COMMUNITY Health Options

Quick Reference Guide

MEDICATION (MEDICAL BENEFIT) PRIOR APPROVAL REQUIREMENTS

2021

Clarification update: 11.1.20

Submit authorization requests via: Provider Portal (preferred): Provider.HealthOptions.org

Health Options (Medical Management): Fax: (877) 314-5693 Phone: (855) 542-0880

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 3 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 unless otherwise noted on the list of drugs requiring Prior Approval. 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

The current Medication Prior Approval Form must be used for all medication-related requests. 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

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.

Medications that are dispensed by a pharmacy require prior approval through Express Scripts (pharmacy benefit manager) when a medication is listed on our Formulary 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

Prior Approval Required 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 transition are denoted with an asterisk (*).*

Prior Approval Required

BRAND NAME	Generic Name
ABRAXANE	*paclitaxil*
ACTEMRA (IV-ONLY)*	*tocilizumab**
ACTHAR GEL	*corticotropin*
ACTIMMUNE	*interferon gamma-1b*
ADAKVEO	*crizanlizumab-tmca*
ADVATE*	*antihemophilic factor**
ADYNOVATE*	*antihemophilic factor**
AFSTYLA*	*antihemophilic factor**
ALDURAZYME*	*laronidase**
ALIMTA	*pemetrexed*
ALIQOPA	*copanlisib*
ALPHANATE*	*antihemophilic factor**

BRAND NAME	Generic Name
ALPHANINE SD*	*coagulation factor ix**
ALPROLIX*	*coagulation factor ix**
APOKYN*	*apomorphine**
ARALAST NP*	*alpha 1-poteinase**
ARANESP*	*darbepoetin alfa**
ARCALYST	*rilonacept*
ARZERRA	*ofatumumab*
ASCENIV	*immune globulin*
ASPARLAS	*calaspargase pegol*
ATGAM	*lymphocyte immune globulin, antithymocyte globulin, equine*
ATRYN	*antithrombin iii, human recombinant*
AVASTIN	*bevacizumab*

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Prior Approval Required

BRAND NAME	Generic Name
AVEED	*testosterone*
AVONEX	*interferon beta-1a*
AVSOLA*	*infliximab-axxq**
BAVENCIO	*avelmumab*
BELEODAQ	*belinostat*
BELRAPZO	*bendamustine*
BENEFIX*	*coagulation factor ix**
BENLYSTA*	*belimumab**
BEOVU	*brolucizumab-bdll*
BERINERT*	*c1 esterase inhibitor**
BESPONSA	*inotuzumab ozogamicin*
BETASERON	*interferon beta-1a*
BETHKIS	*tobramycin*
BIVIGAM*	*immune globulin**
BLINCYTO	*blinatumomab*
BONIVA*	*ibandronate**
BOTOX	*botulinum toxin*
BRINEURA	*cerliponase alfa*
CABLIVI	*caplacizumab*
CARIMUNE NF*	*immune globulin**
CEPROTIN*	*protein c concentrate**
CEREZYME*	*imiglucerase**
CERIANNA	*fluoroestradiol f18*
CIMZIA*	*certolizumab**
CINQAIR*	*reslizumab**
CINRYZE*	*c1 esterase inhibitor**
COAGADEX	*coagulation factor x*
COPAXONE	*glatiramer acetate*
CORIFACT*	*factor xiii**
COSENTYX	*secukinumab*

BRAND NAME	Generic Name
CRYSVITA	*burosumab-twza*
CUVITRU*	*immune globulin**
CYRAMZA	*ramucirumab*
CYTOGAM	*cytomegalovirus immune globulin*
DARZALEX	*daratumumab*
DARZALEX FASPRO	*daratumumab and hyaluronidase*
DDAVP*	*desmopressin**
DOTATOC GA 68	*gallium ga-68*
DUPIXENT	*dupilumab*
DURYSTA	*bimatoprost implant*
DYSPORT	*botulinum toxin*
ELAPRASE*	*idursulfase**
ELELYSO*	*taliglucerse alfa**
ELIGARD	*leuprolide*
ELOCTATE*	*antihemophilic factor**
ELZONRIS	*tagrazofusp*
EMPLICITI	*elotuzumab*
ENBREL	*etanercept*
ENHERTU	*fam-trastuzumab*
ENTYVIO*	*vedolizamab**
EPOGEN*	*epoetin alfa**
EPOPROSTENOL*	*epoprostenol sodium**
ERBITUX	*cetuximab*
ESPEROCT	*factor viii (recombinant)*
EXTAVIA	*interferon beta-1a*
EVENITY	*romosozumab*
EYLEA	*aflibercept*
FABRAZYME*	*agalsidase beta**
FASENRA	*benralizumab*

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BRAND NAME	Generic Name
FASLODEX	*fulvestrant*
FEIBA NF*	*anti-inhibitor coagulant**
FIBRYGA	*fibrinogen concentrate (human)*
FIRAZYR*	*icatibant**
FLEBOGAMMA*	*immune globulin**
FLOLAN*	*epoprostenol sodium**
FOLOTYN	*pralatrexate*
FORTEO	*teriparatide*
FULPHILA*	*pegfilgrastim-jmbd**
GAMIFANT	*emapalumab*
GAMMAGARD LIQUID*	*immune globulin**
GAMMAGARD S-D*	*immune globulin**
GAMMAKED*	*immune globulin**
GAMMAPLEX*	*immune globulin**
GAMUNEX-C*	*immune globulin**
GEMZAR	*gemcitabine*
GENOTROPIN	*somatropin*
GIVLAARI	*givosiran*
GLASSIA*	*alpha 1-poteinase inhib**
GLATOPA	*glatiramer acetate*
GRANIX*	*tbo-filgrastim**
HAEGARDA*	*c1 esterase inhibitor**
HELIXATE FS*	*antihemophilic factor**
HEMLIBRA	*emicizumab-KXWH*
HEMOFIL M*	*antihemophilic factor**
HERCEPTIN	*trastuzumab*
HERCEPTIN HYLECTA	*trastuzumab and hyaluronidase*
HERZUMA	*trastazumab-pkrb*
HIZENTRA*	*immune globulin**
HUMATE-P*	*antihemophilic factor**

BRAND NAME	Generic Name
HUMATROPE	*somatropin*
HUMIRA*	*adalimumab**
HYCAMTIN	*topotecan*
HYQVIA*	*immune globulin hyaluronidase**
IDELVION*	*coagulation factor IX**
ILARIS*	*canakinumab**
ILUMYA	*tildrakizumab*
IMFINZI	*durvalumab*
IMLYGIC	*imlygic*
INCRELEX	*mecasermin*
INFERGEN	*Interferon alfacon-1*
INFLECTRA*	*infliximab**
INFUGEM	*gemcitabine*
ISTODAX	*romidepsin*
IXIFI*	*infliximab-qbtx**
IXINITY*	*coagulation factor IX **
JELMYTO	*mitomycin*
JETREA	*ocriplasmin*
JIVI	*factor viii (antihemophilic factor, recombinant, pegylated-aucl)*
KADCYLA	*ado-trastuzumab*
KALBITOR	*ecallantide*
KANJINTI	*trastuzumab-anns*
KANUMA	*sebelipsae alfa*
KENGREAL	*cangrelor*
KEPIVANCE	*palifermin*
KEYTRUDA	*pembrolizumab*
KITABIS	*tobramycin*
KOATE*	*antihemophilic factor**
KOATE-DVI*	*antihemophilic factor**

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BRAND NAME	Generic Name
KOGENATE FS*	*antihemophilic factor**
KOVALTRY	*antihemophilic factor*
KRYSTEXXA*	*pegloticase**
KYMRIAH	*tisagenlecleucel*
LEMTRADA*	*alemtuzumab**
LEUKINE*	*sargramostim**
LIBTAYO	*cemiplimab*
LUCENTIS	*ranibizumab*
LUMIZYME	*alglucosidase alfa*
LUMOXITI	*moxetumomab pasidotox*
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**
MVASI	*bevacizumab-awwb*
MYALEPT	*metreleptin*
MYLOTARG	*gemtuzumab ozogamicin*
MYOBLOC	*botulinum toxin*
NAGLAZYME*	*galsufase**
NATPARA	*parathyroid hormone*
NEULASTA*	*pegfilgrastim**
NEUPOGEN*	*filgrastim**
NITRIC OXIDE	*inhaled nitric oxide*
NIVESTYM*	*filgrastim g-csf**
NORDITROPIN	*somatropin*

BRAND NAME	Generic Name
NOVOEIGHT*	*antihemophilic factor**
NOVOSEVEN RT*	*coagulation factor viia**
NUCALA*	*mepolizumab**
NULOJIX*	*belatacept**
NUTROPIN	*somatropin*
NUWIQ*	*antihemophilic factor**
OBIZUR	*antihemophilic factor*
OCREVUS*	*ocrelizumab**
OCTAGAM*	*immune globulin**
OGIVRI	*trastuzumab-dkst*
OMNITROPE	*somatropin*
ONIVYDE	*irinotecan*
ONPATTRO	*patisiran*
ONTRUZANT	*trastuzumab-dttb*
OPDIVO	*nivolumab*
ORALAIR	*mixed pollens allergen extract*
ORENCIA*	*abatacept**
ORENCIA CLICKJECT*	*abatacept**
OTIPRIO	*ciprofloxacin*
PADCEV	*enfortumab vedotin-ejfv*
PANZYGA	*immune globulin*
PARAPLATIN	*carboplatin*
PEGASYS	*peginterferon alfa-2b*
PEGINTRON	*peginterferon alfa-2b*
PEMFEXY	*pemetrexed*
PERJETA	*pertuzumab*
PLEGRIDY	*interferon beta-1a*
POLIVY	*polatuzumab vedotin-piiq*
POTELIGEO	*mogamulizumab-kpkc*
PRIVIGEN*	*immune globulin**

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BRAND NAME	Generic Name
PROCRIT*	*epoetin alfa**
PROFILNINE*	*factor ix complex**
PROLASTIN-C	*alpha 1-poteinase inhib*
PROLIA*	*denosumab**
PROLEUKIN	*aldesleukin*
PROVENGE	*sipuleucel-t*
QUZYTTIR	*cetirizine*
RADICAVA	*edaravone*
REBIF	*interferon beta-1a*
REBIF REBIDOSE	*interferon beta-1a*
REBINYN	*coagulation factor ix*
REBLOZYL	*luspatercept-aamt*
RECARBRIO	*imipenem, cilastatin, relebactam*
RECLAST*	*zoledronic acid**
RECOMBINATE*	*antihemophilic factor**
REMICADE*	*infliximab**
REMODULIN*	*treprostinil**
RENFLEXIS*	*infliximab**
REPATHA	*evolocumab*
RETACRIT*	*epoetin alfa**
RIASTAP*	*fibrinogen concentrate**
RITUXAN*	*rituximab**
RITUXAN HYCELA	*rituximab and hyaluronidase*
RIXUBIS*	*coagulation factor ix**
RUCONEST*	*c1 esterase inhibitor**
RUXIENCE*	*rituximab-pvvr**
SAIZEN	*somatropin*
SAIZEN-SAIZENPREP	*somatropin*
SANDOSTATIN	*octreotide, non-depot*

BRAND NAME	Generic Name
SARCLISA	*isatuximab-irfc*
SEROSTIM	*somatropin*
SIGNIFOR*	*pasireotide**
SILIQ	*brodalumab*
SIMPONI*	*golimumab**
SIMPONI ARIA*	*golimumab**
SINUVA	*mometasone furoate*
SOLIRIS*	*eculizumab**
SOMATULINE*	*lanreotide**
SOMAVERT	*pegvisomant*
SPINRAZA	*nusinersen*
STELARA*	*ustekinumab**
STIMATE	*desmopressin acetate*
SUBLOCADE	*buprenorphine er*
SUPPRELLIN LA	*histrelin acetate*
SYLATRON	*peginterferon alfa-2b*
SYLVANT	*siltuximab*
SYNAGIS	*palivizumab*
SYNRIBO	*omacetaxine*
TAKHZYRO	*lanadelumab-flyo*
TALTZ*	*ixekizumab**
TAXOL	*paclitaxel*
TAXOTERE	*docetaxel*
TECENTRIQ	*atezolizumab*
TEMODAR	*temozolomide*
TEPEZZA	*teprotumumab-trbw*
TESTOPEL	*testosterone*
TOBI	*tobramycin*
TRAZIMERA	*trastuzumab-qyyp*

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BRAND NAME	Generic Name
TREMFYA*	*guselkumab**
TRETTEN*	*coagulation factor xiii**
TRIPTODUR	*triptorelin*
TRODELVY	*sacituzumab govitecan*
TROGARZO	*ibalizumab-uiyk*
TRUXIMA	*rituximab-abbs*
TYSABRI*	*natalizumab**
TYVASO*	*treprostinil**
UDENYCA*	*pegfilgrastim-cbqv**
ULTOMIRIS	*ravulizumab-cwvz*
VARITHENA	*polidocanol*
VECTIBIX	*panitumumab*
VELCADE	*bortezomib*
VELETRI*	*epoprostenol sodium**
VENTAVIS*	*iloprost**
VIMIZIM*	*elosulfase alfa**
VONVENDI	*von willebrand factor*
VPRIV*	*velaglucerase alfa**
VYEPTI	*eptinezumab-jjmr*
VYXEOS	*daunorubicin-cytarabine*

BRAND NAME	Generic Name
WILATE*	*von willebrand factor**
XEMBIFY	*immune globulin*
XEOMIN	*botulinum toxin*
XGEVA*	*denosumab**
XOLAIR*	*omalizumab**
XYNTHA*	*antihemophilic factor**
XYNTHA SOLOFUSE*	*antihemophilic factor**
YERVOY	*ipilimumsb*
YESCARTA	*axicabtagene ciloleucel*
ZALTRAP	*ziv-aflibercept*
ZARXIO	*filgrastim*
ZEMAIRA*	*alpha 1-poteinase inhib**
ZIEXTENZO*	*pegfilgrastim-bmez**
ZILRETTA	*triamcinolone acetonide*
ZIRABEV	*bevacizumab-bvzr*
ZOLGENSMA	*onasemnogene abeparvovec*
ZOMACTON	*somatropin*
ZOMETA*	*zoledronic acid**
ZORBTIVE	*somatropin*
ZULRESSO	*brexanolone*

Excluded Medications/Supplies Under Medical Benefit

Oral medications (e.g., pills, capsules, tablets, syrups) are not covered under the medical benefit for outpatient services, but they may be covered under the pharmacy benefit when dispensed by a pharmacy. Please refer to Health Options' formulary for oral medication coverage and Prior Approval requirements at HealthOptions.org/Formulary.

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Excluded Medications/Supplies

BRAND NAME	Generic Name
AIMOVIG	*erenumab*
AJOVY	*fremanezumab*
AMELUZ	*aminolevulinic acid hcl*
BRAVELLE	*urofollitropin*
CAVERJECT	*alprostadil*
CELLCEPT	*mycophenolate mofetil*
CETROTIDE	*cetrorelix*
CHORIONIC GONADOTROPIN	*chorionic gonadotropin*
DUOPA	*carbidopa/levodopa*
DUROLANE	*sodium hyaluronate*
EMGALITY	*galcanezumab^*
EXONDYS 51	*eteplirsen*
FERTINEX	*urofollitropin*
FOLLISTIM	*follitropin beta*
GANIRELIX ACETATE	*ganirelix acetate*
GLEEVEC	*imatinib*

BRAND NAME	Generic Name
HYCAMTIN	*topotecan*
IRESSA	*gefitinib*
MAKENA	*hydroxyprogesterone*
MENOPUR	*fsh/lh*
METRODIN	*urofollitropin*
MUSE	*alprostadil*
NOVAREL	*chorionic gonadotropin*
OVIDREL	*chorionic gonadotropin*
PREGNYL	*chorionic gonadotropin*
PROFASI	*chorionic gonadotropin*
PROGRAF	*tacrolimus*
PROSCAR	*finasteride*
REGRANEX	*becaplermin*
REPRONEX	*menotropin*
VIDEX	*didanosine*
VYONDYS 53	*golodirsen*
YUTIQ	*fluocinolone acetonide*

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