Specialty Drugs Requiring Precertification

All listed brand injectables and their generic equivalents require precertification.
(This list is subject to change.)

INFUSION THERAPY DRUGS AND MEDICAL INJECTABLE DRUGS

Precertification requirements apply only to members enrolled in all PPO, POS, DPOS, and HMO plans.

INFUSION THERAPY DRUGS

Aldurazyme®
Aredia®
Avastin®[1] (except for certain ophthalmological conditions)
Boniva®
Ceredase®
Cerezyme®
Elaprase®
Eloxatin®[1]
Erbitux®
Fabrazyme®
Herceptin®
Remicade®
IVIG
Myozyme®
Orencia®
rituximab[1]
Tysabri®

MEDICAL INJECTABLE DRUGS[1]

BOTULINUM TOXIN AGENTS[1]

Botox®

HYALURONATE AGENTS[1]

Euflexxa™
Hyalgan®
Orthovisc®
Supartz®
Synvisc®/ Synvisc-One™[1]

RESPIRATORY AGENTS[1]

Synagis®

BIOTECH/SPECIALTY INJECTABLE DRUGS

Precertification requirements apply to members enrolled in all Flex products including Flex Copay and Flex Deductible; Flex High Deductible PPO and HSA-Qualified High Deductible PPO health plans.
All biotech speciality injectable drugs listed are subject to applicable cost-sharing.

ANTICOAGULANT/LOW-MOLECULAR-WEIGHT HEPARIN AGENTS

Arixtra®
Fragmin®
Innohep®
Lovenox®

ANTIRETROVIRAL AGENTS

Fuzeon®

BOTULINUM TOXIN AGENTS

Botox®
Myobloc®

CENTRAL NERVOUS SYSTEM AGENTS

Apokyn®
Imitrex® injection
Vivitrol®

ENDOCRINE/METABOLIC AGENTS

Eligard®
Faslodex®
Forteo™
Lupron®
Sandostatin LAR®
Somatuline® Depot
Somavert®
Supprelin® LA
Thyrogen®
Trelstar®
Vantas®
Viadur®
Zoladex®

GROWTH HORMONES AND RELATED AGENTS

Genotropin®
Humatrope®
Increlex™
Norditropin®
Nutropin®/ Nutropin AQ®
Omnitrope®
Saizen®
Serostim®/ Serostim® LQ
Tev-Tropin®
Zorbtive®

HEMATOPOIETIC AGENTS

Aranesp®
Epogen®
Leukine®
Neulasta®
Neumega®
Neupogen®
Procrit®

HEPATITIS/INTERFERON AGENTS

Actimmune®
Alferon N®
Infergen®
Intron® A
Pegasys®
PEG-Intron™
Roferon®-A

HYALURONATE AGENTS

Euflexxa™
Hyalgan®
Orthovisc®
Supartz®
Synvisc®/ Synvisc-One™[1]

IMMUNOLOGICAL MODIFIERS

Amevive™
Enbrel®
Humira®
Kineret®
Raptiva®

INTRAOCULAR AGENTS

Lucentis®
Macugen®
Vitrasert®

MULTIPLE SCLEROSIS AGENTS/ INTERFERON BETA AGENTS

Avonex®
Betaseron®
Copaxone®
Rebif®

RESPIRATORY AGENTS

Synagis®
Xolair®

[1]**Added to the specialty drug list effective 7/1/09.**

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