

Medical Drug List

January 1, 2021

Most benefit plans include medical drug management, including 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.

For members who have a medical PA requirement, these drugs always require PA if billed under the medical benefit, unless otherwise noted. Drugs noted with a (^) do not require PA.

| | | | | | |
|---|---|--|---|---|---|
| <p>A</p> <p>Abraxane Actemra (*) Actimmune Adcetris Adriamycin Adrucil 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</p> <p>Bavencio BCG Bebulin Beleodaq Belrapzo Bendamustine HCl Bendeka BeneFIX Benlysta (*) Berinert Besponsa</p> | <p>Betaseron Bethkis Bicnu Bivigam (*) Bleomycin Sulfate Blincyto (*) Bortezomib Botox Bravelle</p> <p>C</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>D</p> <p>Dacarbazine Dacogen Darzalex Daunorubicin HCL Decitabine Deferoxamine Mesylate Depocyt Desferal Docetaxel Dofetilide Doxil Duopa</p> | <p>Durolane (#) Dupixent Dysport</p> <p>E</p> <p>Egrifta Elaprase (*) Eleyso (*) Eligard Ellence Eloctate Eloxatin Empliciti Enbrel Entyvio (*) Epogen Epoprostenol Sodium (*) Erbitux Erwinaze Euflexxa (#) Extavia Eylea</p> <p>F</p> <p>Fabrazyme (*) Faslodex Feiba/NF Firazyr Firmagon Flebogamma DIF (*) Flolan (*) Floxuridine Fludarabine Phosphate Follistim AQ Folotyn Forteo Fusilev</p> <p>G</p> <p>Gamastan S/D Gammagard (*) Gammaked (*) Gammaplex (*) Gamunex-C (*) Ganirelix Acetate</p> | <p>Gattex Gazyva Gel-One Gelsyn-3 (#) Gemcitabine HCl Gemzar Genotropin Glassia (*) Glatiramer Acetate Glatopa Gonal-F/RFF Granix</p> <p>H</p> <p>Haegarda Halaven Helixate FS Hemofil M Herceptin/Hylecta Hizentra HP Acthar Humate-P Humatrope Humira Hyalgan (#) Hycamtin Hyqvia</p> <p>I</p> <p>Idamycin PFS Ifosfamide Ilaris Iluvien Imfinzi Imlygic Increlex Infergen Inflectra (*) Infugem Intron A Istodax Ixempra Kit Ixinity</p> <p>J</p> <p>Jetrea</p> | <p>Jevtana</p> <p>K</p> <p>Kadcyla Kalbitor Kanjinti Kanuma Kynamro Keytruda Kineret Kitabis Pak Koate/DVI Kovaltry (#) Kogenate FS (#) Krystexxa (*) Kyprolis</p> <p>L</p> <p>Lartruvo Lemtrada (*) Leukine Leuprolide Acetate Levoleucovorin Calcium/PF Lucentis Lumizyme (*) Lupaneta Pack Lupron Depot Libtayo Lumoxiti</p> <p>M</p> <p>Macugen Makena (#) Marqibo Menopur Mesnex Mirena (^#) Mithracin Mitomycin Mitoxantrone HCl Monoclata-P Mononine Monovisc Mozobil Mustargen</p> | <p>Myalept Mylotarg Myobloc</p> <p>N</p> <p>Naglazyme (*) Natpara Neulasta/Onpro Neumega Neupogen Nipent Nivestym (#) Norditropin Novoeight (#) NovoSeven RT Nplate Nutropin/AQ</p> <p>O</p> <p>Obizur Ocrevus (*) Octagam (*) Octreotide Acetate Omnitrope Oncaspar Onivyde Onpattro (^) Opdivo Orencia (*) Orthovisc Otrexup Ovidrel Oxaliplatin Ozurdex</p> <p>P</p> <p>Paclitaxel Pegasys PegIntron Peg-Intron Perjeta Photofrin Plegridy Polivy Poteligeo</p> |
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|--|---|---|--|--|--|
| Pregnyl Prialt Privigen (*) Procrit Profilnine/SD Prolastin-C (*) Proleukin Prolia Provenge Pulmozyme | Retisert Revatio Rituxan/Hycela Rixubis Romidepsin Ruconest (*) | Supprelin LA Sylatron Sylvant Synagis Synribo Synvisc/One | Trelstar Treprostinil Trisenox Tysabri (*) Tyvaso | Vincristine Sulfate Vinorelbine Tartrate Visco-3 Visudyne Vpriv (*) Vumon Vyxeos | Yondelis |
| Q | S | T | U | W | Z |
| N/A | Saizen Saizenprep Sandostatin/LAR Depot Serostim Signifor/LAR Simponi/Aria (#*) Soliris (*) Somatuline Depot Somavert Spinraza Stelara (*#) Stimate Supartz/FX | Targretin Taxotere Tecentriq Temodar Temsirrolimus Thioplex Thyrogen Tikosyn Tobi/Podhaler Tobramycin Topotecan HCl Torisel Treanda | N/A | Wilate | Zaltrap Zanosar Zarxio (#) Zemaira (*) Zoladex Zoledronic Acid Zolgensma (*) Zomacton Zometa Zorbtive |
| R | | | V | X | |
| Radicava Rasuvo Rebif/Rebidose Reclast Recombinate Remicade (#*) | | | Valchlor Valrubicin Valstar Vantas Varizig Vectibix Velcade Veletri (*) Vidaza Vimizim (*) Vinblastine Sulfate | Xeomin Xembify (^) Xgeva Xiaflex Xolair Xyntha/Solofuse | |
| | | | | Y | |
| | | | | Yervoy | |

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"> • Cimzia • Remicade • Simponi Aria • Stelara | <ul style="list-style-type: none"> • Actemra • Entyvio | <ul style="list-style-type: none"> • Inflectra • Orenca | <ul style="list-style-type: none"> • Renflexis |
| Hemophilia | <ul style="list-style-type: none"> • Kogenate FS • Novoeight • Kovaltry | <ul style="list-style-type: none"> • Helixate FS • Adynovate | <ul style="list-style-type: none"> • Eloctate | <ul style="list-style-type: none"> • Nuwiq |
| Neutropenia (Colony Stimulating Factors) | <ul style="list-style-type: none"> • Zarxio • Nivestym | <ul style="list-style-type: none"> • Neupogen | <ul style="list-style-type: none"> • Granix | <ul style="list-style-type: none"> • Leukine |
| Osteoarthritis, Viscosupplements | <ul style="list-style-type: none"> • Eulfexxa • Gelsyn-3 • Durolane | <ul style="list-style-type: none"> • Hylagan • Gel-One • Synvisc/One • Trivisc | <ul style="list-style-type: none"> • Genvisc 850 • Monovisc • Orthovisc • Triluron | <ul style="list-style-type: none"> • Supartz/FX • Visco-3 • Hymovis • Synojoynt |
| Progestins/High Risk Pregnancy | <ul style="list-style-type: none"> • Makena | | | |
| IUDs | <ul style="list-style-type: none"> • Mirena | | | |

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.

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