

# Medical Prior Authorization

January 2020

Most benefit plans include medical prior authorization. Check your plan materials to see if this information applies to you. This list may change or expand from time to time without prior notice.

Drugs on this list may require prior authorization (PA) under the **medical benefit** through our Specialty Medical Benefit Management (SMBM) program. To start the PA process, providers should sign into the health plan's provider website to access the online medical prior authorization system. Providers can also request prior authorization by calling 877-440-0089 or faxing requests to 612-367-0742. A PA does **not** guarantee eligibility or payment of a claim. Provider specialty is considered when reviewing all medical and self-administered drug prior authorization requests.

Drugs noted with a (#) are preferred. Drugs noted with a (\*) require PA **and** may only be authorized to be administered in certain locations (sites of care), such as an infusion center or the patient's home.

**Table A**

For members who have a medical PA requirement, these drugs always require PA if billed under the medical benefit.

<p><b>A</b></p> <hr/> Abraxane Actemra (*) Actimmune Adagen Adcetris Advate Adynovate Aldurazyme (*) Alimta Aliqopa Alphanate AlphaNine SD Alprolix Apokyn Aralast NP (*) Aranesp (PA required only when used as cancer treatment) Arcalyst Arzerra Avastin (PA required only when used as chemotherapy) Aveed Avonex Azacitidine	<p>Botox  Bravelle</p> <p><b>C</b></p> <hr/> Carimune NF (*) Cayston Cerezyme (*) Cetrotide Cimzia Cinryze Coagadex Copaxone Cosentyx Cyramza Cytogam (*) <p><b>D</b></p> <hr/> Dacogen Darzalex Decitabine Deferoxamine Mesylate Desferal Docefrez Docetaxel Dofetilide Duopa Dysport <p><b>E</b></p> <hr/> Egrifta Elaprase (*) Elelyso (*) Eligard Eloctate Eloxatin Empliciti Enbrel Entyvio (*) Epogen Epoprostenol Sodium (*) Erbitux Erwinaze Euflexxa Extavia Eylea	<p><b>F</b></p> <hr/> Fabrazyme (*) Feiba/NF Firazyf Firmagon Flebogamma DIF (*) Flolan (*) Follistim AQ Folotyn Forteo Fusilev <p><b>G</b></p> <hr/> Gamastan S/D Gammagard (*) Gammaked (*) Gammaplex (*) Gamunex-C (*) Ganirelix Acetate Gattex Gazyva Gel-One Gemcitabine HCl Gemzar Genotropin Glassia (*) Glatiramer Acetate Glatopa Gonal-F/RFF Granix <p><b>H</b></p> <hr/> Haegarda Halaven Helixate FS Hemofil M Herceptin/Hylecta Hizentra HP Acthar Humate-P Humatrope Humira Hyalgan (#) Hycamtin	<p>Hymovis (#)  Hyqvia</p> <p><b>I</b></p> <hr/> Ilaris Iluvien Imfinzi Increlex Inflectra (*) Intron A Istodax Ixempra Kit Ixinity <p><b>J</b></p> <hr/> Jetrea Jevtana Jivi <p><b>K</b></p> <hr/> Kadcyla Kalbitor Kanjinti Kanuma Keytruda Kineret Kitabis Pak Koate/DVI Kogenate FS (#) Kovaltry (#) Krystexxa (*) Kyprolis <p><b>L</b></p> <hr/> Lartruvo Lemtrada (*) Leukine Levoleucovorin Calcium/PF Lucentis Lumizyme (*) Lupaneta Pack Lupron Depot	<p><b>M</b></p> <hr/> Macugen Menopur Mitoxantrone HCl Monoclate-P Mononine Monovisc Mozobil Mvasi Myalept Myobloc <p><b>N</b></p> <hr/> Naglazyme (*) Natpara Neulasta/Onpro Neumega Neupogen Norditropin Novoeight (#) NovoSeven RT Nplate Nucala Nutropin/AQ Nuwiq <p><b>O</b></p> <hr/> Obizur Ocrevus (*) Octagam (*) Octreotide Acetate Omnitrope Oncaspar Onivyde Opdivo Orencia (*) OrthoVisc Oxaliplatin Ozurdex <p><b>P</b></p> <hr/> Pegasys PegIntron Peg-Intron
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Perjeta	Renflexis (*)	Sylatron	<b>U</b>	Xiaflex
Plegridy	Retisert	Sylvant	N/A	Xolair
Prialt	Rituxan/Hycela	Synagis	<b>V</b>	Xyntha/Solofuse
Privigen (*)	Rixubis	Synribo	Valchlor	<b>Y</b>
Procrit	Romidepsin	Synvisc/One (#)	Valrubicin	Yervoy
Profilnine/SD	Ruconest (*)	<b>T</b>	Valstar	Yondelis
Prolastin-C (*)	<b>S</b>	Targretin	Vectibix	<b>Z</b>
Proleukin	Saizen	Taxotere	Velcade	Zaltrap
Prolia	Saizenprep	Tecentriq	Veletri (*)	Zarxio (#)
Provence	Sandostatin/LAR Depot	Temodar	Vidaza	Zemaira (*)
Pulmozyme	Serostim	Temsrolimus	Vimizim (*)	Zoladex
<b>Q</b>	Signifor/LAR	Tev-Tropin	Visco-3	Zoledronic Acid
N/A	Simponi/Aria (**)	Tikosyn	Visudyne	Zomacton
<b>R</b>	Soliris (*)	Tobi/Podhaler	Vpriv (*)	Zometa
Radicava	Somatuline Depot	Tobramycin	<b>W</b>	Zorbtive
Rebif/Rebidose	Somavert	Topotecan HCl	Wilate	
Reclast	Spinraza	Torisel	<b>X</b>	
Recombinate	Stelara (*)	Treanda	Xeomin	
Remicade (**)	Stimate	Trelstar	Xgeva	
Remodulin	Supartz/FX	Treprostinil		
	Supprelin LA	Tysabri (*)		

### Preferred Drugs Under the Medical Benefit

CONDITION TREATED	PREFERRED PRODUCTS	NON-PREFERRED PRODUCTS		
		<i>Non-preferred products are only available if criteria are met or the member has tried and failed preferred products.</i>		
Anti-Inflammatory Conditions (i.e. Rheumatoid Arthritis, Psoriasis, Crohn's)	<ul style="list-style-type: none"> <li>• Remicade</li> <li>• Simponi Aria</li> </ul>	<ul style="list-style-type: none"> <li>• Actemra</li> <li>• Cimzia</li> <li>• Entyvio</li> </ul>	<ul style="list-style-type: none"> <li>• Inflectra</li> <li>• Orencia</li> </ul>	<ul style="list-style-type: none"> <li>• Stelara</li> <li>• Renflexis</li> </ul>
Hemophilia	<ul style="list-style-type: none"> <li>• Kogenate FS</li> <li>• Kovaltry</li> <li>• Novoeight</li> </ul>	<ul style="list-style-type: none"> <li>• Helixate FS</li> <li>• Adynovate</li> </ul>	<ul style="list-style-type: none"> <li>• Eloctate</li> </ul>	<ul style="list-style-type: none"> <li>• Nuwiq</li> </ul>
Neutropenia (Colony Stimulating Factors)	<ul style="list-style-type: none"> <li>• Zarxio</li> </ul>	<ul style="list-style-type: none"> <li>• Neupogen</li> </ul>	<ul style="list-style-type: none"> <li>• Granix</li> </ul>	<ul style="list-style-type: none"> <li>• Leukine</li> </ul>
Osteoarthritis, Viscosupplements	<ul style="list-style-type: none"> <li>• Hyalgan</li> <li>• Hymovis</li> <li>• Synvisc</li> </ul>	<ul style="list-style-type: none"> <li>• Euflexxa</li> <li>• Gel-One</li> <li>• Gelsyn-3</li> </ul>	<ul style="list-style-type: none"> <li>• Genvisc 850</li> <li>• Monovisc</li> <li>• Orthovisc</li> </ul>	<ul style="list-style-type: none"> <li>• Supartz FX</li> <li>• Visco-3</li> </ul>

### Table B

These drugs are typically covered under the pharmacy benefit. If a member's benefit allows these to be billed under the medical benefit, PA is required.

Actemra (SC)	Copaxone	Humate-P	NovoSeven RT	Somavert
Actimmune	Cosentyx	Humatrope	Nutropin AQ	Stelara (SC)
Advate	Egrifta	Humira	Nuwiq	Stimate
Adynovate	Eloctate	Hyqvia	Omnitrope	Targretin
Alphanate	Enbrel	Ilaris	Orencia (SC)	Tev-Tropin
AlphaNine SD	Extavia	Increlex	Pegasys	Tobi/Podhaler
Alprolix	Feiba/NF	Ixinity	PegIntron	Tobramycin
Apokyn	Firazyr	Jivi	Peg-Intron	Valchlor
Arcalyst	Follistim AQ	Kineret	Plegridy	Wilate
Avonex	Ganirelix Acetate	Kitabis Pak	Profilnine/SD	Xyntha/Solofuse
Bebulin	Gattex	Koate/DVI	Pulmozyme	Zomacton
BeneFIX	Genotropin	Kogenate FS	Rebif/Rebidose	Zorbtive
Berinert	Glatiramer Acetate	Kovaltry	Recombinate	
Betaseron	Glatopa	Lupaneta Pack	Rixubis	
Bethkis	Gonal-f/RFF	Menopur	Ruconest	
Bravelle	Haegarda	Monoclote-P	Saizen	
Cayston	Helixate FS	Mononine	Saizenprep	
Cetrotide	Hemofil M	Myalept	Serostim	
Cimzia	Hizentra	Norditropin	Signifor (SC)	
Cinryze	HP Acthar	Novoeight	Simponi	



