

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

December 7, 2023

Dear Provider,

Effective 1/5/2024 the following codes will require prior authorization:

Applies to BCBSAZ Health Choice Medicaid and Health Choice Pathway		
Medical Pharmacy	Velmanase alfa-tycv, 1 mg (Lamzede)	J0217
	Buprenorphine extended-release, 1 mg (Briaxdi)	J0576
	Delandistrogene moxeparovec-rokl (Elevidys)	J1413
	Pegunigalsidase alfa-iwxj, 1 mg (Elfabrio)	J2508
	Beremagene geperpavec-svdt (Vyjuvek)	J3401
	Glofitamab-gxbm, 2.5 mg (Columvi)	J9286
	Epcoritamab-bysp, 0.16 mg (Epkiny)	J9321
	Valoctocogene roxaparovec-rvox (Roctavian)	J1412
	Dinutuximab, 0.1 mg (Unituxin)	J1246
	Tofersen, 1 mg (Qalsody)	J1304
	Efgartigimod alfa 2mg and hyaluronidase-qvfc (Vyvgart Hytrulo)	J9334
	Rozanolixizumab-noli, 1 mg (Rystiggo)	J9333
	Adalimumab-afzb, biosimilar, 10 mg (Abrilada)	Q5132
	Pemetrexed, 10 mg (Pemrydi RTU)	J9324
Lisocabtagene maraleucel (Breyanzi)	Q2054	
Medical	All new skin substitute product codes require PA (Q4284 – Q4303)	

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/> -> For Providers Tab -> Prior Authorization Guidelines

HCP: <https://www.healthchoicepathway.com/> -> For Providers Tab -> Prior Authorization & Clinical Guidelines

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 "Providers" tab



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