

NOTICE: Prior Authorization Grid Updates for BCBSAZ Health Choice and Health Choice Pathway

July 12, 2023

Dear Provider,

Effective 08/10/2023, the following codes **will require** prior authorization:

Applies to BCBSAZ Health Choice and Health Choice Pathway		
Medical Pharmacy	Adalimumab-aacf, biosimilar (Idacio)	Q5131
	Bendamustine (Apotex)	J9058
	Bendamustine (Baxter)	J9059
	Bendamustine (Vivimusta)	J9056
	Evinacumab-dgnb (Evkeeza)	J1305
	Fecal microbiota, live-jslm (Rebyota)	J1440
	Immune globulin (Panzyga)	J1576
	Lenacapavir, 1 mg (Sunlenca)	J1961
	Mirvetuximab soravtansine-gynx (Elahere)	J9063
	Mosunetuzumab-axgb (Lunsumio)	J9350
	Nadofaragene firadenovec-vncg (Adstilardrin)	J9029
	Pemetrexed(Bluepoint)	J9322
	Pemetrexed ditromethamine (Hospira)	J9323
	Remimazolam (Byfavo)	J2249
	Teclistamab-cqyv (Tecvayli)	J9380
Tepluzimab-mzwv (Tzield)	J9381	
Tremelimumab-actl (Imjudo)	J9347	
Ublituximab-xiiv (Briumvi)	J2329	
Medical	All new skin substitute product codes require PA (Q4272 – Q4284)	

Effective 08/10/2023, the following codes **will no longer require** prior authorization:

Applies to BCBSAZ Health Choice and Health Choice Pathway		
Medical Pharmacy	Zoledronic Acid (Zometa, Reclast)	J3489
	Cosyntropin (Cortrosyn)	J0834
	Vinorelbine tartrate (Navelbine)	J9390
	Mesna (Mesnex)	J9209
	Ifosfamide (Ifex)	J9208

Reminder: All out of network providers require Prior Authorization for all services

BCBSAZ Health Choice Prior Authorization (PA) Guidelines and PA Grids are available online by visiting:

HCA: <https://www.healthchoiceaz.com/> -> Provider Tab -> PA Guidelines

HCP: <https://www.healthchoicepathway.com/> -> Provider Tab -> Provider Information

If you have any questions, please reach out to your Network Provider Representative.

To view this notice for embedded links and content specific to education-related material, please visit us online at www.HealthChoiceAZ.com under our "For Providers" tab.



Health
Choice