

**HealthSelect of Texas[®], Consumer Directed HealthSelectSM and
HealthSelectSM Out-Of-State**

SPECIALITY DRUG PRIOR AUTHORIZATION (PA) LIST

(Drugs listed below require prior authorization and claims will be denied in the absence of authorization. The drug list may be updated monthly upon approval from Employees Retirement System of Texas (ERS)).

| Procedure Code | Common Drug Name | Prior Authorization/ Review Status | Notes |
|-----------------------|--|---|--|
| J1569 | GAMMAGARD (immune globulin intravenous) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J1568 | OCTAGAM (immune globulin intravenous) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J1572 | FLEBOGAMMA (immune globulin intravenous) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J1561 | GAMUNEX-C/GAMMAKED (immune globulin intravenous) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J1566, 90283 | IVIG | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J1459 | PRIVIGEN (immune globulin intravenous) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J1562 | VIVAGLOBIN (immune globulin intravenous) | PA Required | |
| J1557 | GAMMAPLEX (immune globulin intravenous) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |



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|-----------------|--|------------------------------------|---|
| 90284 | SUB Q IG | PA Required | |
| J1559 | HIZENTRA (immune globulin intravenous) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J1556 | BIVIGAM (immune globulin intravenous) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J1575 | HYQVIA (immune globulin subcutaneous) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J2357 | XOLAIR (omalizumab) | PA Required | |
| J2182 | NUCALA (mepolizumab) | PA Required | |
| 90378 | SYNAGIS (palivizumab) | PA Required | |
| J0598 | CINRYZE (C1 esterase inhibitor) | PA Required | |
| J9228 | YERVOY (ipilimumab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9271 | KEYTRUDA (pembrolizumab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9299 | OPDIVO (nivolumab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J1745 | REMICADE (infliximab) | PA Required | |
| J0490 | BENLYSTA (belimumab) | PA Required | |
| Q2043 | PROVENGE (sipuleucel-T) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J3262 | ACTEMRA (tocilizumab) | PA Required | |
| J2323 | TYSABRI (natalizumab) | PA Required | |
| J9035, C9257 | AVASTIN (bevacizumab) | PA Required | Effective 9/1/22 J9035: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX |

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|-----------------------|--|---|---|
| J9312 | RITUXAN (rituximab) | PA Required | Updated 3/20/19 - J9310 with replacement code. Effective 9/1/22 J9312: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J9306 | PERJETA (pertuzumab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J7513 | ZINBRYTA (daclizumab) | PA Required | |
| J1555 | CUVITRU (immune globulin subcutaneous) | PA Required | Effective 4/1/19 - Replaced code J3590. Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX |
| J1290 | KALBITOR (ecallantide) | PA Required | |
| Q5103 | INFLECTRA (infliximab-dyyb) | PA Required | |
| 9022 | TECENTRIQ (atezolizumab) | PA Required | Updated 3/22/2019 – C9483with replacement code |
| J1428 | EXONDYS 51 (eteplirsen) | PA Required | Effective 4/1/19 -Replaced codes J3590 & C9484 |
| J1300 | SOLIRIS (eculizumab) | PA Required | |
| J0215 | AMEVIVE (alefacept) | PA Required | |
| J0717 | CIMZIA (certolizumab pegol) | PA Required | |
| J3380 | ENTYVIO (vedolizumab) | PA Required | |
| J0129 | ORENCIA (abatacept) | PA Required | |
| J1602 | SIMPONI ARIA (golimumab) | PA Required | |
| J2562 | MOZOBIL (plerixafor) | PA Required | |
| J1743 | ELAPRASE (idursulfase) | PA Required | |
| J9039 | BLINCYTO (blinatumomab) | PA Required | |
| J9217 | ELIGARD (leuprolide acetate) | PA Required | |
| J9155 | FIRMAGON (degarelix) | PA Required | |
| J1322 | VIMIZIM (elosulfase alfa) | PA Required | |
| J2786 | CINQAIR (reslizumab) | PA Required | |
| J2503 | MACUGEN (pegaptanib sodium) | PA Required | |
| J3396 | VISUDYNE (verteporfin) | No PA Required | Effective 9/1/2021: PA no longer required |

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|---------------------|---|------------------------------------|---|
| J3315 | TRELSTAR DEPOT/ LA (triptorelin pamoate) | PA Required | |
| J1325 | FLOLAN (epoprostenol) | PA Required | |
| J3285 | REMODULIN (treprostinil) | PA Required | |
| J2507 | KRYSTEXXA (pegloticase) | PA Required | |
| J9218 | LUPANETA (leuprolide acetate) | PA Required | |
| J9219 | LUPANETA KIT (leuprolide acetate) | PA Required | |
| J9217 | LUPRON DEPOT/PED (Leuprolide acetate; fordepot suspension) | PA Required | |
| J2840 | KANUMA (sebelipase alfa) | PA Required | |
| J0221 | LUMIZYME (alglucosidase alfa) | PA Required | |
| J0220 | MYOZYME (alglucosidase alfa) | PA Required | |
| J0775 | XIAFLEX (collagenase, clostridium histolyticum) | PA Required | |
| J1726 | MAKENA (hydroxyprogesterone caproate) | PA Required | Updated 10/15/18 - J1725with replacement code |
| J2353 | SANDOSTATIN (octreotide) | No PA Required | Effective 9/1/2021: PA no longer required |
| J9040 | BLENOXANE (bleomycin sulfate) | No PA Required | Effective 9/1/2022: PA no longer required |
| J0585 | BOTOX (onabotulinumtoxinA) | PA Required | |
| J9100 | CYTOSAR-U (cytarabine) | No PA Required | Effective 9/1/2022: PA no longer required |
| J0586 | DYSPORT (abobotulinumtoxinA) | PA Required | |
| J0638 | ILARIS (canakinumab) | PA Required | |
| J0202 | LEMTRADA (alemtuzumab) | PA Required | |
| J9230 | MUSTARGEN (mechlorethamine) | No PA Required | Effective 9/1/2022: PA no longer required |
| J0587 | MYOBLOC (rimabotulinumtoxinb) | PA Required | |
| J9226 | SUPPRELIN LA (Histrelin implant) | PA Required | |
| J9031 | TICE BCG (Bcg (intravesical) per instillation) | No PA Required | Code discontinued on 6/30/2019 |
| 90586 | Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use | No PA Required | Effective 9/1/2021: PA no longer required |
| J0588 | XEOMIN (incobotulinumtoxin a) | PA Required | |
| J9202 | ZOLADEX (goserelin acetate implant) | PA Required | |
| J0178, Q2046, C9291 | EYLEA (aflibercept) | PA Required | |



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|------------------|--|------------------------------------|--|
| J2778, C9233 | LUCENTIS (ranibizumab) | PA Required | |
| J1786 | CEREZYME (imiglucerase) | PA Required | |
| Not Yet Assigned | ESBRIET (pirfenidone) | PA Required | |
| J9215 | ALFERON N (interferon, alfa-n3) | PA Required | |
| J3060 | ELELYSO (taliglucerase alfa) | PA Required | |
| C9399 | RIABNI (Rituximab-arrx) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J0881 | ARANESP (non-ESRD Darbepoetin alfa) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J0882 | ARANESP (ESRD Darbepoetin alfa) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J0885 | EPOGEN/PROCRIT (non-ESRD Epoetin alfa) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J1554 | ASCENIV (Immune Globulin (Human)-slra) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J1558 | XEMBIFY (Immune Globulin (Human)-klhw) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |



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|----------------|---|------------------------------------|--|
| J1599 | OCTAGAM, PRIVIGEN, BIVIGAM, CARIMUNE NANOFILTERED, FLEBOGAMMA, GAMMAGARD, GAMAPLEX LIQUID, CATAQUIG, XEMBIFY (Immune Globulin IV) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J3490 | Rituximab-arrx | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J3590 | Rituximab-arrx | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J9311 | RITUXAN-HYCELA (Rituximab Hyaluronidase) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J9999 | Rituximab-arrx | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| Q5105 | RETACRIT (Epotetin alfa-epbx) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |



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| Q5106 | RETACRIT (epotetin alfa-epbx) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| Q5115 | TRUXIMA (rituximab-abbs) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| Q5119 | RUXIENCE (rituximab-pwr) | PA Required | Effective 9/1/22: Specialty Oncology medication requires PA from AIM Specialty Health; non-Oncology diagnosis requires PA from BCBSTX. |
| J0641 | FUSILEV (levoleucovorin calcium) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J0642 | KHAPZORY (levoleucovorin) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J0896 | REBLOZYL (luspatercept-aamt) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J0897 | PROLIA/XGEVA (denosumab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J1442 | NEUPOGEN (filgrastim) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J1447 | GRANIX (tbo-filgrastim) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J1460 | GAMMASTAN S/D (immune globulin (Human) im) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J1560 | GAMASTAND S/D (immune globulin (human) im) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |



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| J2505 | NEULASTA ONPRO KIT (pegfilgrastim) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J2506 | pegfilgrastim | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J2820 | LEUKINE (sargramostim) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J2860 | SYLVANT (siltuximab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9022 | TECENTRIQ (atezolizumab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9023 | BAVENCIO (avelumab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9037 | BLENREP (belantamab mafodotin-blmf) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9039 | BLINCYTO (blinatumomab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9043 | JEVTANA (cabazitaxel) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9047 | KYPROLIS (carfilzomib) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9055 | ERBITUX (cetuximab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9057 | ALIQOPA (copanlisib) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9119 | LIBTAYO (cemiplimab-rwlc) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9144 | DARZALEX-FASPRO (daratumumab-hyaluronidase-fijh) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |

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| J9145 | DARZALEX (daratumumab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9173 | IMFINZI (durvalumab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9176 | EMPLICITI (elotuzumab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9177 | PADCEV (enfortumab vedotin) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9179 | HALAVEN (eribulin) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9203 | MYLOTARG (gemtuzumab ozogamicin) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9204 | POTELIGEO (mogamulizumab-kpkc) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9205 | ONIVYDE (irinotecan liposome) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9207 | IXEMPRA (ixabepilone) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9223 | ZEPZELCA (lurbinectedin) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9227 | SARCLISA (isatuximab-irfc) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9229 | BESPONSA (inotuzumab ozogamicin) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9264 | ABRAXANE (paclitaxel protein-bound particles) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9269 | ELZONRIS (tagraxofusp-erzs) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |

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| J9281 | JELMYTO (mitomycin gel) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9301 | GAZYVA (obinutuzumab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9302 | ARZERRA (ofatumumab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9303 | VECTIBIX (panitumumab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9308 | CYRAMZA (ramucirumab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9309 | POLIVY (polatuzumab vedotin-piiq) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9313 | LUMOXITI (moxetumomab pasudotox-tdfk) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9316 | PHESGO (pertuzumab-trastuzumab-hyaluronidase-zzxf) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9317 | TRODELVY (sacituzumab-govitecan) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9348 | DANYELZA (naxitamab-gqgk) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9349 | MONJUVI (tafasitamab-cxix) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9352 | YONDELIS (trabectedin) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9353 | MARGENZA (margetuximab-cmkb) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9354 | KADCYLA (ado-trastuzumab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |



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| J9355 | HERCEPTIN (trastuzumab) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9356 | HERCEPTIN HYLECTA (trastuzumab-hyaluronidase-oysk) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| J9358 | ENHERTU (fam-trastuzumab deruxtecan-nxki) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| Q2049 | DOXIL/LIPODOX (doxorubicin liposomal) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| Q2050 | DOXIL/LIPODOX (doxorubicin liposomal) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| Q4081 | EPOGEN/PROCRIT (esrd poetin alfa) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| Q5101 | ZARXIO (filgrastim-sndz) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| Q5107 | MVASI (bevacizumab-awwb) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| Q5108 | FULPHILA (pegfilgrastim-jmdb) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| Q5110 | NIVESTYM (filgrastim-aafi) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| Q5111 | UDENYCA (pegfilgrastim-cbqv) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| Q5112 | ONTRUZANT (trastuzumab-dttb) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| Q5113 | HERZUMA (trastuzumab-pkrb) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| Q5114 | OGIVRI (trastuzumab-dkst) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |

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| Q5116 | TRAZIMERA (trastuzumab-qyyp) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| Q5117 | KANJINTI (trastuzumab-anns) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| Q5118 | ZIRABEV (bevacizumab-bvzr) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| Q5120 | ZIEXTENZO (pegfilgrastim-bmez) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| Q5122 | NYVEPRIA (pegfilgrastim-apgf) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |
| Q5123 | RIABNI (rituximab-arrx) | PA Required | Effective 9/1/2022: PA required from AIM Specialty Health. |