



## MEDICAL BENEFIT MANAGEMENT PROGRAM SPECIALTY PRIOR AUTHORIZATION DRUG LIST

**Effective March 1, 2021**

Register at <https://www.express-path.com>. If you have questions, please call (877) 787-8705.



DRUG NAME	GENERIC DESCRIPTION	THERAPY CLASS	REIMBURSEMENT CODE
Cablivi	caplacizumab	Blood Cell Deficiency	C9047
Beovu	brovacizumab-dbl	Ophthalmic Conditions	J0179
Adakveo	crizanlizumab-tmca	Miscellaneous Conditions	C9053 (eff 4/1/20), J0791 (eff 7/1/20)
Vyepti	eptinezumab-jjmr	Miscellaneous Conditions	C9063 (eff 7/1/20), J3032 (eff 10/1/20)
Durysta	Bimatoprost	Ophthalmic Conditions	C9399, J3490, J7351 (eff 10/1/20)
Asceniv	immune globulin	Immune Deficiency	C9399, J3590, J1599 (eff 1/1/21)
Reblozyl	luspatercept-aamt	Blood Cell Deficiency	C9399, J3590, J0896 (eff 7/1/20)
Viltepso	viltolarsen	Muscular Dystrophies	C9399, J3590, C9071 (eff 1/1/21)
Brineura	cerliponase alfa	Enzyme Deficiencies	J0567
Eylea	aflibercept	Ophthalmic Conditions	J0178
Beovu	brovacizumab-dbl	Ophthalmic Conditions	J0179
Fabrazyme	agalsidase beta	Enzyme Deficiencies	J0180
Lemtrada	alemtuzumab	Multiple Sclerosis	J0202
Lumizyme	alglucosidase alfa	Enzyme Deficiencies	J0221
Onpattro	patisiran	Amyloidosis	J0222
Prolastin-C	alpha1-proteinase inhibitor	Alpha 1 Deficiency	J0256
Nulojix	belatacept	Transplant	J0485
Crysvita	burosumab-twza	Endocrine Disorders	J0584
Botox	onabotulinumtoxinA	Neuromuscular Conditions	J0585
Dysport	abobotulinumtoxinA	Neuromuscular Conditions	J0586
Myobloc	rimabotulinumtoxinB	Neuromuscular Conditions	J0587
Xeomin	incobotulinumtoxinA	Neuromuscular Conditions	J0588
Ruconest	c1 esterase inhibitor	Hereditary Angioedema	J0596
Berinert	c1 esterase inhibitor	Hereditary Angioedema	J0597
Cinryze	c1 esterase inhibitor	Hereditary Angioedema	J0598
Ilaris	canakinumab	Inflammatory Conditions	J0638
Xiaflex	collagenase clostridium histolyticum	Miscellaneous Conditions	J0775
Cytogam	cytomegalovirus immune globulin	Immune Deficiency	J0850

\* denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at (855) 727-7444 or [myportal@evicore.com](mailto:myportal@evicore.com)

± indicates the drug may be subject to site of care requirements

Please note that newly approved specialty drugs, not yet identified on this list, may be subject to prior authorization.



## MEDICAL BENEFIT MANAGEMENT PROGRAM SPECIALTY PRIOR AUTHORIZATION DRUG LIST

**Effective March 1, 2021**

Register at <https://www.express-path.com>. If you have questions, please call (877) 787-8705.



DRUG NAME	GENERIC DESCRIPTION	THERAPY CLASS	REIMBURSEMENT CODE
Aranesp*	darbepoetin alfa	Blood Cell Deficiency	J0881
Epogen*	epoetin alfa	Blood Cell Deficiency	J0885
Procrit*	epoetin alfa	Blood Cell Deficiency	J0885
Mircera	methoxy peg-epoetin beta	Blood Cell Deficiency	J0888
Prolia*	denosumab	Osteoporosis	J0897
Soliris	eculizumab	Blood Modifying Agents	J1300
Radicava	edaravone	Muscular Dystrophies	J1301
Ultomiris	ravulizumab-cwvz	Blood Modifying Agents	J1303
Vimizim	elosulfase alfa	Enzyme Deficiencies	J1322
Epoprostenol	epoprostenol	Pulmonary Hypertension	J1325
Flolan	epoprostenol	Pulmonary Hypertension	J1325
Veletri	epoprostenol	Pulmonary Hypertension	J1325
Exondys 51	eteplirsen	Muscular Dystrophies	J1428
Monoferric	ferric derisomaltose	Anemia	J1437
Injectafer	ferric carboxymaltose	Anemia	J1439
Neupogen*	filgrastim	Blood Cell Deficiency	J1442
Naglazyme	galsulfase	Enzyme Deficiencies	J1458
Privigen	immune globulin	Immune Deficiency	J1459
Bivigam	immune globulin	Immune Deficiency	J1556
Gammaplex	immune globulin	Immune Deficiency	J1557
Gammaked	immune globulin	Immune Deficiency	J1561
Gamunex-C	immune globulin	Immune Deficiency	J1561
Gammagard SD	immune globulin	Immune Deficiency	J1566
Carimune NF	Immune globulin	Immune Deficiency	J1566
Octagam	immune globulin	Immune Deficiency	J1568
Gammagard	immune globulin	Immune Deficiency	J1569
Flebogamma Dif	immune globulin	Immune Deficiency	J1572
Panzyga	immune globulin	Immune Deficiency	J1599

\* denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at (855) 727-7444 or [myportal@evicore.com](mailto:myportal@evicore.com)

± indicates the drug may be subject to site of care requirements

Please note that newly approved specialty drugs, not yet identified on this list, may be subject to prior authorization.



## MEDICAL BENEFIT MANAGEMENT PROGRAM SPECIALTY PRIOR AUTHORIZATION DRUG LIST

**Effective March 1, 2021**

Register at <https://www.express-path.com>. If you have questions, please call (877) 787-8705.



DRUG NAME	GENERIC DESCRIPTION	THERAPY CLASS	REIMBURSEMENT CODE
Simponi Aria	golimumab	Inflammatory Conditions	J1602
Makena	hydroxyprogesterone caproate	Hormonal Supplementation	J1726
hydroxyprogesterone caproate	hydroxyprogesterone caproate	Hormonal Supplementation	J1729
Elaprase	idursulfase	Enzyme Deficiencies	J1743
Remicade	infliximab	Inflammatory Conditions	J1745
InNFeD	iron dextran	Anemia	J1750
Aldurazyme	laronidase	Enzyme Deficiencies	J1931
Lupron Depot-Ped	leuprolide acetate	Endocrine Disorders	J1950
Tysabri	natalizumab	Multiple Sclerosis	J2323
Spinraza	nusinersen	Spinal Muscle Atrophy	J2326
Ocrevus±	ocrelizumab	Multiple Sclerosis	J2350
Macugen	pegaptanib sodium	Ophthalmic Conditions	J2503
Adagen	pegademase bovine	Enzyme Deficiencies	J2504
Krystexxa	peglicotase	Gout	J2507
Lucentis	ranibizumab	Ophthalmic Conditions	J2778
Cinqair	reslizumab	Asthma & Allergy	J2786
Nplate	romiplostim	Blood Cell Deficiency	J2796
Kanuma	sebelipase alfa	Enzyme Deficiencies	J2840
Evenity	romosozumab	Osteoporosis	J3111
Aveed	testosterone undecanoate	Endocrine Disorders	J3145
Remodulin	treprostinil	Pulmonary Hypertension	J3285
Treprostinil	treprostinil	Pulmonary Hypertension	J3285
Triptodur	triptorelin	Endocrine Disorders	J3316
Stelara IV	ustekinumab	Inflammatory Conditions	J3358
Entyvio	vedolizumab	Inflammatory Conditions	J3380
Mepsevii	vestronidase alfa-vjkb	Enzyme Deficiencies	J3397
Luxturna	voretigene neparvovec-rzyl	Ophthalmic Conditions	J3398

\* denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at (855) 727-7444 or [myportal@evicore.com](mailto:myportal@evicore.com)

± indicates the drug may be subject to site of care requirements

Please note that newly approved specialty drugs, not yet identified on this list, may be subject to prior authorization.



## MEDICAL BENEFIT MANAGEMENT PROGRAM SPECIALTY PRIOR AUTHORIZATION DRUG LIST

**Effective March 1, 2021**

Register at <https://www.express-path.com>. If you have questions, please call (877) 787-8705.



DRUG NAME	GENERIC DESCRIPTION	THERAPY CLASS	REIMBURSEMENT CODE
Lupaneta Pack*	leuprolide acetate/norethindrone	Endocrine Disorders	J3490
Fensolvi	leuprolide acetate	Endocrine Disorders	J3490
Spravato	esketamine	Miscellaneous Conditions	J3490, S0013 (eff 1/1/21)
Oxlumo	Lumasiran	Miscellaneous Conditions	J3490
Scenesse	afamelanotide	Miscellaneous Conditions	J3490, J7352 (eff 1/1/21)
Zolgensma	onasemnogene abeparvovec-xioi	Spinal Muscle Atrophy	J3490, J3399 (eff 7/1/20)
Zulresso	brexanolone	Miscellaneous Conditions	J3490
Vyondys-53	golodirsen	Muscular Dystrophies	J3490, J1429 (eff 7/1/20)
Tepezza	teprotumumab	Ophthalmic Conditions	J3490, J3590, C9061 (eff 7/1/20)
Givlaari	givosiran	Miscellaneous Conditions	J3490, C9056 (eff 4/1/20), J0223 (eff 7/1/20)
Riabni*	rituximab-arrx	Inflammatory Conditions	C9399, J3490, J3590, J9999
Revcovi	elapegedemase-lvlr	Enzyme Deficiencies	J3590
Uplinza	inebilizumab-cdon	Miscellaneous Conditions	J3590, J1823 (eff 1/1/21)
Durolane	hyaluronate sodium	Osteoarthritis	J7318
Genvisc 850	hyaluronate sodium	Osteoarthritis	J7320
Hyalgan	hyaluronate sodium	Osteoarthritis	J7321
Supartz	hyaluronate sodium	Osteoarthritis	J7321
Supartz Fx	hyaluronate sodium	Osteoarthritis	J7321
Visco-3	hyaluronate sodium	Osteoarthritis	J7321, J7333 (eff 7/1/20)
Hymovis	hyaluronate sodium	Osteoarthritis	J7322
Euflexxa	hyaluronate sodium	Osteoarthritis	J7323
Orthovisc	hyaluronate sodium	Osteoarthritis	J7324
Synvisc	hyaluronate sodium	Osteoarthritis	J7325
Synvisc-One	hyaluronate sodium	Osteoarthritis	J7325
Gel-One	hyaluronate sodium	Osteoarthritis	J7326
Monovisc	hyaluronate sodium	Osteoarthritis	J7327
Gelsyn-3	hyaluronate sodium	Osteoarthritis	J7328
Trivisc	hyaluronate sodium	Osteoarthritis	J7329

\* denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at (855) 727-7444 or [myportal@evicore.com](mailto:myportal@evicore.com)

± indicates the drug may be subject to site of care requirements

Please note that newly approved specialty drugs, not yet identified on this list, may be subject to prior authorization.



## MEDICAL BENEFIT MANAGEMENT PROGRAM SPECIALTY PRIOR AUTHORIZATION DRUG LIST

**Effective March 1, 2021**

Register at <https://www.express-path.com>. If you have questions, please call (877) 787-8705.



DRUG NAME	GENERIC DESCRIPTION	THERAPY CLASS	REIMBURSEMENT CODE
Synjoynt	hyaluronate sodium	Osteoarthritis	J7331
Triluron	hyaluronate sodium	Osteoarthritis	J7332
Atgam	lymphocyte immune globulin	Immune Deficiency	J7504
Zoladex*	goserelin acetate implant	Endocrine Disorders	J9202
Gamifant	emapalumab-lzsg	Miscellaneous Conditions	J9210
Lupron Depot*	leuprolide acetate	Endocrine Disorders	J9217
Vantas*	Histrelin implant	Endocrine Disorders	J9225
Supprelin LA*	Histrelin implant	Endocrine Disorders	J9226
Rituxan*	rituximab	Inflammatory Conditions	J9312
Ruxience*	rituximab-pvvr	Inflammatory Conditions	J9999
Feraheme	ferumoxytol	Anemia	Q0138
Zarxio*	filgrastim-sndz	Blood Cell Deficiency	Q5101
Inflectra	infliximab-dyyb	Inflammatory Conditions	Q5103
Renflexis	infliximab-abda	Inflammatory Conditions	Q5104
Retacrit*	epoetin alfa-epbx	Blood Cell Deficiency	Q5106
Nivestym*	filgrastim-aafi	Blood Cell Deficiency	Q5110
Truxima*	rituximab-abbs	Inflammatory Conditions	Q5115
Avsola	infliximab-axxq	Inflammatory Conditions	Q5121
Testopel	testosterone implant	Endocrine Disorders	S0189
Synagis	palivizumab	Respiratory Syncytial Virus	90378

\* denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at (855) 727-7444 or [myportal@evicore.com](mailto:myportal@evicore.com)

± indicates the drug may be subject to site of care requirements

Please note that newly approved specialty drugs, not yet identified on this list, may be subject to prior authorization.