



Preauthorization Requirements for Medical Specialty Drugs Use for Medicaid Managed Care, Health & Recovery Plan (HARP), & Child Health Plus members*

The following Medical Specialty Drugs are covered under the medical benefit (when administered by a health care professional) and require preauthorization. *Claims for the following Medical Specialty Drugs will deny 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 Medicaid Managed Care, Health & Recovery Plan (HARP), & Child Health Plus (CHP)

Actemra® (preauth effective 2/15/10)	Corifact®(preauth effective 5/1/19 except CHP)
Acthar Gel®(preauth effective 1/1/13)	Crysvita (preauth effective 4/17/18)
Actimmune® (preauth effective 9/19/18)	Cutaquig
Adakveo® (preauth effective 11/25/19)	Cuvitru
Adcetris®(preauth effective 9/13/11)	Cyramza® (preauth effective 5/8/14)
Advate®(preauth effective 5/1/19 except CHP)	Darzalex® (preauth effective 12/2/15)
Adynovate®(preauth effective 5/1/19 except CHP)	Dysport® (preauth effective 11/1/17)
Afstyla® (preauth effective 5/1/19 except CHP)	Elaprase®
Ajovy™ (preauth effective 10/4/18)	Elelyso® (preauth effective 6/5/12)
Aldurazyme®	Elocate® (preauth effective 5/1/19 except CHP)
Aliqopa® (preauth effective 9/26/17)	Elzonris™ (preauth effect 3/25/19 Inpatient & Outpatient)
Alphanate®(preauth effect 5/1/19 except CHP)	Empliciti®(preauth effective 12/11/15)
Alphanine SD®(preauth effect 5/1/19 except CHP)	Enhertu® (preauth effective 12/31/19)
Alprolix®(preauth effect 5/1/19 except CHP)	Entyvio® (preauth effective 6/9/14)
Aralast®	Erbix® (preauth effective 9/15/09)
Arzerra® (preauth effective 2/15/10)	Erwinaze® (preauth effective 9/1/17)
Asceniv® (preauth effective 11/25/19)	Evenity™(preauth effective 5/7/19)
Asparlas™ (preauth effective 10/17/19)	Exondys 51®(preauth effective 10/3/16)
Avastin® (except Medicare)	Fabrazyme®
Bavencio®(preauth effective 4/5/17)	Fasenra™ (preauth effective 11/22/17)
Bebulin (preauth effective 5/1/19 except CHP)	Feiba (preauth effective 5/1/19 except CHP)
Beleodaq®(preauth effective 8/1/14)	Flebogamma
Belrapzo (Bendamustine HCL)	Flolan®
Bendeka® (preauth effective 12/29/15)	Fulphila® (preauth effective 8/1/19)
BeneFix (preauth effective 5/1/19 except CHP)	Foloty®(preauth effective 1/1/10)
Benlysta® (preauth effective 3/21/11)	Gamifant® (preauth effective 1/21/19)
Berinert®(preauth effective 1/1/10)	Gammagard
Besponsa® (preauth effective 8/30/17)	Gammaked
Bivigam	Gammplex
Blinicyto®(preauth effect 1/8/15 Inpatient & Outpatient)	Gamunex/Gamunex C
Boniva IV®(preauth effective 6/9/17)	Gazyva® (preauth effective 11/12/13)
Botox® (preauth effective 11/1/17)	Givlaari™ (preauth effective 12/13/19)
Brineura	Glassia®
Cablivi® (preauth effective 3/13/19)	Granix® (preauth effective 8/1/18)
Carimune	Halaven (preauth effective 1/7/11)
Ceprotrin®	Hemophilia clotting factor (preauth effect 5/1/19 except CHP)
Cerezyme®	Hemofil (preauth effective 5/1/19 except CHP)
Cimzia	Hemlibra® (preauth effect 5/1/19 except CHP)
Cinqair® (preauth effective 5/5/16)	Herceptin Hylecta™(preauth effective 4/18/19)
Cinryze®	

-Requests for off-label use of the medications listed above will be reviewed based on off-label policy guidelines

*See separate list for Commercial, Essential Plan, Exchange and Medicare Managed Care

Last updated 03/25/20



Coagadex® (preauth effective 5/1/19 except CHP)

Hexilate FS®(preauth effect 5/1/19 except CHP)
 Hizentra
 Humate-P® (preauth effective 5/1/19 except CHP)
 Hyqvia
 Idelvion®(preauth effective 5/1/19 except CHP)
 Ilaris® (preauth effective 9/1/09)
 Ilumya™ (preauth effective 10/12/18)
 Immune Globulin Products (IV & SC)
 Imfinzi™(preauth effective 5/18/17)
 Inflectra®(preauth effective 12/2/16)
 Istodax® (preauth effective 10/11/10)
 Ixinity®(preauth effective 5/1/19 except CHP)
 Jevtana® (preauth effective 8/16/10)
 Jivi® (preauth effective 5/1/19 except CHP)
 Kadcyra®(preauth effective 3/6/13)
 Kalbitor® (preauth effective 1/1/10)
 Kanuma® (preauth effective 12/21/15)
 Keytruda®(preauth effective 9/11/14)
 Koate/Koate DVI®(preauth effect 5/1/19 except CHP)
 Kogenate FS®(preauth effect 5/1/19 except CHP)
 Kovaltry® (preauth effective 5/1/19 except CHP)
 Krystexxa® (preauth effective 10/15/10)
 Kymriah®(preauth effect 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)
 Lumoxiti™ (preauth effective 10/26/18)
 Luxturna (preauth effective 1/22/18)
 Marqibo® (preauth effective 9/1/13)
 Mepsevii (preauth effective 5/3/18)
 Monoclate-P®(preauth effective 5/1/19 except CHP)
 Mononine®(preauth effect 5/1/19 except CHP)
 Mozobil®
 Mvasi™ (except Medicare)
 Mylotarg® (preauth effective 9/12/17)
 Myobloc® (preauth effective 11/1/17)
 Naglazyme®
 Neulasta/Neulasta Onpro® (preauth effective 8/1/19)
 Neupogen® (preauth effective 8/1/18)
 Nivestym (preauth effective 8/26/18)
 Novoeight® (preauth effective 5/1/19 except CHP)
 Novoseven RT®(preauth effective 5/1/19 except CHP)
 NPlate®
 Nucala® (preauth effective 12/7/15)
 Nulojix® (preauth effective 7/1/11)
 Nuwig® (preauth effective 5/1/19 except CHP)
 Obizur®(preauth effective 5/1/19 except CHP)
 Ocrevus™ (preauth effective 4/7/17)

Octagam
 Oncaspar (preauth effective 9/1/17)
 Onivyde® (preauth effective 11/19/15)
 Onpattro (preauth effective 8/22/18)
 Opdivo® (preauth effective 1/8/15)
 Orelncia®
 Padcev™ (preauth effective 12/31/19)
 Palforza (preauth effective 3/4/20 Pharmacy Only)
 Palyngiq® (preauth effective 6/20/18)
 Panzyga
 Perjeta® (preauth effective 6/11/12)
 Polivy™ (preauth effective 6/26/19)
 Portrazza® (preauth effective 12/29/15)
 Poteligeo (preauth effective 9/10/18)
 Privilgen
 Proflinix®(preauth effective 5/1/19 except CHP)
 Prolastin-C®
 Prolia (preauth effective 6/15/10)
 Provenge (preauth effective 8/16/10)
 Radicava® (preauth effective 6/2/17)
 Rebinyin® (preauth effective 5/1/19 except CHP)
 Reblozyl (preauth effective 11/22/19)
 Recombinate™(preauth effect 5/1/19 except CHP)
 Remicade®
 Remodulin®
 Renflexis™ (preauth effective 8/7/17)
 Rituxan® (preauth effective 10/1/17)
 Rituxan Hycela™(preauth effective 8/3/17)
 Rixubis (preauth effective 5/1/19 except CHP)
 Ruconest® (preauth effective 10/6/14)
 Ruxience (preauth effective 2/5/20)
 Sarclisa (preauth effective 3/19/20)
 Scenesse (preauth effective 3/25/20)
 Signifor LAR® (preauth effective 7/01/15)
 Simponi Aria® (preauth effective 7/19/13)
 Soliris®
 Spinraza™ (preauth effective 1/12/17)
 Spravato™ (preauth effective 3/25/19)
 Stelara® (except loading dose)
 Sylvant® (preauth effective 5/8/14)
 Synagis®
 Synribo® (preauth effective November 2012)
 Tecentriq® (preauth effective 5/31/16)
 Tepezza (preauth effective 1/29/2020)
 Torisel®
 Treanda®
 Tremfya (preauth effective 7/20/18)
 Treprostinil (preauth effective 3/13/19)
 Tretten® (preauth effective 5/1/19 except CHP)
 Trogarzo (preauth effective 4/9/18)
 Truxima® (preauth effective 11/22/19)
 Tysabri®

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Tyvaso®
 Ultomiris™ (preauth effective 1/4/19)
 Vectibix®(preauth effective 9/15/09)
 Veletri®
 Ventavis®
 Vimizim®(preauth effective 2/28/14)
 Vivaglobin
 Vonvendi® (preauth effective 5/1/19 except CHP)
 VPRIV® (velaglucerase alfa) (preauth effective 3/15/10)
 Vyepi (preauth effective 3/25/20)
 Vyondys-53® (preauth effective 12/31/19)
 Vyxeos®(preauth effective 8/29/17)
 Wilate (preauth effective 5/1/19 except CHP)
 Xembify™ (preauth effective 10/17/19)
 Xeomin®(preauth effective 11/1/17)
 Xgeva®(preauth effective 1/7/11)
 Xyntha/Xyntha Solofuse(preauth effect 5/1/19 except CHP)
 Xolair®
 Yervoy® (preauth effective 3/28/11)
 Yescarta®(preauth effect 10/18/17 Inpatient & Outpatient)
 Yondelis® (preauth effective 11/19/15)
 Zaltrap® (preauth effective 8/7/12)
 Zemaira
 Ziextenzo™ (preauth effective 11/22/19)
 Zirabev™ (except Medicare)
 Zolgensma®preauth effect 6/13/19 Inpatient&Outpatient
 Zulresso™ preauth effect 3/25/19 Inpatient&Outpatient

If you have questions or need preauthorization forms, please visit our website or refer to the contact information below. Medicaid Managed Care, Health & Recovery Plan (HARP), & Child Health Plus (CHP) members, contact 1-844-694-6411 (phone) or 1-855-346-4418 (fax).

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