



These medications require prior authorization when covered under the member's Medical benefits and administered in a clinician's office, outpatient setting, or by the home infusion therapy provider. The requirement applies to commercial HMO, POS*, and Access Blue members who have a Massachusetts-based primary care provider.

Policy 034 MED UM Drug List (As of 1/1/2019)

Drug Products		
Actemra	Forteo**	Kovaltry
Actimmune**	Gammagard**	Lemtrada
Advate	Gammagard S/D**	Lucentis
Adynovate	Gammaked**	Macugen
Afstyla	Gammaplex**	Makena
Alferon-N	Gamunex**	Monoclate-P
Alphanate	Gamunex-C**	Mononine
AlphaNine SD	Gel-one**	Monovisc
Alprolix	Gel-Syn**	Myalept
Aralast	Genotropin**	Myobloc**
Aranesp**	Genotropin Miniquick**	Norditropin**
Bebulin VH	Genvisc**	NovoEight
BeneFIX	Glassia	NovoSeven RT
Bivigam**	H.P. Acthar Gel	NovoSeven
Boniva infusion	Helixate FS	Nutropin**
Botox**	Hemlibra	Nutropin AQ**
Carimune-NF**	Hemofil M	Nuwiq
Cerezyme	Hizentra**	Obizur
Cimzia**	Humate-P	Octagam**
Cinryze	Humatrope**	Omnitrope**
Coagadex	Humira**	Onpatro
Corifact	Hyalgan**	Orencia
Cosentyx	Hymovis**	Orthovisc**
Cytogam**	HyQvia	Privigen**
Durolane**	Ibandronate Sodium	Procrit**
Dysport injectable**	Idelvion	Profilnine SD
Egrifta	Ilaris**	Profilnine
ElELYso	Increlex**	Prolastin
Eloctate	Infergen**	Prolia**
Enbrel**	Inflectra	Probuphine (Buprenorph Implant)
Entyvio	Intron A	Rebinyn
Epogen**	Ixinity	Reclast
Erbitux	Jetrea	Recombinate
Euflexxa**	Kanuma	Regranex
Exondys-51	Kcentra	Remicade**
Eylea	Kevzara	Renflexis
Feiba NF	Kineret**	Retacrit
Feiba VH Immuno	Koate-DVI	RiaSTAP
Flebogamma**	Kogenate FS	Rituxan
Flebogamma Dif**		Rixubis

*For Blue Choice members, an authorization is not required if using the self-referred benefit.

**The Member may not have medical benefits for this medication. Please refer to our list of medications that aren't covered by medical benefits located on Provider Central.

*** The member may not have medical benefits for the subcutaneous version of this medication. Refer to our list of medications that aren't covered by medical benefits located on Provider Central.



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Policy 034 MED UM Drug List (As of 1/1/2019)

Drug Products		
Saizen**	Tegsedi	Xeomin**
Serostim**	Tev-Tropin**	Xgeva**
Siliq	Tremfya	Xiaflex
Simponi (IV formulation & SubQ***)	Tretten	Xolair
Spinraza	Tysabri	Xyntha
Stelara (IV formulation & SubQ***)	Tymlos	Zemaira
Supartz**	Vectibix	Zoledronic Acid
Sylatron	Visco-3	Zomacton
Synagis	Vivaglobin	Zometa
Synvisc**	Vonvendi	Zorbtive**
Takhzyro	VPRIV	
Taltz	Wilate	

Click link to access [Pharmacy Medical Policy 033](#)

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