

Preauthorization Requirements for Medical Specialty Medications - Use for Medicaid Managed Care and Child Health Plus members*

The following medications are covered under the medical benefit (when administered by a health care professional) and require preauthorization. Claims will deny or suspend for review across all lines of business if preauthorization is not obtained. Please refer to our website frequently for updates to this list as new drugs are added as they receive FDA approval and are available for use. The provider or specialty pharmacy rendering the service is responsible for ensuring that the required preauthorization has been obtained. Participating specialty pharmacy contact information is included on our preauthorization form.

Medical Specialty Medications that Require Preauthorization for Medicaid Managed Care and Child Health Plus

Actemra [®] (preauth effective 2/15/10)	Ilaris [®] (preauth effective 9/1/09)	Renflexis TM (preauth effective 8/7/17)
Acthar Gel [®] (preauth effective 1/1/13)	Imfinzi TM (preauth effective 5/18/17)	Rituxan [®] (preauth effective 10/1/17)
Adcetris [®] (preauth effective 9/13/11)	Immune Globulin Products (IV & SC)	Rituxan Hycela TM (preauth effective 8/3/17)
Aldurazyme [®]	Inflectra [®] (preauth effective 12/2/16)	Ruconest [®] (preauth effective 10/6/14)
Aliqopa [®] (preauth effective 9/26/17)	Istodax [®] (preauth effective 10/11/10)	Signifor LAR [®] (preauth effective 7/01/15)
Aralast [®]	Jevtana [®] (preauth effective 8/16/10)	Simponi Aria [®] (preauth effective 7/19/13)
Arzerra [®] (preauth effective 2/15/10)	Kadcyla [®] (preauth effective 3/6/13)	Soliris [®]
Avastin [®]	Kalbitor [®] (preauth effective 1/1/10)	Spinraza TM (preauth effective 1/12/17)
Bavencio [®] (preauth effective 4/5/17)	Kanuma [®] (preauth effective 12/21/15)	Stelara [®] (preauth effective 10/7/09)
Beleodaq [®] (preauth effective 8/1/14)	Keytruda [®] (preauth effective 9/11/14)	Sylvant [®] (preauth effective 5/8/14)
Bendeka [®] (preauth effective 12/29/15)	Krystexxa [®] (preauth effective 10/15/10)	Synagis [®]
Benlysta [®] (preauth effective 3/21/11)	Kymriah [®] (preauth effective 9/12/17 Inpatient and Outpatient)	Synribo [®] (preauth effective November 2012)
Berinert [®] (preauth effective 1/1/10)	Kyprolis [®] (preauth effective 8/1/12)	Tecentriq [®] (preauth effective 5/31/16)
Besponsa [®] (preauth effective 8/30/17)	Lartruvo [®] (preauth effective 10/24/16)	Torisel [®]
Blinicyto [®] (preauth effective 1/8/15 Inpatient and Outpatient)	Lemtrada [®] (preauth effective 12/3/14)	Treanda [®]
Boniva IV [®]	Lumizyme (preauth effective 7/12/10)	Tysabri [®]
Botox [®] (preauth effective 11/1/17)	Luxturna (preauth effective 1/22/18)	Tyvaso [®]
Brineura (effective 6/9/17)	Marqibo [®] (preauth effective 9/1/13)	Vectibix [®] (preauth effective 9/15/09)
Ceprotrin [®]	Mozobil [®]	Veletri [®]
Cerezyme [®]	Mylotarg [®] (preauth effective 9/12/17)	Ventavis [®]
Cimzia [®]	Myobloc [®] (preauth effective 11/1/17)	Vimizim [®] (preauth effective 2/28/14)
Cinqair [®] (preauth effective 5/5/16)	Myozyme [®]	VPRIV [®] (velaglucerase alfa) (preauth effective 3/15/10)
Cinryze [®]	Naglazyme [®]	Vyxeos [®] (preauth effective 8/29/17)
Cyramza [®] (preauth effective 5/8/14)	NPlate [®]	Xeomin [®] (preauth effective 11/1/17)
Darzalex [®] (preauth effective 12/2/15)	Nucala [®] (preauth effective 12/7/15)	Xgeva [®] (preauth effective 1/7/11)
Dysport [®] (preauth effective 11/1/17)	Nulojix [®] (preauth effective 7/1/11)	Xolair [®]
Elaprase [®]	Ocrevus TM (preauth effective 4/7/17)	Yervoy [®] (preauth effective 3/28/11)
Elelyso [®] (preauth effective 6/5/12)	Oncaspar [®] (preauth effective 9/1/17)	Yescarta [®] (preauth effective 10/18/17 Inpatient and Outpatient)
Empliciti [®] (preauth effective 12/11/15)	Onivyde [®] (preauth effective 11/19/15)	Yondelis [®] (preauth effective 11/19/15)
Entyvio [®] (preauth effective 6/9/14)	Opdivo [®] (preauth effective 1/8/15)	Zaltrap [®] (preauth effective 8/7/12)
Erbix [®] (preauth effective 9/15/09)	Orencia [®]	Zemaira [®]
Erwinaze [®] (preauth effective 9/1/17)	Perjeta [®] (preauth effective 6/11/12)	
Exondys 51 [®] (preauth effective 10/3/16)	Portrazza [®] (preauth effective 12/29/15)	
Fabrazyme [®]	Prolastin [®]	
Flolan [®]	Prolia [®] (preauth effective 6/15/10)	
Folotyn [®] (preauth effective 1/1/10)	Provenge [®] (preauth effective 8/16/10)	
Gazyva [®] (preauth effective 11/12/13)	Radicava [®] (preauth effective 6/2/17)	
Glassia [®]	Remicade [®]	
Halaven (preauth effective 1/7/11)	Remodulin [®]	

If you have questions or need preauthorization forms, please visit our website, or contact 1-844-694-6411 (phone) or 1-855-346-4418 (fax).

Last revised 2/18

