

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

October 17, 2023

Dear Provider,

Effective 11/15/2023, the following codes will require prior authorization:

Applies to BCBSAZ Health Choice and BCBSAZ Health Choice Pathway		
Medical Pharmacy	Rezafungin, 1 mg (Rezzayo)	J0349
	Corticotropin (Acthar Gel)	J0801
	Corticotropin (Ani)	J0802
	Daprodustat oral, 1 mg, for ESRD on dialysis (Jesduvroq)	J0889
	Pegcetacoplan intravitreal, 1 mg (Syfovre)	J2781
	Factor VIII Von Willebrand factor complex, recombinant (Altuviiiio)	J7214
	Anacaulase-bcdb, 8.8% gel, 1 gram (Nexobrid)	J7353
	Cabazitaxel, 1 mg (Sandoz)	J9064
	Retifanlimab-dlwr, 1 mg (Zynyz)	J9345
	Lecanemab-irmb, 10 mg (Leqembi)	J0174
	Nirsevimab-alip, 0.5 mL (Beyfortus)	90380
	Nirsevimab-alip, 1 mL (Beyfortus)	90381
	Demonstration prior to initiation of home INR monitoring	G0248
	Provision of test materials and equipment for home INR monitoring	G0249

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 and 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 [BCBSAZ Health Choice \(healthchoiceaz.com\)](https://www.healthchoiceaz.com/) under our "For Providers" tab.



An Independent Licensee of the Blue Cross Blue Shield Association

**BlueCross
BlueShield
Arizona**

**Health
Choice**