

Preauthorization Requirements for Medical Specialty Drugs Use for Commercial, Exchange & Medicare Managed Care members*

The following Medical Specialty Drugs are covered under the Medical Benefit (when administered by a health care professional) and require preauthorization. *Regardless of the preauthorization requirement under the member contract, claims for the following medical specialty drugs will deny or suspend for review across all lines of business if preauthorization is not obtained.*

- **Please refer to our website frequently for updates to this list as new drugs are added as they receive FDA approval and are available for use.**
- The provider or specialty pharmacy rendering the service is responsible for ensuring that the required preauthorization has been obtained. Participating specialty pharmacy contact information is included on our preauthorization form.

Medical Specialty Drugs that Require Preauthorization for Commercial, Exchange and Medicare Managed Care members

<p>Actemra® (preauth effective 2/15/10) Acthar Gel® (preauth effective 1/1/13) Actimmune® (preauth effective 9/19/18) Adakveo® (preauth effective 11/25/19) Adcetris® (preauth effective 9/13/11) Ajovy™ (preauth effective 10/4/18) Aldurazyme® Aliqopa® (preauth effective 9/26/17) Aralast® Arzerra® (preauth effective 2/15/10) Asceniv® (preauth effective 11/25/19) Asparlas™ (preauth effective 10/17/19) Avastin® (except Medicare) Avsola (preauth effective 5/27/20) Bavencio® (preauth effective 4/5/17) Beleodaq® (preauth effective 8/1/14) Berinert® (preauth effective 1/1/10) Besponsa® (preauth effective 8/30/17) Bivigam Blincyto® (preauth effective 1/8/15 Inpatient & Outpatient) Brineura Cablivi® (preauth effective 3/13/19) Carimune Ceprotin® Cerezyme® Cimzia Cinqair® (preauth effective 5/5/16) Cinryze® Crysvisa (preauth effective 4/17/18) Cutaquig Cuvitru Cyramza® (preauth effective 5/8/14) Darzalex® (preauth effective 12/2/15) Darzalex Faspro (preauth effective 5/20/20) Elaprase® Elelyso® (preauth effective 6/5/12) Elzonris™ (preauth effective 3/25/19 Inpatient & Outpatient) Empliciti® (preauth effective 12/11/15) Enhertu® (preauth effective 12/31/19) Entyvio® (preauth effective 6/9/14) Erwinaze® (preauth effective 9/1/17) Evenity™ (preauth effective 5/7/19) Exondys 51® (preauth effective 10/3/16)</p>	<p>Fabrazyme® Fasenra™ (preauth effective 11/22/17) Flebogamma Flolan® Folutyn® (preauth effective 1/1/10) Fulphila® (preauth effective 1/1/19 except Medicare) Gamifant® (preauth effective 1/21/19) Gammagard Gammaked Gammaplex Gamunex/Gamunex C Gazyva® (preauth effective 11/12/13) Gel-One® (preauth effective 10/15/18 except Medicare) Genvisc850® (preauth effective 10/15/18 except Medicare) Givlaari™ (preauth effective 12/13/19) Glassia® Granix® (preauth effective 8/1/18 except Medicare) Hyalgan® (preauth effective 10/15/18 except Medicare) Hydroxyprogesterone caproate J1729 (preauth effective 7/1/17) Herceptin (effective 6/1/20 except Medicare) Herceptin Hylecta™ (preauth effective 4/18/19 except Medicare) Herzuma (effective 6/1/20) Hizentra Hymovis® (preauth effective 10/15/18 except Medicare) Hyqvia Ilaris® (preauth effective 9/1/09) Ilumya™ (preauth effective 10/12/18) Immune Globulin Products (IV & SC) Imfinzi™ (preauth effective 5/18/17) Istodax® (preauth effective 10/11/10) Jelmyto (preauth effective 5/27/20) Kadcyca® (preauth effective 3/6/13) Kalbitor® (preauth effective 1/1/10) Kanuma® (preauth effective 12/21/15) Keytruda® (preauth effective 9/11/14) Krystexxa® (preauth effective 10/15/10) Kymriah® (preauth effective 9/12/17 Inpatient & Outpatient) Kyprolis® (preauth effective 8/1/12) Lartruvo® (preauth effective 10/24/16) Lemtrada® (preauth effective 12/3/14) Libtayo™ (preauth effective 10/18/18) Lumizyme (preauth effective 7/12/10)</p>
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-Requests for off-label use of the medications listed above will be reviewed based on off-label policy guidelines

*See separate list for Medicaid Managed Care, Health and Recovery Plan (HARP) Essential Plan & Child Health Plus.

Last updated 05/27/20

Lumoxiti™ (preauth effective 10/26/18)	Signifor LAR®(preauth effective 7/01/15)
Luxturna (preauth effective 1/22/18)	Simponi Aria®(preauth effective 7/19/13)
Marqibo®(preauth effective 9/1/13)	Soliris®
Mepsevii (preauth effective 5/3/18)	Spinraza™(preauth effective 1/12/17)
Monovisc® (preauth effective 10/15/18 except Medicare)	Spravato™(preauth effective 3/25/19)
Mylotarg®(preauth effective 9/12/17)	Stelara®(except loading dose)
Naglazyme®	Sylvant®(preauth effective 5/8/14)
Neupogen® (preauth effective 8/1/18 except Medicare)	Synagis®
Nivestym (preauth effective 8/26/18 except Medicare)	Synjoynt™(preauth effective 7/29/19)
NPlate®	Synribo®(preauth effective November 2012)
Nucala® (preauth effective 12/7/15)	Tecentriq®(preauth effective 5/31/16)
Octagam	Tepezza (preauth effective 1/29/2020)
Ogivri (effective 6/1/20)	Torisel®
Oncaspar (preauth effective 9/1/17)	Tremfya (preauth effective 7/20/18)
Onivyde® (preauth effective 11/19/15)	Treprostinil (preauth effective 3/13/19)
Onpattro (preauth effective 8/22/18)	Triluron™ (preauth effective 7/29/19)
Ontruzant (effective 6/1/20, except Medicare)	TriVisc™ (preauth effective 10/15/18 except Medicare)
Opdivo® (preauth effective 1/8/15)	Trodely (preauth effective 6/1/20)
Orencia®	Trogarzo (preauth effective 4/9/18)
Orthovisc® (preauth effective 10/15/18 except Medicare)	Tyvaso®
Padcev™ (preauth effective 12/31/19)	Ultomiris™ (preauth effective 1/4/19)
Palforzia (preauth effective 3/4/20 Pharmacy Only)	Veletri®
Palyzqi® (preauth effective 6/20/18)	Ventavis®
Panzylga	Vimizim®(preauth effective 2/28/14)
Polivy™ (preauth effective 6/26/19)	Visco-3™ (preauth effective 10/15/18 except Medicare)
Portrazza®(preauth effective 12/29/15)	Vivaglobin
Poteligeo (preauth effective 9/10/18)	VPRIV® (velaglucerase alfa)(preauth effective 3/15/10)
Privigen	Vyepti (preauth effective 3/19/20)
Prolastin-C®	Vyondys-53® (preauth effective 12/31/19)
Prolia (preauth effective 6/15/10)	Vyxeos®(preauth effective 8/29/17)
Provenge (preauth effective 8/16/10)	Xembify™ (preauth effective 10/17/19)
Radicava® (preauth effective 6/2/17)	Xgeva®(preauth effective 1/7/11)
Reblozyl (preauth effective 11/22/19)	Xolair®
Remicade®	Yervoy® (preauth effective 3/28/11)
Remodulin®	Yescarta®(preauth effect 10/18/17 Inpatient&Outpatient)
Renflexis™ (preauth effective 8/7/17)	Yondelis® (preauth effective 11/19/15)
Rituxan (effective 6/1/20 except Medicare)	Zaltrap® (preauth effective 8/7/12)
Rituxan Hycela (effective 6/1/20 except Medicare)	Zemaira
Romidepsin (preauth effective 4/22/20)	Ziextenzo™ (preauth effective 11/22/19 except Medicare)
Ruconest®(preauth effective 10/6/14)	Zolgensma®preauth effect 6/13/19Inpatient&Outpatient)
Sarclisa (preauth effective 3/19/20)	Zulresso™ (preauth effect 3/25/19 Inpatient&Outpatient)
Scenesse (preauth effective 3/25/20)	

If you have questions or need preauthorization forms, please visit our website or refer to the contact information below. Commercial, Exchange and Medicare Managed Care members, contact the Medical Specialty Medication Review Unit at 1-800-306-0151 (phone) or 1-800-306-0188 (fax).

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