

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 postoperatively 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/O001.

***Site of Care Criteria Applies (PC/S009) A list of drugs subject to Site of Care can be found here**

PRODUCTS THAT REQUIRE PRIOR AUTHORIZATION	SPECIFIC CRITERIA	OVERARCHING POLICIES
Anti-Neoplastic agents (Oncology)	NCCN	MP/C009
• Actimmune (interferon gamma-1b) J9216*	FDA label	MP/C003
• Adcetris (brentuximab) J9042	PP/O001	
• Aliqopa (copanlisib) J9057	MP/I001	
• Arzerra (ofatumumab) J9302	IC-0057	
• Bavencio (avelumab) J9023	IC-0449	
• Beleodaq (belinostat) J9032		
• Belrapzo (bendamustine) C9042, J9036		
• Bendeka (bendamustine) J9034		
• Besponsa (inotuzumab ozogamicin) J9229		
• Blenrep (belantamab mafodotin) C9069		
• Blincyto (blinatumomab) J9039		
• Cosela (trilaciclib) (J3490) (Effective 04/23/2021)		
• Cyramza (ramucirumab) J9308		
• Danyelza (naxitamab-gqgk) (Effective 04/23/2021)		
• Darzalex (daratumumab) J9145		
• Darzalex Faspro (daratumumab) J9144 (Effective 3/15/2021)		
• 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		
• Kadcyła (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) (Effective 04/23/2021))		
• Marqibo (vincristine sulfate liposome) J9371		
• Monjuvi (Tafasitamab) C9070 (Effective 3/15/2021)		
• Mylotarg (gemtuzumab ozogamicin) J9203		
• Oncaspar (pegasparagase) J9266		
• Onivyde (irinotecan liposome) J9205		
• Onpattro (patisiran) J0222		
• Ontruzant (trastuzumab-dttb) Q5112		
• Opdivo (nivolumab) J9299		

PRODUCTS THAT REQUIRE PRIOR AUTHORIZATION	SPECIFIC CRITERIA	OVERARCHING POLICIES
<ul style="list-style-type: none"> • Padcev (enfortumab vedotin-ejfv) J9177 • 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) C9073 • Tecentriq (atezolizumab) J9022 • Treanda (bendamustine) J9033 • Triptodur (triptorelin) J3315 • Trodelvy (Sacituzumab govitecan) J9317 (Effective 3/15/2021) • Unituxin (dinutuximab) • Vyxeos (daunorubicin and cytarabine) J9153 • Xofigo (radium Ra 223 dichloride) A9606 • Yervoy (ipilimumab) J9228 • Yondelis (trabectedin) J9352 • Zaltrap (ziv-aflibercept) J9400 • Zepezca (lurbinectedin) • Zevalin (Ibritumomab tiuxetan) A9543 (Effective 3/15/2021) <p>*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</p>		
<p>Anti-Rheumatoid, Inflammatory Bowel Disease (IBD) Biologics</p> <ul style="list-style-type: none"> • Actemra (tocilizumab) J3262* • Avsola (infliximab-axxq) Q5121* • Entyvio (vedolizumab) J3380* • Ilaris (canakinumab) J0638* • Ilumya (tildrakizumab-asmn) J3245 • Inflectra (infliximab-dyyb) Q5103* • Ixifi (infliximab-qbtx) Q5109 • Orencia (abatacept) J0129* • Remicade (infliximab) J1745* • Renflexis (infliximab-abda) Q5104* • Simponi Aria (golimumab) J1602* • Stelara IV (ustekinumab) J3358* 	<p>PC/B004</p> <p>PC/B005</p> <p>PC/B006</p> <p>PC/B010</p> <p>PC/B011</p> <p>PC/B012</p> <p>PC/B013</p>	<p>MP/C009</p> <p>MP/C003</p> <p>PP/O001</p> <p>MP/I001</p>
<p>Blood clotting/Coagulation factors (Anti-Hemophilia)</p> <ul style="list-style-type: none"> • 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 • Koate; Koate-DVI; Hemofil M (antihemophilic factor, human) J7190 • Kogenate; Advate; Helixate FS (factor VIII) J7192 • Kovaltry (factor VIII, full length) J7211 	<p>FDA label</p> <p>MP/I001</p> <p>PP/O001</p>	<p>MP/C009</p> <p>MP/C003</p>

PRODUCTS THAT REQUIRE PRIOR AUTHORIZATION	SPECIFIC CRITERIA	OVERARCHING POLICIES
<ul style="list-style-type: none"> • Mononine; Alphanine (factor IX) J7193 • Novoeight (antihemophilic factor VIII) J7182 • Novoseven (factor VIIa) J7189 • Nuwiq (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 		
<p>Botulinum toxin~</p> <ul style="list-style-type: none"> • Botox (onabotulinumtoxin a) J0585 • Dysport (obobotulinumtoxin a) J0586 • Myobloc (incobotulinumtoxin a) J0587 • Xeomin (incobotulinumtoxin a) J0588 <p>~ 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.</p>	PC/B003	PP/O001 MP/I001 MP/C009 MP/C003
<p>Emphysema, Pulmonary, Allergy agents</p> <ul style="list-style-type: none"> • Cinqair (reslizumab) J2786* • Fasenra (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* 	FDA label PC/S005 (Synagis)	MP/C009 MP/C003 MP/I001 PP/O001
<p>Enzyme, Enzyme replacement</p> <ul style="list-style-type: none"> • Aldurazyme (laronidase) J1931* • Aralast NP (alpha 1-antitrypsin) J0256* • Berinert (complement C1 esterase inhibitor) J0597* • Brineura (cerliponase alfa) J0567 • Ceredase (aglucerase) J0205 • Cerezyme (imiglucerase) J1786* • Cinryze (complement C1 esterase inhibitor) J0598* • Elaprase (idursulfase) J1740* • Elelyso (taliglucerase alfa) J3060* • Fabrazyme (agalsidase beta) J0180* • Haegarda (c-1 esterase inhibitor) J0599 • Kalbitor (ecallantide) J1290 • Kanuma (sebelipase alfa) J2840* • Lumizyme (aglucosidase alfa) J0221* • Mepsevii (vestronidase alfa-vjvk) J3397* • Naglazyme (galsulfase) J1458* • Oxlumo (lumasiran) (Effective 04/23/2021) • Palynziq (pegvaliase-pqpz) • Revcovi (elapegedemase-lvlr) 	FDA label PC/S005 (Synagis)	MP/C009 MP/C003

PRODUCTS THAT REQUIRE PRIOR AUTHORIZATION	SPECIFIC CRITERIA	OVERARCHING POLICIES
<ul style="list-style-type: none"> • Ruconest (C1 esterase inhibitor) J0596* • Soliris (eculizumab) J1300* • Ultomiris (ravilizumab-cwvz) J1303* • Vimizim (elosulfase alfa) J1322* • VPriv (velaglucerase alfa) J3385* 		
<p>Eye products, VEGF inhibitors</p> <ul style="list-style-type: none"> • Beovu (brolucizumab-dbl) J0179 (Effective 3/15/2021) • Eylea (aflibercept) J0178 • Iluvien (fluocinolone acetonide intravitreal implant) J7313 • Jetrea (Ocricplasmin intravitreal injection) J7316 • Lucentis (ranibizumab) J2778 • Macugen (pegaptanib) J2503 • Retisert (fluocinolone acetonide intravitreal implant) J7311 <p>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-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.</p>	<p>PC/V001</p> <p>(VEGF inhibitors)</p> <p>FDA label</p>	<p>PP/O001</p> <p>MP/I001</p> <p>MP/C009</p> <p>MP/C003</p>
<p>Gonadotropin releasing hormone agents (GnRH), Testosterone, Estradiol ±</p> <ul style="list-style-type: none"> • Depo-estradiol J1000 ± • Estradiol J1380 ± • Estrogen J1410 ± • Fensolvi (leuprolide acetate)* • Leuprolide J1950, J9217, J9218, J9219 ± • Supprelin LA (histrelin) J1675, J9226 ± • Testosterone J1071, J3121, J3145, S0189 ± • Vantas (histrelin implant) J9225 ± • Zoladex (goserelin acetate) J9202 ± <p>± PA ONLY when billed with diagnosis codes F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890</p>	<p>PP/O001</p> <p>MP/I001</p> <p>MC/G014</p>	<p>MP/C003</p> <p>MP/C009</p>
<p>Gene therapy</p> <ul style="list-style-type: none"> • Breyanzi (lisocabtagene maraleucel) (J999) (Effective 04/23/2021) • Kymriah (tisagenlecleucel) CAR-T Q2042 • Luxturna (voretigene neparvovec-ryzl) J3398 • Spinraza (nusinersen) J2326 • Yescarta (axicabtagene ciloleucel) CAR-T Q2041 • Zolgensma (onasemnogene abeparvovec-xioi) J3399 	<p>FDA label</p> <p>PC/S008 (Spinal Muscular Atrophy)</p>	<p>MP/C009</p> <p>MP/C003</p> <p>MP/I001</p> <p>PP/O001</p>
<p>Hyaluronic Acids</p> <ul style="list-style-type: none"> • Durolane J7318 • Gel-One J7326 • GelSyn-3 J7328 • GenVisc 850 J7320 • Hyalgan J7321 • Hymovis J7322 • Monovisc J7327 • Orthovisc J7324 • Supartz FX J7321 • Supartz J7321 • Synojoynt J7331 • Triluron J7332 • Trivisc J7329 • VISCO-3 J7321 <p>Euflexxa J7323 and Synvisc or Synvisc-One (J7325) are preferred products and do not require prior authorization if administered into the knee</p> <p>Any injection site other than the knee is considered investigative (see investigative list)</p>	<p>IC-0061</p>	<p>MP/C009</p> <p>MP/C003</p> <p>MP/I001</p> <p>PP/O001</p>

PRODUCTS THAT REQUIRE PRIOR AUTHORIZATION	SPECIFIC CRITERIA	OVERARCHING POLICIES
Immunoglobulins (IVIG) <ul style="list-style-type: none"> • Asceniv C9072* (Effective 3/15/2021) • 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* • Privigen J1459* • Xembify J1558* 	PC/I002	MP/C009 MP/C003 MP/I001 PP/O001
Multiple Sclerosis agents <ul style="list-style-type: none"> • Lemtrada (alemtuzumab) J0202* • Ocrevus (ocrelizumab) J2350* • Tysabri (natalizumab) J2323* • Riabni (rituximab-arrx) • Rituxan (rituximab) J9312* • Ruxience (rituximab-pvvr) Q5119* • Truxima (rituximab-abbs) Q5115* Ruxience and Truxima are preferred rituximab products for new requests 	PC/B016	MP/C009 MP/C003 MP/I001 PP/O001
Osteoporosis (bone homeostasis) <ul style="list-style-type: none"> • Evenity (romosozumab) J3111 • Prolia (denosumab) J0897* • Xgeva (denosumab) J0897* 	PC/A011	PP/O001 MP/I001 MP/C009 MP/C003
Rituximab agents <ul style="list-style-type: none"> • Riabni (rituximab-arrx) • Rituxan (rituximab) J9312* • Rituxan Hycela (rituximab and hyaluronidase) J9311 • Ruxience (rituximab-pvvr) Q5119* • Truxima (rituximab-abbs) Q5115* <p>Ruxience and Truxima are preferred rituximab products for new requests</p>	PC/R004 IC-0322 PC/B016 PC/B004 NCCN	MP/C009 MP/C003 MP/I001 PP/O001
Spravato <ul style="list-style-type: none"> • Spravato (esketamine) 	PC/S007	PP/O001 MP/I001 MP/C009 MP/C003

PRODUCTS THAT REQUIRE PRIOR AUTHORIZATION	SPECIFIC CRITERIA	OVERARCHING POLICIES
Miscellaneous drugs <ul style="list-style-type: none"> • Arcalyst (rilonacept) J2793* • Benlysta (belimumab) J0490* • Crysvida (burosumab-twza) J0584* • Evkeeza (evinacumab-dgnb) J3590 (Effective 04/23/2021) • Exondys 51 (etepirsen) J1428* • Gamifant (emapaluzumab-lzsg) J9210 • Givlaari (givosiran) J0223* • Krystexxa (pegloticase) J2507* • Makena (hydroxyprogesterone caproate) J1726■ • 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 	FDA label MP/I001 PP/O001	MP/C009 MP/C003
■hydroxyprogesterone caproate J1729 does not need PA		

Prior Authorization List - Medical Drugs - Final 3/9/2021

Revisions:

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 to Site of Care list: All IVIG products
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

3/9/2021:

Added to following drugs effective 04/23/2021: Margenza (margetuximab-cmkb), Oxlumo (lumasiran), Cosela (trilaciclib), Breyanzi (lisocabtagene maraleucel), Evkeeza (evinacumab-dgnb), Danyelza (naxitamab-gqgk), Riabni (rituximab-arrx)
Removed: Amevive, Cosentyx
Separated: Gammagard and Gammagard S/D and added J1569 to Gammagard