

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

MEDICAL INJECTABLE DRUGS

BOTULINUM TOXIN AGENTS

Botox[®]

HEMATOPOIETIC AGENTS¹

Mozobil^{™1}

HYALURONATE AGENTS

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

RESPIRATORY AGENTS

Synagis[®]

BIOTECH/SPECIALTY INJECTABLE DRUGS

Precertification requirements apply to members enrolled in all Flex products including Personal Choice[®] and Keystone Health Plan East 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.

BOTULINUM TOXIN AGENTS

Botox [®]	Myobloc [®]
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CENTRAL NERVOUS SYSTEM AGENTS

Vivitrol[®]

ENDOCRINE/METABOLIC AGENTS

Eligard [®]	Thyrogen [®]
Faslodex [®]	Trelstar [®]
Lupron Depot [®]	Vantas [®]
Sandostatin LAR [®]	Viadur [®]
Somatuline [®] Depot	Zoladex [®]
Supprelin [®] LA	

HEMATOPOIETIC AGENTS

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

HEPATITIS/INTERFERON AGENTS

Alferon N[®]

HYALURONATE AGENTS

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

IMMUNOLOGICAL MODIFIERS

Amevive[™]

INTRAOCULAR AGENTS

Lucentis [®]	Vitrasert [®]
Macugen [®]	

RESPIRATORY AGENTS

Synagis [®]	Xolair [®]
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¹Added to the specialty drug list effective 1/1/10.



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