

# Medical Prior Authorization

May 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.

## Drugs Requiring Medical PA

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

<p><b>A</b></p> <p>Abraxane Actemra (*) Actimmune Adcetris Adriamycin Adrugil Advate Adynovate Aldurazyme (*) Alimta Aliqopa Alphanate AlphaNine SD Alprolix Apokyn Aralast NP (*) Aranesp (PA <i>required only when used as cancer treatment</i>) Arcalyst ARRANON Arzerra Asparlas Avastin (PA <i>required only when used as chemotherapy</i>) Aveed Avonex Azacitidine</p> <p><b>B</b></p> <p>Bavencio BCG Bebulin Beleodaq Belrapzo Bendamustine HCl Bendeka Benefix Benlysta (*) Berinert</p>	<p>Besponsa Betaseron Bethkis BICNU Bivigam (*) Bleomycin Sulfate Blincyto (*) Bortezomib Botox Bravelle</p> <p><b>C</b></p> <p>Carboplatin Carimune NF (*) Cayston Ceprotin Cerezyme (*) Cetrotide Chorionic Gonadotropin Cimzia Cinryze Cisplatin Cladribine Clolar Coagadex Copaxone Cosentyx Cosmegen Cynamza Cytarabine Cytogam (*)</p> <p><b>D</b></p> <p>Dacarbazine Dacogen Darzalex Daunorubicin Hcl Decitabine Deferoxamine Mesylate Depocyt Desferal Docetaxel Dofetilide</p>	<p>Doxil Duopa Dupixent Dysport</p> <p><b>E</b></p> <p>Egrifta Elaprase (*) Elelyso (*) Eligard Ellence Eloctate Eloxatin Empliciti Enbrel Entyvio (*) Epogen Epoprostenol Sodium (*) Erbitux Erwinaze Euflexxa Extavia Eylea</p> <p><b>F</b></p> <p>Fabrazyme (*) Faslodex Feiba/NF Firazyr Firmagon Flebogamma DIF (*) Flolan (*) Floxuridine Fludarabine Phosphate Follistim AQ Folotylin Forteo Fusilev</p> <p><b>G</b></p> <p>Gamastan S/D Gammagard (*) Gammaked (*) Gammaplex (*) Gamunex-C (*)</p>	<p>Ganirelix Acetate Gattex Gazyva Gel-One Gemcitabine HCl Gemzar Genotropin Glassia (*) Glatiramer Acetate Glatopa Gonal-F/RFF Granix</p> <p><b>H</b></p> <p>Haegarda Halaven Helixate FS Hemofil M Herceptin/Hylecta Hizentra HP Acthar Humate-P Humatrope Humira Hyalgan (#) Hycamtin Hyqvia</p> <p><b>I</b></p> <p>Idamycin PFS Ifosfamide Ilaris Iluvien Imfinzi IMLYGIC Increlex Infergen Inflectra (*) Infugem Intron A Istodax Ixempra Kit Ixinity</p>	<p><b>J</b></p> <p>Jetrea Jevtana</p> <p><b>K</b></p> <p>Kadcyla Kalbitor Kanjinti Kanuma Kynamro Keytruda Kineret Kitabis Pak Koate/DVI Kogenate FS (#) Krystexxa (*) Kyprolis</p> <p><b>L</b></p> <p>Lartuvo Lemtrada (*) Leukine Leuprolide Acetate Levoleucovorin Calcium/PF Lucentis Lumizyme (*) Lupaneta Pack Lupron Depot Libtayo Lumoxiti</p> <p><b>M</b></p> <p>Macugen Makena Marqibo Menopur Mesnex Mithracin Mitomycin Mitoxantrone HCl Monoclata-P Mononine Monovisc Mozobil</p>	<p>Mustargen Myalept Mylotarg Myobloc</p> <p><b>N</b></p> <p>Naglazyme (*) Natpara Neulasta/Onpro Neumega Neupogen Nipent Norditropin Novoeight (#) NovoSeven RT Nplate Nutropin/AQ</p> <p><b>O</b></p> <p>Obizur Ocrevus (*) Octagam (*) Octreotide Acetate Omnitrope Oncaspar Onivyde Opdivo Orencia (*) Orthovisc Otrexup Ovidrel Oxaliplatin Ozurdex</p> <p><b>P</b></p> <p>Paclitaxel Pegasyd PegIntron Peg-Intron Perjeta Photofrin Plegridy Polivy Poteligeo Pregnyl Prialt</p>
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Privigen (*) Procrit Profilnine/SD Prolastin-C (*) Proleukin Prolia Provence Pulmozyme	Revatio Rituxan/Hycela Rixubis Romidepsin Ruconest (*) <b>S</b> Saizen Saizenprep Sandostatin/LAR Depot Serostim Signifor/LAR Simponi/Aria (#*) Soliris (*) Somatuline Depot Somavert Spinraza Stelara (*) Stimate	Supartz/FX Supprelin LA Sylatron Sylvant Synagis Synribo Synvisc/One (#) <b>T</b> Targretin Taxotere Tecentriq Temodar Temsirrolimus Thioplex Thyrogen Tikosyn Tobi/Podhaler Tobramycin Topotecan HCl	Torisel Treanda Trelstar Treprostinil Trisenox Tysabri (*) Tyvaso <b>U</b> N/A <b>V</b> Valchlor Valrubicin Valstar Vantas Varizig Vectibix Velcade Veletri (*)	Vidaza Vimizim (*) Vinblastine Sulfate Vincristine Sulfate Vinorelbine Tartrate Visco-3 Visudyne Vpriv (*) Vumon Vyxeos <b>W</b> Wilate <b>X</b> Xeomin Xgeva Xiaflex Xolair Xyntha/Solofuse	<b>Y</b> Yervoy Yondelis <b>Z</b> Zaltrap Zanosar Zarxio (#) Zemaira (*) Zoladex Zoledronic Acid Zomacton Zometa Zorbtive
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### 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>• 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>• 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>

### Specialty Drugs Covered Under the Pharmacy Benefit

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