

## ATTACHMENT J - SPECIALTY DRUGS SUBJECT TO PRIOR AUTHORIZATION

**Blood-clotting factors** • J7175, J7177, J7178, J7179, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7198, J7200, J7201, J7202, J7203, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212, J7170

Advate (antihemophilic factor, human recombinant)

Adynovate (antihemophilic factor [recombinant], PEGylated)

Afstyla (antihemophilic factor [recombinant], single chain)

Alphanate (antihemophilic factor/von Willebrand factor complex [human])

AlphaNine SD (coagulation factor IX [human])

Alprolix (coagulation factor IX [recombinant], Fc fusion protein)

Bebulin (factor IX complex)

BeneFix (coagulation factor IX [recombinant])

Coagadex (coagulation factor X [human])

Corifact (factor XIII concentrate [human])

Eloctate (antihemophilic factor [recombinant], Fc fusion protein)

Esperoct (antihemophilic factor [recombinant], glycopegylated-exei)

FEIBA, FEIBA NF (anti-inhibitor coagulant complex)

Fibryga (fibrinogen, human)

Helixate FS (antihemophilic factor [recombinant])

Hemlibra (emicizumab-kxwh)

Hemofil M (antihemophilic factor [human])

Humate-P (antihemophilic factor/von Willebrand factor complex [human])

Idelvion (antihemophilic factor [recombinant])

Ixinity (coagulation factor IX [recombinant])

Jivi (antihemophilic factor [recombinant], PEGylated-aucl)

Koate, Koate-DVI (antihemophilic factor [human])

Kogenate FS (antihemophilic factor [recombinant])

Kovaltry (antihemophilic factor [recombinant])

Monoclalte-P (antihemophilic factor [human])

Mononine (coagulation factor IX [human])

NovoEight (antihemophilic factor [recombinant])

NovoSeven RT (coagulation factor VIIa [recombinant])

Nuwiq (simoctocog alfa)

Obizur (antihemophilic factor [recombinant], porcine sequence)

Profilnine (factor IX complex)

Rebinyn (coagulation factor IX [recombinant], glycoPEGylated)

Recombinate (antihemophilic factor [recombinant])

RiaSTAP (fibrinogen concentrate [human])

Rixubis (coagulation factor IX [recombinant])

Sevenfact (coagulation factor VIIa [recombinant]-jncw)

Tretten (coagulation factor XIII a-subunit [recombinant])

Vonvendi (von Willebrand factor [recombinant])

Wilate (von Willebrand factor/coagulation factor VIII complex [human])

Xyntha, Xyntha Solofuse (antihemophilic factor [recombinant])

**Other drugs and injectables:**

Abraxane (paclitaxel protein-bound particles) — prior authorization needed for Medicare Advantage members only

Acthar Gel/H. P. Acthar (corticotropin)

Adakveo (crizanlizumab-tmca) — prior authorization needed for the drug and site of care

Adcetris (brentuximab vedotin)

Aduhelm (aducanumab-avwa) — prior authorization needed for the drug and site of care

Alpha 1-proteinase inhibitor (human)

(Prior authorization needed for the drug and site of care):

Aralast NP (alpha 1-proteinase inhibitor)

Glassia (alpha 1-proteinase inhibitor)

Prolastin-C (alpha 1-proteinase inhibitor)

Zemaira (alpha 1-proteinase inhibitor)

Alymsys (bevacizumab) — prior authorization needed effective July 8, 2022, for oncology indications only

Amyotrophic lateral sclerosis (ALS) drugs:

Radicava (edaravone) — prior authorization needed for the drug and site of care

Autoimmune infused infliximab

Avsola (infliximab-axxq) — prior authorization needed for the drug and site of care

Inflectra (infliximab-dyyb) — prior authorization needed for the drug and site of care

Remicade (infliximab) — prior authorization needed for the drug and site of care

Renflexis (infliximab-abda) — prior authorization needed for the drug and site of care

Avastin (bevacizumab), 10 mg — prior authorization needed for oncology indications only

Aveed (testosterone undecanoate) Belrapzo (bendamustine HCl) Bendeka (bendamustine HCl)

Benlysta (belimumab) — prior authorization needed for the drug and site of care

Belrapzo (bendamustine HCl, J9036)

Bendeka (bendamustine HCl, J9034)

Besponsa (inotuzumab ozogamicin)

Blenrep (belantamab mafodotin-blmf)

Botulinum toxins:

Botox (onabotulinumtoxinA)

Dysport (abobotulinumtoxinA)

Myobloc (rimabotulinumtoxinB)

Xeomin (incobotulinumtoxinA)

Cablivi (caplacizumab-yhdp)

Calcitonin gene-related peptide (CGRP) receptor inhibitors

Vyepti (eptinezumab-jjmr) — prior authorization needed for the drug and site of care

Cardiovascular — PCSK9 inhibitors:

Leqvio (inclisiran) — prior authorization needed effective March 23, 2022

Chimeric antigen receptor T-cell (CAR-T) therapy

Abecma (idecabtagene vicleucel)

Breyanzi (lisocabtagene maraleucel)

Carvykti (ciltacabtagene autoleucel) — prior authorization needed effective May 27, 2022

Kymriah (tisagenlecleucel)

Tecartus (brexucabtagene autoleucel)

Yescarta (axicabtagene ciloleucel)

Cortrophin Gel (repository corticotropin) — prior authorization needed effective February 9, 2022

Cosela (trilaciclib)

Crysvita (burosumab-twza) — prior authorization needed for the drug and site of care

Cyramza (ramucirumab)

Danyelza (naxitamab-gqgk)

Darzalex (daratumumab)

Darzalex Faspro (daratumumab and hyaluronidase-fihj)

Empliciti (elotuzumab)

Enjaymo (sutimlimab-jome) — prior authorization for the drug and site of care needed effective May 1, 2022

Enzyme replacement drugs:

Aldurazyme (laronidase) — prior authorization needed for the drug and site of care

Brineura (cerliponase alfa)

Cerezyme (imiglucerase) — prior authorization needed for the drug and site of care

Elaprase (idursulfase) — prior authorization needed for the drug and site of care

Ellelyso (taliglucerase alfa) — prior authorization needed for the drug and site of care

Fabrazyme (agalsidase beta) — prior authorization needed for the drug and site of care

Kanuma (sebelipase alfa) — prior authorization needed for the drug and site of care

Lumizyme (alglucosidase alfa) — prior authorization needed for the drug and site of care

Mepsevii (vestronidase alfa-vjbk) — prior authorization needed for the drug and site of care

Naglazyme (galsulfase) — prior authorization needed for the drug and site of care

Nexviazyme (avalglucosidase alfa-ngpt) — prior authorization needed for the drug and site of care

Strensiq (asfotase alfa)

Vimizim (elosulfase alfa) — prior authorization needed for the drug and site of care

VPRIV (velaglucerase alfa) — prior authorization needed for the drug and site of care

Xenpozyme (olipudase alfa-rpcp, J3490, J3590, C9399)— precertification for the drug and site of care required

Erbitux (cetuximab)

Erythropoiesis-stimulating agents:

Aranesp (darbepoetin alfa) Epogen (epoetin alfa)

Epogen (epoetin alfa, J0885)

Mircera (methoxy polyethylene glycol-epoetin beta)

Procrit (epoetin alfa)

Retacrit (recombinant human erythropoietin-epbx)

Evkeeza (evinacumab-dgnb) — prior authorization needed for the drug and site of care

Evryssi (risdiplam)

Feraheme (ferumoxytol)

Fusilev (levoleucovorin)

Fyarro (sirolimus protein-bound particles for injectable suspension) — prior authorization needed effective March 15, 2022

Gattex (teduglutide)

Givlaari (givosiran) — prior authorization needed for the drug and site of care

Granulocyte-colony stimulating factors:

Fulphila (pegfilgrastim-jmdb)

Granix (injection tbo-filgrastim)

Leukine (injection sargramostim, GM-CSF) Neulasta (injection pegfilgrastim)

Neulasta (pegfilgrastim, J2506)

Neupogen (injection filgrastim, G-CSF)

Nivestym (filgrastim-aafi)

Nyvepria (pegfilgrastim-apgf)

Releuko (filgrastim-ayow) — prior authorization needed effective May 25, 2022

Rolvedon (eflapegrastim-xnst, J3490, J3590, C9399)

Stimufend (pegfilgrastim-fpgk, J3490, J3590, C9399) Udenyca (pegfilgrastim-cbvq, Q5111)

Udenyca (pegfilgrastim)

Zarxio (injection filgrastim, G-CSF, biosimilar) Ziextenzo (pegfilgrastim-bmez)

Ziextenzo (pegfilgrastim-bmez, Q5120)

Growth hormone:

Skytrofa\* (lonapegsomatropin-tcgd, J3490, J3590) — precertification required for Medicare Advantage members only

Sogroya\* (somapacitan-beco, J3490, J3590) — precertification required for Medicare Advantage members only

Hereditary angioedema agents:

Berinert (C1 esterase inhibitor)  
Cinryze (C1 esterase inhibitor) — prior authorization needed for the drug and site of care Firazyr (icatibant acetate)  
Haegarda (C1 esterase inhibitor subcutaneous [human])  
Kalbitor (ecallantide)  
Ruconest (C1 esterase inhibitor)  
Sajazir (icatibant acetate, J1744)  
Takhzyro (lanadelumab-flyo)

Hereditary Transthyretin-mediated Amyloidosis (ATTR) Drugs:

Amvuttra (vutrisiran, J0225)  
Onpattro (patisiran, J0222) — precertification for the drug and site of care required  
Tegsedi (inotersen, 90378, S9562)

HER2 receptor drugs:

Enhertu (fam-trastuzumab deruxtecan-nxki)  
Herceptin (trastuzumab)  
Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)  
Herzuma (trastuzumab-pkrb)  
Kadcyla (ado-trastuzumab emtansine)  
Kanjinti (trastuzumab-anns)  
Margenza (margetuximab-cmkb)  
Ogivri (trastuzumab-dkst)  
Ontruzant (trastuzumab-dttb)  
Perjeta (pertuzumab)  
Phesgo (pertuzumab/trastuzumab/ hyaluronidase-zzxf)  
Trazimera (trastuzumab-qyyp)

Ilaris (canakinumab)

Imlygic (talimogene laherparepvec)

Immunoglobulins (Prior authorization needed for the drug and site of care):

Asceniv (immune globulin)

Immunoglobulins (Prior authorization needed for the drug and site of care):

Bivigam (immune globulin)  
Carimune NF (immune globulin)  
Cutaquig (immune globulin)  
Cuvitru (immune globulin SC [human])  
Flebogamma (immune globulin)  
GamaSTAN S/D (immune globulin)  
Gammagard, Gammagard S/D (immune globulin)  
Gammaked (immune globulin)  
Gammaplex (immune globulin)  
Gamunex-C (immune globulin) Hizentra (immune globulin)  
HyQvia (immune globulin)

Octagam (immune globulin)  
Panzyga (immune globulin)  
Privigen (immune globulin)  
Xembify (immune globulin)

Immunoglobulins (precertification for the drug and site of care required):

Asceniv (immune globulin, C9072)  
Bivigam (immune globulin, J1556)  
Carimune NF (immune globulin, J1566)  
Cutaquig (immune globulin, J1551)  
Cuvitru (immune globulin SC [human], J1555)  
Flebogamma (immune globulin, J1572)  
GamaSTAN (immune globulin, J1460, J1559)  
Gammagard, Gammagard S/D (immune globulin, J1569)  
Gammaked (immune globulin, J1561)  
Gammaplex (immune globulin, J1557)  
Gamunex-C (immune globulin, J1561)  
Hizentra (immune globulin, J1559)  
HyQvia (immune globulin, J1575)  
Octagam (immune globulin, J1568)  
Panzyga (immune globulin, J1599)  
Privigen (immune globulin, J1459)  
Xembify (immune globulin, J1558)

Immunologic agents:

Actemra (tocilizumab) — prior authorization needed for the drug and site of care  
Actemra SC (tocilizumab) Cimzia (certolizumab pegol)  
Cimzia\* (certolizumab pegol, J0717)  
Cosentyx (secukinumab) Enbrel (etanercept)  
Enspryng (satralizumab)  
Entyvio (vedolizumab) — prior authorization needed for the drug and site of care  
Ilumya (tildrakizumab) Kevzara (sarilumab)  
Orencia SQ (abatacept)  
Orencia IV (abatacept) — prior authorization needed for the drug and site of care  
Riabni (rituximab-arrx) Rituxan (rituximab)

Immunologic agents (continued):

Rituxan Hycela (rituximab/hyaluronidase human)  
Ruxience (rituximab-pvvr)  
Simponi (golimumab)  
Simponi Aria (golimumab) — prior authorization needed for the drug and site of care  
Skyrizi (risankizumab-rzaa)  
Spevigo (spesolimab-sbzo, J3490, J3590, C9399)  
Stelara (ustekinumab) Stelara IV (ustekinumab)  
Taltz (ixekizumab)  
Tremfya (guselkumab)

Truxima (rituximab-abbs)

Vyvgart (efgartigimod alfa-fcab) — prior authorization needed effective March 15, 2022

Injectable infertility drugs:

Chorionic gonadotropin

Bravelle (urofollitropin)

Cetrotide (cetorelix acetate)

Follistim AQ (follitropin beta)

Ganirelix AC (ganirelix acetate)

Gonal-f (follitropin alfa)

Gonal-f RFF (follitropin alfa)

Menopur (menotropins)

Novarel (chorionic gonadotropin)

Ovidrel (choriogonadotropin alfa)

Pregnyl (chorionic gonadotropin)

Injectafer (ferric carboxymaltose injection)

Jelmyto (mitomycin)

Khapzory (levoleucovorin)

Kimtrak (tebentafusp-tebn) — prior authorization needed effective April 15, 2022

Kyprolis (carfilzomib) — prior authorization needed for multiple myeloma only

Lartruvo (olaratumab)

Luteinizing hormone-releasing hormone (LHRH) agents:

Camcevi (leuprolide mesylate)

Eligard (leuprolide acetate)

Firmagon (degarelix)

Lupron Depot (leuprolide acetate), 7.5 mg

Trelstar (triptorelin pamoate)

Zoladex (goserelin)

Lumoxiti (moxetumomab pasudotox-tdfk)

Makena (hydroxyprogesterone capoate) Monjuvi (tafasitamab-cxix)

Monjuvi (tafasitamab-cxix, J9349)

Multiple sclerosis drugs:

Avonex (interferon beta-1a)

Kesimpta (ofatumumab)

Lemtrada (alemtuzumab) — prior authorization needed for the drug and site of care



Ocrevus (ocrelizumab) — prior authorization needed for the drug and site of care  
Tysabri (natalizumab) — prior authorization needed for the drug and site of care

Muscular dystrophy drugs:

Amondys 45 (casimersen) — prior authorization needed for the drug and site of care  
Exondys 51 (eteplirsen) — prior authorization needed for the drug and site of care  
Viltepso (viltolarsen) — prior authorization needed for the drug and site of care  
Vyondys 53 (golodirsen) — prior authorization needed for the drug and site of care

Mvasi (bevacizumab-awwb) — prior authorization needed for oncology indications only

Myalept (metreleptin)

Natpara (parathyroid hormone)

Nulibry (fosdenopterin)

Ophthalmic injectables:

Beovu (brolucizumab-dblI)  
Byooviz (ranibizumab-nuna)  
Cimerli™ (ranibizumab-eqrn, J3490, J3590, C9399)  
Eylea (aflibercept)  
Lucentis (ranibizumab)  
Luxturna (voretigene neparvovec-rzyl) — prior authorization needed for the drug and site of care  
Macugen (pegaptanib)  
Susvimo (ranibizumab) — prior authorization needed effective February 1, 2022  
Tepezza (teprotumumab-trbw) — prior authorization needed for the drug and site of care Vabysmo (faricimab-svoa) — prior authorization needed effective May 1, 2022

Osteoporosis drugs:

Bonsity (teriparatide)  
Evenity (romosozumab-aqqg)  
Forteo (teriparatide)  
Miacalcin (calcitonin)  
Prolia (denosumab)

Oxlumo (lumasiran) — prior authorization needed for the drug and site of care

Padcev (enfortumab vedotin)

Paroxysmal nocturnal hemoglobinuria (PNH)

Soliris (eculizumab) — prior authorization needed for the drug and site of care

Ultomiris (ravulizumab-cwvz) — prior authorization needed for the drug and site of care

Parsabiv (etelcalcetide)

PD1/PDL1 drugs (precertification for the drug and site of care required):

Bavencio (avelumab, J9023)

Imfinzi (durvalumab, J9173)

Jemperli (dostarlimab-gxly, J9272)

Keytruda (pembrolizumab, J9271)

Libtayo (cemiplimab-rwlc, J9119)

Opdivo (nivolumab, J9299)

Opdualag (nivolumab and relatlimab-rmbw, J9298)

Tecentriq (atezolizumab, J9022)

Pedmark (sodium thiosulfate, J3490, J3590, C9399, J9999)

Pepaxto (melphalan flufenamide)

Polivy (polatuzumab vedotin-piiq)

Provenge (sipuleucel-T)

Pulmonary arterial hypertension drugs: (J1325, J3285, J7686, J7699, Q4074)

All epoprostenol sodium and sildenafil citrate

Flolan (epoprostenol sodium)

Remodulin (treprostinil sodium)

Tyvaso (treprostinil)

Veletri (epoprostenol sodium)

Ventavis (iloprost)

Reblozyl (luspatercept-aamt)

Respiratory injectables (prior authorization needed for the drug and site of care):

Cinqair (reslizumab)

Fasenra (benralizumab)

Nucala (mepolizumab)

Tezspire (tezepelumab-ekko) — prior authorization for the drug and site of care needed effective March 23, 2022

Xolair (omalizumab)

Rybrevant (amivantamab-vmjw)

Ryplazim (plasminogen, human-tvmh)

Saphnelo (anifrolumab-fnia) — prior authorization needed for the drug and site of care

Sarclisa (isatuximab-irfc)

Skysona/Lenti-D (elivaldogene autotemcel or eli-cel, J3490, J3590, C9399)

Somatostatin agents:

Bynfezia (octreotide)

Sandostatin (octreotide)

Sandostatin LAR (octreotide acetate)

Signifor (pasireotide)

Signifor LAR (pasireotide)

Somatuline (lanreotide)

Somavert (pegvisomant)

Spinraza (nusinersen) — prior authorization needed for the drug and site of care

Spravato (esketamine) Synagis (palivizumab) Tegsedi (inotersen)

Synagis (palivizumab, 90378)

Tecvayli (teclistamab-cqyv, J3490, J3590, C9399, J9999)

Tivdak (tisotumab vedotin-tftv)

Treanda (bendamustine HCl)

Trodely (sacituzumab govitecan-hziy)

Uplizna (inebilizumab-cdon) — prior authorization needed for the drug and site of care

Vectibix (panitumumab)

Vegzelma (bevacizumab-adcd, J3490, J3590, C9399, J9999)

Velcade (bortezomib) — prior authorization needed for multiple myeloma only

Viscosupplementation: (J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329, J7331, J7332, Q9980)

Durolane (hyaluronic acid)

Euflexxa, Hyalgan, Genvisc, Supartz FX, TriVisc, Visco 3 (sodium hyaluronate)

Gel-One (cross-linked hyaluronate)

Gelsyn-3, Hymovis (hyaluronic acid)

Monovisc, Orthovisc (sodium hyaluronate)

Synojoynt, Triluron (1% sodium hyaluronate)

Synvisc, Synvisc-One (hylan)

Xgeva (denosumab)

Xofigo (radium Ra 223 dichloride)

Yervoy (ipilimumab) — prior authorization needed for the drug and site of care

Zirabev (bevacizumab-bvzr) — prior authorization needed for oncology indications only

Zolgensma (onasemnogene abeparvovec-xioi) — prior authorization needed for the drug and site of care

Zulresso (brexanolone)

Zynlonta (loncastuximab tesirine-lpyl)

Zynteglo (betibeglogene autotemcel, J3490, J3590, C9399)