

Quick Reference Guide

Medication (Medical Benefit)

Prior Approval Requirements

2019

MedicationsPA-00-02-103118

Clarification update: 11.1.18



Submit authorization requests via: Health Options (Medical Management): Fax: (877) 314-5693 Phone: (855) 542-0880
Provider Portal (preferred): Provider.HealthOptions.org

Medication (Medical Benefit) Coverage Guidelines

This guide provides an overview of medical benefit medications that require prior approval through Health Options Medical Management department when outpatient medications are dispensed by a non-pharmacy provider.

Medications – Recent Approvals

All medications require FDA-approval.

PLEASE NOTE: Medications that are newly approved (within prior 12 months) by FDA and medications designated with a “Q” code require Prior Approval unless explicitly stated otherwise (see page 8 of this document). Medications designated with an “A” code require Prior Approval if there is no corresponding authorization on file for an associated radiology procedure. Medications designated with a “C” code require Prior Approval unless performed as part of an inpatient stay or Emergency Department visit.

Providers can submit Prior Approval requests for exception to coverage considerations for medications denoted as non-covered.

Temporary Codes

Temporary codes (S-codes) are a non-covered benefit once CMS assigns another code to the item/service. The provider is required to use a current year HCPCS reference guide for codes and modifiers for billing purposes.

Prior Approval Requirements

This guide includes a representative, but not all inclusive, list of outpatient medications that require Prior Approval. If the medication falls within one of the following drug classes and there is any doubt if Prior Approval is required, submit an authorization request. Our Medical Management team will then provide additional guidance as needed.

Medication Classifications that generally require Prior Approval

- Alpha-1 proteinase inhibitor (human)
- Botulinum toxins
- Blood clotting factors
- Enzyme replacement drugs
- Erythropoiesis-stimulating agents

- Granulocyte-colony stimulating factors
- Growth Hormones
- Hepatitis C drugs
- Hereditary angioedema agents
- HER2 Receptor drugs
- Immunoglobulins
- Immunologic agents
- Lyme Disease (IV/Injectable antibiotics)
- Metabolic Disorders
- Miscellaneous High Cost Infusions/Injections
 - Newly approved/Temporary Codes
- Multiple Sclerosis drugs
- Oncology agents (infusions, injections)
 - Oral agents covered under the pharmacy benefit
- Ophthalmic injections
- Osteoporosis agents
- Pegylated interferons
- Pulmonary arterial hypertension drugs
- Unclassified biologics/drugs

Medications that are dispensed by a pharmacy require prior approval through Express Scripts (pharmacy benefit manager) when the medication is listed on our Formulary Guide as requiring Prior Approval (PA).

The current Health Options formulary and supporting documents can be found at <https://www.HealthOptions.org/Formulary>.

If medication is dispensed by a pharmacy, please submit applicable authorization request to Express Scripts (Pharmacy Management).

Telephone (PA line): (800) 753-2851

Fax: (877) 329-3760 or

Electronic PA (ePA) at www.esrx.com/pa

Electronic Prior Authorization: www.esrx.com/pa

UNCLASSIFIED CODES: Unclassified drug/injection codes under “Not Otherwise Classified” or “Not Otherwise Specified (NOS)” (e.g., J3490, J3590, J8499, J8999, etc.) require providers to submit the National Drug Code (NDC) number to ensure claims properly adjudicate for reimbursement.

Prior Approval Needed through Health Options

This list includes medications that require Prior Approval submission to Health Options. We have listed current Brand names, but due to new drugs coming to the market on a regular basis, it may not be all inclusive and may be subject to change.

Coverage designations for all HCPCS codes are denoted in our provider portal online authorization platform located at Provider.HealthOptions.org

NOTE: Some medications on this list may be eligible for distribution through our Specialty Pharmacy or home infusion. Health Options Medical Management team will contact Members and Providers to discuss these options, when applicable.

Medications that are subject to voluntary Site of Care are denoted with an asterick (*).

BRAND NAME	Generic Name
ABILIFY MAINTENA	Aripiprozole
ABRAXANE	paclitaxil
ACTEMRA (IV-ONLY)*	tocilizumab*
ACTHAR GEL	corticotropin
ACTIMMUNE	Interferon gamma-1b
ADVATE*	antihemophilic factor*
ADYNOVATE*	antihemophilic factor*
AFSTYLA*	antihemophilic factor*
ALDURAZYME*	laronidase*
ALIMTA	pemetrexed
ALIQOPA	copanlisib
ALPHANATE*	Antihemophilic Factor*
ALPHANINE SD*	coagulation factor IX*
ALPROLIX*	Coagulation Factor IX*
ALUNBRIG	brigatinib
APOKYN*	apomorphine*
ARALAST NP*	alpha 1-poteinase*
ARANESP	darbepoetin alfa
ARCALYST	rilonacept
AVASTIN	bevacizumab
AVEED	testosterone
AVONEX	interferon beta-1a
BAVENCIO	avelmumab
BEBULIN*	Factor IX Complex*
BELEODAQ	belinostat

BRAND NAME	Generic Name
BENEFIX*	Coagulation Factor IX*
BENLYSTA*	belimumab*
BERINERT*	C1 Esterase inhibitor*
BESPONSA	inotuzumab ozogamicin
BETASERON	interferon beta-1a
BIVIGAM*	Immune Globulin*
BLINCYTO	blinatumomab
BONIVA	ibandronate
BOTOX	botulinum toxin
BRINEURA	cerliponase alfa
CARIMUNE NF*	Immune Globulin*
CEPROTIN*	protein C concentrate*
CEREZYME*	imiglucerase*
CIMZIA*	certolizumab*
CINQAIR	reslizumab
CINRYZE*	C1 Esterase inhibitor*
COAGADEX	Coagulation Factor X
COPAXONE	glatiramer acetate
CORIFACT*	Factor XIII*
COSENTYX	secukinumab
CUVITRU*	Immune Globulin*
CYRAMZA	ramucirumab
CYSTARAN	cysteamine
DAKLINZA	daclatasvir
DDAVP*	Desmopressin*

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This document provides general guidance regarding Notification and Prior Approval Requirements. It is not all inclusive and is subject to change without notice. Providers will receive a 60 day notice of any substantive changes.

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Prior Approval Needed

BRAND NAME	Generic Name
DOCEFREZ	docetaxil
DO CETAXEL	docetaxil
DUPIXENT	dupilumab
DYSPO RT	botulinum toxin
EGRIF TA	tesamorelin
ELAP RASE*	idursulfase*
ELELY SO*	taliglucerse alfa*
ELIG ARD	leuprolide
ELOCT AT E*	antihemophilic factor*
ENB REL	etanercept
ENTY VIO*	vedolizumab*
EPO GEN*	epoetin alfa*
EPO PROSTENOL*	epoprostenol sodium*
ERBIT UX	cetuximab
EVOM ELA	melphalan
EXT AVIA	interferon beta-1a
EYLEA	aflibercept
FABRA ZYME*	agalsidase beta*
FASE N RA	benralizumab
FASLO DEX	fulvestrant
FEIBA NF*	anti-inhibitor coagulant*
FIRA ZYR*	icatibant*
FLEBO GAMMA*	immune globulin*
FLOLAN*	epoprostenol sodium*
FORTE O	teriparatide
GAMMAGARD LIQUID*	immune globulin*
GAMMAGARD S-D*	immune globulin*
GAMMA KED*	immune globulin*
GAMMA PLEX*	immune globulin*
GAMUNEX-C*	immune globulin*
GATTEX	teduglutide
GENOTROPIN	somatropin

BRAND NAME	Generic Name
GLASSIA*	alpha 1-poteinase inhib*
GLATOPA	glatiramer acetate
GOCOVRI	amantadine
GRANIX*	tbo-filgrastim*
HAEGARDA*	c1 esterase inhibitor*
HELIXATE FS*	antihemophilic factor*
HEMLIBRA	emicizumab-KXWH
HEMOFIL M*	antihemophilic factor*
HERCEPTIN	trastuzumab
HIZENTRA*	immune globulin*
HUMATE-P*	antihemophilic factor*
HUMATROPE	somatropin
HUMIRA	adalimumab
HYCAMTIN	topotecan
HYQVIA*	immune globulin hyaluronidase*
IDELVION*	coagulation factor IX*
ILARIS*	canakinumab*
IMLYGIC	imlygic
INCRELEX	mecasermin
INFLECTRA*	infliximab*
INVEGA SUSTENNA	paliperidone palmitate
IRESSA	gefitinib
IXINITY*	coagulation factor IX *
JETREA	ocriplasmin
KADCYLA	ado-trastuzumab
KALBITOR	ecallantide
KANUMA	sebelipsae alfa
KEPIVANCE	palifermin
KEVZARA	sarilumab
KEYTRUDA	pembrolizumab
KINERET	anakinra
KOATE*	antihemophilic factor*

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BRAND NAME	Generic Name
KOATE-DVI*	antihemophilic factor*
KOGENATE FS*	antihemophilic factor*
KORLYM	mifepristone
KOVALTRY	antihemophilic factor
KRYSTEXXA	pegloticase
LEMTRADA	alemtuzumab
LEUKINE*	sargramostim*
LUCENTIS	ranibizumab
LUMIZYME	alglucosidase alfa
LUPANETA PACK	leuprolide + norethindrone
LUPRON DEPOT	leuprolide
LUXTURNA	voretigene neprarvovec
MACUGEN	pegaptanib
MEPSEVII*	vestronidase alfa*
MIRCERA	epoetin beta
MONOCLATE-P*	antihemophilic factor*
MONONINE*	coagulation factor IX*
MOZOBIL*	plerixafor*
MYALEPT*	metreleptin*
MYLOTARG	gemtuzumab ozogamicin
MYOBLOC	botulinum toxin
NAGLAZYME*	galsufase*
NATPARA	parathyroid hormone
NEULASTA*	pegfilgrastim*
NEUPOGEN*	filgrastim*
NORDITROPIN	somatropin
NOVOEIGHT*	antihemophilic factor*
NOVOSEVEN RT*	coagulation factor VIIA*
NUCALA	mepolizumab
NULOJIX*	belatacept*
NUTROPIN	somatropin

BRAND NAME	Generic Name
NUWIQ*	antihemophilic factor*
OBIZUR	antihemophilic factor
OCREVUS*	ocrelizumab*
OCTAGAM*	immune globulin*
OLYSIO	simeprevir
OMNITROPE	somatropin
ONIVYDE	irinotecan
OPDIVO	nivolumab
ORALAIR	mixed pollens allergen extract
ORENCIA*	abatacept*
ORENCIA CLICKJECT*	abatacept*
PEGASYS	peginterferon alfa-2b
PEGINTRON	peginterferon alfa-2b
PERJETA	pertuzumab
PLEGRIDY	interferon beta-1a
POLYGAM	immune globulin
PRALUENT	alirocumab
PRIALT	ziconotide
PRIVIGEN*	immune globulin*
PROCRIT*	epoetin alfa*
PROFILNINE*	factor ix complex*
PROLASTIN-C	alpha 1-poteinase inhib
PROLIA	denosumab
PROTHELIAL	sucalfate
PROVENGE	sipuleucel-T
RADICAVA	edaravone
RADICAVA	edaravone
REBIF	interferon beta-1a
REBIF REBIDOSE	interferon beta-1a
REBINYN	coagulation factor IX
RECLAST	zoledronic acid
RECOMBINATE*	antihemophilic factor*

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BRAND NAME	Generic Name
REMICADE*	infliximab*
REMODULIN*	treprostini*
RENFLXIS*	infliximab*
REPATHA	evolocumab
RIASTAP*	fibrinogen concentrate*
RIBAVIRIN	ribavirin
RITUXAN	rituximab
RITUXAN HYCELA	rituximab
RIXUBIS*	coagulation factor IX*
RUCONEST*	C1 esterase inhibitor*
SAIZEN	somatropin
SAIZEN-SAIZENPREP	somatropin
SEROSTIM	somatropin
SIGNIFOR*	pasireotide*
SILIQ*	brodalumab*
SIMPONI*	golimumab*
SOLIRIS*	eculizumab*
SOMATULINE*	lanreotide*
SOMAVERT	pegvisomant
SOVALDI	sofosbuvir
SPINRAZA	nusinersen
SPRIX	ketorolac
STELARA*	ustekinumab*
STIMATE*	desmopressin acetate*
STRENSIQ	asfotase alpha
SYLATRON	peginterferon alfa-2b
SYNAGIS	palivizumab
SYNRIBO	omacetaxine
TALTZ*	ixekizumab*
TAXOTERE	docetaxil
TECENTRIQ	atezolizumab
TEMODAR	temozolomide

BRAND NAME	Generic Name
TESTOPEL	testosterone
TRETTEN*	coagulation factor XIII*
TYMLOS	abaloparatide
TYSABRI	natalizumab
TYVASO*	treprostini*
UNITUXIN	dinutuximab
VALCHLOR	mechlorethamine
VARITHENA	polidocanol
VECTIBIX	panitumumab
VELCADE	bortezomib
VELETRI*	epoprostenol sodium*
VENTAVIS*	iloprost*
VIMIZIM*	elosulfase alfa*
VONVENDI	von willebrand factor
VPRIV*	velaglucerase alfa*
VYXEOS	daunorubicin-cytarabine
WILATE*	von willebrand factor*
XENAZINE	tetrabenazine
XEOMIN	botulinum toxin
XGEVA	denosumab
XOLAIR	omalizumab
XYNTHA*	antihemophilic factor*
XYNTHA SOLOFUSE*	antihemophilic factor*
ZALTRAP	ziv-aflibercept
ZARXIO	filgrastim
ZEMAIRA*	alpha 1-poteinase inhib*
ZEPATIER	elbasvir 50 mg / grazoprevir 100 mg
ZILRETTA	triamcinolone acetoneide
ZINBRYTA	daclizumab
ZOLEDRONIC ACID	zoledronic acid
ZOMACTON	somatropin
ZOMETA	zoledronic acid

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Excluded Medications/Supplies from the Medical Benefit

The list below provides a general overview of medications/supplies that are excluded from the medical benefit.

Medications/Supplies that are denoted with an asterisk (*) are covered through our Pharmacy benefit only, when criteria applies.

Please refer to the Health Options formulary and supporting documents at <https://www.HealthOptions.org/Formulary>.

This list is not all-inclusive and is subject to change.

BRAND NAME	Generic Name
ADCIRCA*	tadalafil
ADEMPAS*	riociguat
AFINITOR*	everolimus
ALECENSA*	alectinib
ALUNBRIG*	brigatinib
AMELUZ	aminolevulinic acid hcl
AMPYRA*	4-aminopyridine
AUBAGIO*	teriflunomide
AUSTEDO*	deutetrabenazine
BOSULIF*	bosutinib
BRAVELLE	urofollitropin
CABOMETYX*	cabozantinib
CALQUENCE*	acalabrutinib
CAPRELSA*	vandetanib
CARBAGLU*	carglumic acid
CAVERJECT, MUSE	alprostadil
CERDELGA*	eliglustat
CHENODAL*	chenodeoxycholic acid
CHOLBAM*	cholic acid
COMETRIQ*	cobozantinib
COPEGUS*	ribavirin
COTELLIC*	cobimetinib
CYSTADANE*	betaine anhydrous
CYSTAGON*	cysteamine bitartrate
DARAPRIM*	pyrimethamine
DENGUE FEVER VACCINE	dengue vaccine
DUROLANE	sodium hyaluronate

BRAND NAME	Generic Name
EMFLAZA*	deflazacort
BRAND NAME	generic name
EPCLUSA*	sofosbuvir/ velpatasvir
ERIVEDGE*	vismodegib
ERLEADA*	apalutamide
ERLEADA*	apalutamide
ESBRIET*	pirfenidone
EUFLEXXA	sodium hyaluronate
EXJADE*	deferasirox
EXONDYS 51	eteplirsen
FARYDAK*	panobinostat
FERRIPROX*	feferiprone
FERTINEX	urofollitropin
GEL-ONE	hyaluronate viscoelastic
GELSYN-3	sodium hyaluronate
GENVISC 850	sodium hyaluronate
GILENYA*	fingolimod
GILOTRIF*	afatinib
HARVONI*	ledipasvir 90 mg / sofosbuvir
HEMANGEOL*	propranolol HCL
HETLIOZ*	tasimelteon
HYALGAN	sodium hyaluronate
HYMOVIS	viscoelastic hyaluronan
IBRANCE*	palbociclib
ICLUSIG*	ponatinib
IMATINIB MESYLATE*	imatinib (generic gleevic)
IMBRUVICA*	ibrutinib

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BRAND NAME	Generic Name
INGREZZA*	valbenazine
INLYTA*	axitinib
JADENU*	deferasirox
JAKAFI*	ruxolitinib
JUXTAPID*	lomitapide
KEVEYIS*	dichlorphenamide
KISQALI*	ribociclib
KUVAN*	sapropterin dihydrochloride
KYLEENA IUD*	IUD
KYNAMRO*	mipomersen
LENVIMA*	lenvatinib
LETAIRIS*	ambrisentan
LONSURF*	tipiracil / trifluridine
LYNPARZA*	olaparib
MAKENA	hydroxyprogesterone
MEKINIST*	trametinib
METRODIN	urofollitropin
MODERIBA*	ribavirin
MUSE	alprostadil
NEXAVAR*	sorafenib
NINLARO*	ixazomib
NITYR*	nitisinone
NORTHERA*	droxidopa
NOVAREL	chorionic gonadotropin
NUPLAZID*	pimavanserin
OCALIVA*	obeticholic acid
ODOMZO*	sonidegib
OFEV*	nintedanib
OPSUMIT*	micitentan
ORENITRAM*	treprostinil
ORFADIN*	nitisinone
OTEZLA*	apremilast

BRAND NAME	Generic Name
OVIDREL	chorionic gonadotropin
POMALYST*	pomalidomide
PREGNYL	chorionic gonadotropin
PROCYSBI*	cysteamine
PROMACTA*	eltrombopag
RAVICTI*	glycerol phenylbutyrate
REBETOL*	ribavirin
REVATIO*	sildenafil
REVLIMID*	lenalidomide
RIBAPAK*	ribavirin
RIBASPHERE*	ribavirin
RUBRACA*	rucaparib
RYDAPT*	midostaurin
SENSIPAR*	cinacalcet
SPRYCEL*	dasatinib
STAMARIL	yellow fever vaccine
STIVARGA*	regorafenib
SUCRAID*	sacrosidase
SUTENT*	sunitinib
TAFINLAR*	dabrafenib
TAGRISSO*	osimertinib
TARCEVA*	erlotinib
TASIGNA*	nilotinib
TECFIDERA*	dimethyl fumarate
TECHNIVIE*	ombitasvir/paritaprevir/ ritoavir
THALOMID*	thalidomide
TRACLEER*	bosentan
TREMFYA*	guselkumab
TRIPTODUR	triptorelin
TYKERB*	lapatinib
TYPHIM	typhoid vaccine

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BRAND NAME	Generic Name
UPTRAVI*	selexipag
VAXCHORA	cholera vaccine
VENCLEXTA*	venetoclax
VERZENIO*	abemaciclib
VIEKIRA PAK*	ombitasvir/paritaprevir/ dasabuvir
VISCO-3	sodium hyaluronate
VIVOTIF	typhoid vaccine
XALKORI*	crizotinib
XALKORI*	crizotinib
XELJANZ*	tofacitinib
XTANDI*	enzalutamide
YF-VAX	yellow fever vaccine
ZAVESCA*	miglustat
ZELBORAF*	vemurafenib
ZOLINZA*	vorinostat
ZYDELIG*	idelalisib
ZYKADIA*	ceritinib
ZYTIGA*	abiraterone acetate

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