

MEDICAL DRUGS PRIOR AUTHORIZATION LIST

Effective 4/20/2021



The following is a list of medical drug services which require prior authorization for contracted providers. The Plan has made every effort to ensure this list is comprehensive. The fact that a particular service is not included on the list does not mean that such service is otherwise covered. For details on Pharmacy prior authorization requirements, please contact Customer Service.

Note: While it is expected that prior authorization is obtained before services are rendered, the Plan reserves the right to conduct medical necessity reviews at the time the claim is received if no authorization was previously requested. Additionally, it is recommended that prior authorization be obtained before services are rendered by non-contracted providers, and the Plan reserves the right to conduct a medical necessity review at the time a claim is received if no authorization was previously requested. Procedures that are normally done as an inpatient but are planned as outpatient and converted to inpatient post-operatively may also be subject to a medical necessity review.

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration. Please call the customer service number on the back of the member's ID card to verify the specific requirements of the member's plan.

New FDA approved provider administered drugs may be non-covered until a full internal review has occurred, which may take up to 180 days. See Pharmacy Policy PP/R001.

Medications that are being used outside their FDA approved dose, indication, or frequency require review in accordance with our off-label policy PP/O002.

PRODUCTS THAT REQUIRE PRIOR AUTHORIZATION

Anti-Neoplastic agents (Oncology)

- Actimmune (interferon gamma-1b) J9216
- Adcetris (brentuximab) J9042
- Aliqopa (copanlisib) J9057
- Arzerra (ofatumumab) J9302
- Bavencio (avelumab) J9023
- Beleodaq (belinostat) J9032
- Belrapzo (bendamustine) C9042, J9036
- Bendeka (bendamustine) J9034
- Besponsa (inotuzumab ozogamicin) J9229
- Blenrep (belantamab mafodotin) J9037
- Blincyto (blinatumomab) J9039
- Cosela (trilaciclib) (J3490)
- Cyramza (ramucirumab) J9308
- Danyelza (naxitamab-gqgk)
- Darzalex (daratumumab) J9145
- Darzalex Faspro (daratumumab) J9144
- Elspar (asparaginase) J9019
- Elzonris (tagraxofusp-erzs) J9269
- Enhertu (fam-trastuzumab deruxecan-nxki) J9358
- Erwinaze (asparaginase Erwinia chrysanthemi) J9019
- Firmagon (degarelix) J9155
- Gazyva (obinutuzumab) J9301
- Herceptin (trastuzumab) J9355
- Herceptin Hylecta (trastuzumab and hyaluronidase-oysk) J9356
- Herzuma (trastuzumab-pkrb) Q5113
- Imfinzi (durvalumab) J9173
- Imlygic (talimogene laherparepvec) J9325
- Kadcyca (ado-trastuzumab emtansine) J9354
- Keytruda (pembrolizumab) J9271
- Kyprolis (carfilzomib) J9047
- Lartruvo (olaratumab) J9285
- Libtayo (cemiplimab-rwlc) J9119
- Lumoxiti (moxetumomab pasudostos-tdfk) J9313
- Lutathera (lutetium LU 177 dotate) A9513
- Margenza (margetuximab-cmkb)
- Marqibo (vincristine sulfate liposome) J9371
- Monjuvi (Tafasitamab) J9349
- Mylotarg (gemtuzumab ozogamicin) J9203
- Oncaspar (pegasparagase) J9266
- Onivyde (irinotecan liposome) J9205

PRODUCTS THAT REQUIRE PRIOR AUTHORIZATION

- Onpattro (patisiran) J0222
 - Ontruzant (trastuzumab-dttb) Q5112
 - Opdivo (nivolumab) J9299
 - Padcev (enfortumab vedotin-efiv) J9177
 - Pepaxto (melphalan flufenamide) (effective 6/4/2021)
 - Perjeta (pertuzumab) J9306
 - Phesgo (pertuzumab, trastuzumab, hyaluronidase-zzxf) J9999
 - Polivy (polatuzumab vedotin-piiq) J9309
 - Poteligeo (mogamulizumab-kpkc) J9204
 - Provenge (sipuleucel-T) Q2043
 - Sylvant (siltuximab) J2860
 - Tecartus (brexucaptogene autoleucel) Q2053
 - Tecentriq (atezolizumab) J9022
 - Treanda (bendamustine) J9033
 - Triptodur (triptorelin) J3315
 - Trodelvy (Sacituzumab govitecan) J9317
 - Unituxin (dinutuximab)
 - Vyxeos (daunorubicin and cytarabine) J9153
 - Xofigo (radium Ra 223 dichloride) A9606
 - Yervoy (ipilimumab) J9228
 - Yondelis (trabectedin) J9352
 - Zaltrap (ziv-aflibercept) J9400
 - Zepzelca (lurbinectedin)
 - Zevalin (Ibritumomab tiuxetan) A9543
- *The following Herceptin (trastuzumab) biosimilars are preferred products and do not require review – Kanjinti (trastuzumab-anns) Q5117, Ogivri (trastuzumab-dkst) Q5114, and Trazimera (trastuzumab-qyyp) Q5116

Anti-Rheumatoid, Inflammatory Bowel Disease (IBD) Biologics

- Actemra (tocilizumab) J3262
- Avsola (infliximab-axxq) Q5121
- Entyvio (vedolizumab) J3380
- Ilumya (tildrakizumab-asmn) J3245
- Inflectra (infliximab-dyyb) Q5103
- Orencia (abatacept) J0129
- Remicade (infliximab) J1745
- Renflexis (infliximab-abda) Q5104
- Simponi Aria (golimumab) J1602
- Stelara IV (ustekinumab) J3358*

Blood clotting/Coagulation factors (Anti-Hemophilia)

- Adakveo (crizanlizumab-tmca) J0791
- Adynovate (factor VIII, pegylated) J7207
- Afstyla (factor VIII, single-CHN, B-DOM truncated) J7210
- Alphanate (von willebrand factor, human) J7186
- Alprolix (factor IX, fc fusion protein) J7201
- Andexxa (factor Xa, inactivated-zhzo) J7169
- ATRyn (antithrombin III, human) J7196
- BeneFIX; Ixinity (factor IX) J7195
- Cablivi (caplacizumab-yhdp)
- Coagadex (factor X) J7175
- Corifact (factor XIII) J7180
- Eloctate (factor VIII, FC fusion protein) J7205
- Esperoct (factor VIII, glycopegylated-exei) J7204
- Factor VIII (antihemophilic factor, porcine) J7191
- Feiba NF (anti-inhibitor coagulant complex) J7198
- Fibryga (fibrinogen concentrate, human) J7177
- Hemlibra (emicizumab-kxwh) J7170
- Human fibrinogen concentrate J7178
- Humate P (von willebrand factor, human) J7187
- Idelvion (factor IX, albumin fusion protein) J7202
- Jivi (factor VIII, pegylated-aucl) J7208

PRODUCTS THAT REQUIRE PRIOR AUTHORIZATION

- Koate; Koate-DVI; Hemofil M (antihemophilic factor, human) J7190
- Kogenate; Advate; Helixate FS (factor VIII) J7192
- Kovaltry (factor VIII, full length) J7211
- Mononine; Alphanine (factor IX) J7193
- Novoeight (antihemophilic factor VIII) J7182
- Novoseven (factor VIIa) J7189
- Nuwq (factor VIII) J7209
- Obizur (factor VIII, porcine) J7188
- Profilnine SD; Bebulin (factor IX complex) J7194
- Rebinyn (factor IX, glycopegylated, human) J7203
- Reblozyl (luspatercept-aamt) J0896
- Rixubis (factor IX, recombinant, human) J7200
- Sevenfact (coagulation factor VIIa -jncw) J7212
- Thromate III (antithrombin, human plasma) J7197
- Tretten (factor XIII a-subunit) J7181
- Von willebrand factor complex (factor VIII) J7183
- Vonvendi (von willebrand factor) J7179
- Xyntha (coagulation factor VIII) J7185

Botulinum toxin~

- Botox (onabotulinumtoxin a) J0585
- Dysport (obobotulinumtoxin a) J0586
- Myobloc (incobotulinumtoxin a) J0587
- Xeomin (incobotulinumtoxin a) J0588

~ Prior authorization not required if the diagnosis is any of the following: blepharospasm, cerebral palsy, cervical dystonia, facial nerve disorders (such as, but not limited to, hemifacial spasm [trigeminal neuralgia is on the investigative list]) any spasticity, such as spastic/congenital hemiplegia, spasticity related to contracture, hereditary spastic paraplegia, torsion dystonia, spasmodic dysphonia/laryngeal spasm, muscle spasms due to demyelinating disease, such as multiple sclerosis, neuromyelitis optica, or Schilder's disease, organic writer's cramp, orofacial dyskinesia, spasmodic torticollis, strabismus and other disorders of binocular eye movement, lower/upper limb spasticity.

Emphysema, Pulmonary, Allergy agents

- Cinqair (reslizumab) J2786
- Fasenna (benralizumab) J0517
- Glassia (alpha 1 proteinase inhibitor) J0257
- Nucala (mepolizumab) J2182
- Prolastin C (alpha1-antitrypsin) J0256
- Pulmozyme (dornase alfa) J7639
- Synagis (palivizumab) 90378
- Xolair (omalizumab) J2357
- Zemaira (alpha1-antitrypsin) J0256

Enzyme, Enzyme replacement

- Aldurazyme (laronidase) J1931
- Aralast NP (alpha 1-antitrypsin) J0256
- Berinert (complement C1 esterase inhibitor) J0597
- Brineura (cerliponase alfa) J0567
- Ceredase (alglucerase) J0205
- Cerezyme (imiglucerase) J1786
- Cinryze (complement C1 esterase inhibitor) J0598
- Elelyso (taliglucerase alfa) J3060
- Elaprase (idursulfase) J1740
- Fabrazyme (agalsidase beta) J0180
- Haegarda (c-1 esterase inhibitor) J0599
- Kalbitor (ecallantide) J1290
- Kanuma (sebelipase alfa) J2840
- Lumizyme (alglucosidase alfa) J0221
- Mepsevii (vestronidase alfa-vjbc) J3397
- Naglazyme (galsulfase) J1458

PRODUCTS THAT REQUIRE PRIOR AUTHORIZATION

- Oxlumo (lumasiran) C9074
- Palynziq (pegvaliase-pqpz)
- Revcovi (elapegademase-ivlr)
- Ruconest (C1 esterase inhibitor) J0596
- Soliris (eculizumab) J1300
- Ultomiris (ravilizumab-cwvz) J1303
- Vimizim (elosulfase alfa) J1322
- VPriv (velaglucerase alfa) J3385

Eye products, VEGF inhibitors

- Beovu (brovacizumab-dbl) J0179
- Eylea (aflibercept) J0178
- Iluvien (fluocinolone acetonide intravitreal implant) J7313
- Jetrea (Ocriplasmin intravitreal injection) J7316
- Lucentis (ranibizumab) J2778
- Macugen (pegaptanib) J2503
- Retisert (fluocinolone acetonide intravitreal implant) J7311

Bevacizumab (Avastin, Mvasi, and Zirabev) are preferred Vascular Endothelial Growth Factor Antagonists (VEGF-Inhibitors) and do not need prior authorization for intravitreal use. Requests for non-preferred biologics for intravitreal use [Beovu (brovacizumab-dbl) J0179, Eylea (aflibercept) J0178, Lucentis (ranibizumab) J2778, and Macugen (pegaptanib) J2503] requires that the member has not responded to, is intolerant to, or is a poor candidate for one of the preferred biologics (bevacizumab) in addition to meeting criteria PC/V001.

Gonadotropin releasing hormone agents (GnRH), Testosterone, Estradiol ±

- Depo-estradiol J1000 ±
- Estradiol J1380 ±
- Estrogen J1410 ±
- Fensolvi (leuprolide acetate)
- Supprelin LA (histrelin) J1675, J9226 ±
- Leuprolide J1950, J9217, J9218, J9219 ±
- Testosterone J1071, J3121, J3145, S0189 ±
- Vantas (histrelin implant) J9225 ±
- Zoladex (goserelin acetate) J9202 ±

± Prior Authorization needed ONLY when billed with associated diagnosis codes F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890

Gene therapy

- Abecma (idecabtagene vicleucel)
- Kymriah (tisagenlecleucel) CAR-T Q2042
- Yescarta (axicabtagene ciloleucel) CAR-T Q2041
- Zolgensma (onasemnogene abeparvovec-xioi) J3399
- Spinraza (nusinersen) J2326
- Luxturna (voretigene neparvovec-ryzl) J3398

Hyaluronic Acids

- Durolane J7318
- Gel-One J7326
- GelSyn-3 J7328
- GenVisc 850 J7320
- Hyalgan J7321
- Hymovis J7322
- Monovisc J7327
- Orthovisc J7324
- Supartz J7321
- Supartz FX J7321
- Synjoynnt J7331
- Trivisc J7329
- VISCO-3 J7321
- Triluron J7332

*Euflexxa J7323 and Synvisc or Synvisc-One (J7325) are preferred products and do not require prior authorization if administered into the knee.

Any injection site other than the knee is considered investigative (see investigative list)

PRODUCTS THAT REQUIRE PRIOR AUTHORIZATION

Immunoglobulins (IVIG)

- Asceniv J1554
- Bivigam J1556
- Carimune NF J1566
- Cutaquig
- Cuvitru J1555
- Flebogamma J1572
- Gammagard liquid J1569*
- Gammagard S/D J1566*
- Gammaked J1561
- Gammaplex J1557
- Gamunex-C J1561
- Hizentra J1559
- HyQvia J1575
- Octagam J1568
- Panzyga J1599
- Priviligen J1459
- Xembify J1558

Multiple Sclerosis agents

- Lemtrada (alemtuzumab) J0202
- Ocrevus (ocrelizumab) J2350
- Tysabri (natalizumab) J2323

Osteoporosis (bone homeostasis)

- Evenity (romosozumab) J3111
- Prolia (denosumab) J0897
- Xgeva (denosumab) J0897

Rituximab agents

- Riabni (rituximab-arrx)
 - Rituxan (rituximab) J9312
 - Rituxan Hycela (rituximab and hyaluronidase) J9311
 - Ruxience (rituximab-pvvr) Q5119
 - Truxima (rituximab-abbs) Q5115
- Ruxience and Truxima are preferred rituximab products for new requests

Spravato

- Spravato (esketamine)

Miscellaneous drugs

- Arcalyst (rilonacept) J2793*
- Benlysta (belimumab) J0490*
- Crysvida (burosumab-twza) J0584*
- Evkeeza (evinacumab-dgnb) J3590
- Exondys 51 (eteplirsen) J1428*
- Gamifant (emapaluzumab-lzsg) J9210
- Givlaari (givosiran) J0223*
- Ilaris (canakinumab) J0638
- Krystexxa (pegloticase) J2507*
- Makena (hydroxyprogesterone caproate) J1726 (hydroxyprogesterone caproate J1729 does not need PA)
- Nulojix (belatacept) J0485*
- Radicava (edaravone) J1301
- Scenesse (afamelanotide) J7352
- Strensiq (asfotase alfa)*
- Tepezza (teprotumumab) C9061
- Uplizna (inebilizumab-cdon) J1823*
- Vyepiti (epitinezumab-jimr) J3032*
- Zilretta (triamcinolone acetonide) J3304
- Zulresso (brexanolone) C9055

Revisions:

4/20/2021:

Added the following medication effective 6/4/2021: Pepaxto (melphalan flufenamide)

Added the following medication effective 4/20/2021: Abecma (idecabtagene vicleucel)

Added HCPC to the following medication: Oxlumo (C9074)

Moved Ilaris (canakinumab) J0638

Updated HCPC to the following medication(s): Asceniv (J1554), Blenrep (J9037), Monjuvi (J9349), Tecartus (Q2053)

Removed the following medication: Ixifi (infliximab-qbtx)

3/9/2021:

Added the following drugs effective 4/23/2021: Margenza (margetuximab-cmkb), Oxlumo (lumasiran),

Cosela (trilaciclib), Breyanzi (lisocabtagene maraleucel), Evkeeza (evinacumab-dgnb), Danyelza (naxitamab-gqgk),

Riabni (rituximab-arxx)

Removed: Amevive, Cosentyx

Separated: Gammagard and Gammagard S/D and added J1569 to Gammagard

1/22/21:

Added the following drugs: Zevalin (Ibritumomab tiuxetan) A9543, Beovu (brolucizumab-dbll) J0179, Monjuvi (C9070), Asceniv (C9072), Darzalex Faspro J9144, Trodelvy (J9317)

Removed: Rebinyn C9468 (duplicate listing with inactive HCPC), Vivaglobin (discontinued)

Added HCPC to the following: Blenrep (C9069), Tecartus (C9073), Uplizna (J1823), Sevenfact (J7212), Scenesse (J7352), Zepzelca

(J9223), Phesgo (J9316)

Added the following note to Hyaluronic Acids: Any injection site other than the knee is considered investigative (see investigative list)

Added the following note to Multiple Sclerosis and Rituximab: Ruxience and Truxima are preferred rituximab products for new requests

Added the following note to Eye Products/VEGF Inhibitors: Bevacizumab (Avastin, Mvasi, and Zirabev) are preferred Vascular Endothelial Growth Factor Antagonists (VEGF-Inhibitors) and do not need prior authorization for intravitreal use. Requests for non preferred biologics for intravitreal use [Beovu (brolucizumab-dbll) J0179, Eylea (aflibercept) J0178, Lucentis (ranibizumab) J2778, and Macugen (pegaptanib) J2503] requires that the member has not responded to, is intolerant to, or is a poor candidate for one of the preferred biologics (bevacizumab) in addition to meeting criteria PC/V001.

