa)	Provider Administered Drug Therapy	-
J3121	1/1/2019	testosterone enanthate	Provider Administered Drug Therapy	Added to list*
J3145	1/1/2019	Aveed (testosterone undecanoate)	Provider Administered Drug Therapy	Added to list*
J3285	1/1/2019	Remodulin (treprostinil)	Provider Administered Drug Therapy	-
J3315	1/1/2019	Trelstar (triptorelin pamoate)	Provider Administered Drug Therapy	Added to list*
J7178	1/1/2019	RiaSTAP (human fibrinogen concentrate)	Provider Administered Drug Therapy	-
J7340	1/1/2019	Duopa (carbidopa/levodopa enteral suspension)	Provider Administered Drug Therapy	-
J9022	1/1/2019	Tecentriq (atezolizumab)	Provider Administered Drug Therapy	-
J9023	1/1/2019	Bavencio (avelumab)	Provider Administered Drug Therapy	-
J9032	1/1/2019	Beleodaq (belinostat)	Provider Administered Drug Therapy	-
J9035	1/1/2019	Avastin (bevacizumab)	Provider Administered Drug Therapy	Added to list*

J9035	1/1/2019	Avastin (bevacizumab)	Provider Administered Drug Therapy	Added to list*
J9039	1/1/2019	Blinicyto (blinatumomab)	Provider Administered Drug Therapy	–
J9043	1/1/2019	Jevtana (cabazitaxel)	Provider Administered Drug Therapy	–
J9047	1/1/2019	Kyprolis (carfilzomib)	Provider Administered Drug Therapy	–
J9145	1/1/2019	Darzalex (daratumumab)	Provider Administered Drug Therapy	–
J9155	1/1/2019	Firmagon (degarelix)	Provider Administered Drug Therapy	Added to list*
J9176	1/1/2019	Empliciti (elotuzumab)	Provider Administered Drug Therapy	–
J9202	1/1/2019	Zoladex (goserelin acetate implant)	Provider Administered Drug Therapy	Added to list*
J9203	1/1/2019	Mylotarg (gemtuzumab ozogamicin)	Provider Administered Drug Therapy	–
J9205	1/1/2019	Onivyde (irinotecan liposome)	Provider Administered Drug Therapy	–
J9217	1/1/2019	Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 mg)	Provider Administered Drug Therapy	Added to list*
J9218	1/1/2019	leuprolide acetate, non depot	Provider Administered Drug Therapy	Added to list*
J9219	1/1/2019	Viadur (leuprolide acetate implant)	Provider Administered Drug Therapy	Added to list*
J9225	1/1/2019	Vantas (histrelin implant)	Provider Administered Drug Therapy	Added to list*
J9226	1/1/2019	Supprelin LA (histrelin implant)	Provider Administered Drug Therapy	Added to list*
J9228	1/1/2019	Yervoy (ipilimumab)	Provider Administered Drug Therapy	–
J9264	1/1/2019	Abraxane (paclitaxel protein-bound particles)	Provider Administered Drug Therapy	–
J9271	1/1/2019	Keytruda (pembrolizumab)	Provider Administered Drug Therapy	–
J9295	1/1/2019	Portrazza (necitumumab)	Provider Administered Drug Therapy	–
J9299	1/1/2019	Opdivo (nivolumab)	Provider Administered Drug Therapy	–
J9301	1/1/2019	Gazyva (obinutuzumab)	Provider Administered Drug Therapy	–
J9306	1/1/2019	Perjeta (pertuzumab)	Provider Administered Drug Therapy	–
J9308	1/1/2019	Cyramza (ramucirumab)	Provider Administered Drug Therapy	–
J9312	1/1/2019	Rituxan (rituximab)	Provider Administered Drug Therapy	–
J9325	1/1/2019	Imlygic (talimogene laherparepvec)	Provider Administered Drug Therapy	–
J9352	1/1/2019	Yondelis (trabectedin)	Provider Administered Drug Therapy	–
J9354	1/1/2019	Kadcyla (ado-trastuxumab emtansine)	Provider Administered Drug Therapy	–
Q2041	1/1/2019	Yescarta (axicabtagene ciloleucel)	Provider Administered Drug Therapy	–
Q2043	1/1/2019	Provenge (sipuleucel-T)	Provider Administered Drug Therapy	–
Q5109	1/1/2019	Ixifi (infliximab-qbtx) - NON-PREFERRED	Infusion Site of Care	Added to list*
S0157	1/1/2019	Regranex (becaplermin gel)	Provider Administered Drug Therapy	Added to list*
S0189	1/1/2019	Testopel (testosterone pellets)	Provider Administered Drug Therapy	Added to list*
J0222	1/1/2020	Onpatro (patisiran)	Provider Administered Drug Therapy	Added to list*
J0567	1/1/2020	Brineura (cerliponase alfa)	Provider Administered Drug Therapy	–
J0584	1/1/2020	Crysvita (burosumab-twza)	Provider Administered Drug Therapy	–
J1746	1/1/2020	Trogarzo (ibalizumab-uiyk)	Provider Administered Drug Therapy	–
J3245	1/1/2020	Ilumya (tildrakizumab-asmn)	Provider Administered Drug Therapy	–
J3397	1/1/2020	Mepsevii (vestronidase alfa-vjvk)	Provider Administered Drug Therapy	–
J9057	1/1/2020	Aliqopa (copanlisib)	Provider Administered Drug Therapy	–
J9153	1/1/2020	Vyxeos (daunorubicin and cytarabine)	Provider Administered Drug Therapy	–
J9173	1/1/2020	Imfinzi (durvalumab)	Provider Administered Drug Therapy	–
J9229	1/1/2020	Besponsa (inotuzumab ozogamicin)	Provider Administered Drug Therapy	–
J9311	1/1/2020	Rituxan Hycela (rituximab/hyaluronidase human)	Provider Administered Drug Therapy	–
Q5103	4/1/2018	Inflectra (infliximab-dyyb)	Infusion Site of Care	–
Q5104	4/1/2018	Renflexis (infliximab-abda) - NON-PREFERRED	Infusion Site of Care	–
J3398	4/1/2020	Luxturna (voretigene neparvovec-rzyl)	Provider Administered Drug Therapy	–
Q2042	4/1/2020	Kymriah (tisagenlecleucel)	Provider Administered Drug Therapy	–
J3399	9/10/2020	Zolgensma (onasemnogene abeparvovec-xioi)	Provider Administered Drug Therapy	Added to list*
J3399	9/10/2020	Zolgensma (onasemnogene abeparvovec-xioi)	Provider Administered Drug Therapy	Added to list*

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

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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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