Dosage and Frequency Program Drug List

Through the Dosage and Frequency Program, Independence Blue Cross (IBX) reviews the requested dosage and frequency of the specialty drugs listed below, which are eligible for coverage under the medical benefit. This list is subject to change.

This program helps IBX verify that members meet coverage criteria in our medical policies and confirm that requested treatment regimens adhere to safe prescribing limits. Coverage of the drugs in the Dosage and Frequency Program is contingent upon review for medical necessity and appropriate dosage and frequency, and this review is conducted as part of the precertification process for all members enrolled in IBX medical plans.

Drug	Date Added to Program
Adakveo®	September 1, 2022
Aldurazyme®	June 3, 2019
Alymsys [®]	September 1, 2022
Amvuttra™	September 1, 2022
Asceniv™	January 1, 2011*
Avsola®	September 1, 2022
Bivigam [®]	January 1, 2011*
Blincyto®	October 8, 2018
Brineura™	June 3, 2019
Cerezyme®	June 3, 2019
Cutaquig®	January 1, 2011*
Cuvitru™	January 1, 2011*
Elaprase®	June 3, 2019
Elelyso®	June 3, 2019
Elfabrio®	April 21, 2024
Enhertu®	September 1, 2022
Entyvio [®]	May 5, 2017
Erbitux®	January 1, 2011
Evkeeza™	September 1, 2022
Fabrazyme®	June 3, 2019
Flebogamma [®]	January 1, 2011*
Flebogamma [®] DIF	January 1, 2011*
Flolan [®]	January 3, 2020
Gamastan [®] S/D	January 1, 2011*
Gamifant®	November 20, 2018
Gammagard [®] Liquid	January 1, 2011*
Gammagard [®] S/D	January 1, 2011*
Gammaked™	January 1, 2011*
Gammaplex®	January 1, 2011*
Gamunex [®] -C	January 1, 2011*

Givlaari®September 1, 2022Herceptin®‡January 1, 2011Herceptin Hylecta™February 28, 2019Herzuma®June 3, 2019Hizentra®January 1, 2011*HyQvia®January 1, 2011*Ilaris®January 1, 2019Inflectra®May 1, 2016InfliximabSeptember 1, 2022Ixifi™October 8, 2018	
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Inflectra®May 1, 2016InfliximabSeptember 1, 2022	
Infliximab September 1, 2022	
Ixifi™ October 8, 2018	
Kanuma [®] December 3, 2018	
Krystexxa [®] January 3, 2020	
Lamzede [®] April 21, 2024	
Lumizyme [™] June 3, 2019	
Mepsevii [™] June 3, 2019	
Naglazyme [®] June 3, 2019	
Nexviazyme [®] September 1, 2022	
Octagam [®] January 1, 2011*	
Ogivri™ October 8, 2018	
Onpattro [™] December 3, 2018	
Ontruzant [®] June 3, 2019	
Oxlumo [®] September 1, 2022	
Padcev [®] September 1, 2022	
Panzyga [®] January 1, 2011*	
Pombiliti™ April 21, 2024	
Privigen [®] January 1, 2011*	
Reblozyl [®] September 1, 2022	
Remicade®‡ January 1, 2011	
Remodulin [®] January 3, 2020	
Renflexis [®] January 1, 2018	

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Drug	Date Added to Program
Revatio™	January 3, 2020
Revcovi ™	June 3, 2019
Rytelo	April 25, 2025
Sandostatin [®] LAR Depot	May 5, 2017
Soliris®	December 21, 2018
Spinraza®	December 3, 2018
Stelara [®] IV	May 5, 2017
Tepezza®	September 1, 2022
Trodelvy®	September 1, 2022
Tyvaso [®]	January 3, 2020
Ultomiris™	December 21, 2018
Uplizna®	September 1, 2022
Uptravi [®] IV	April 21, 2024
Veletri®	January 3, 2020
Ventavis®	January 3, 2020
Vimizim [®]	June 3, 2019
VPRIV [®]	June 3, 2019
Xembify®	January 1, 2011*
Xolair®	May 5, 2017
Yervoy®	July 5, 2016
Yimmugo	April 25, 2025
Zercepac	April 21, 2024

* The intravenous/subcutaneous immunoglobulin (IVIG/SCIG) class of drugs was added to the Dosage and Frequency Program on January 1, 2011. Some drugs in this class were approved by the U.S. Food and Drug Administration (FDA) after this date, but they reflect the January 1, 2011, date to indicate when program requirements went into effect for all drugs in that class.

- † Bevacizumab (Alymsys[®], Avastin[®], Mvasi[™], Zirabev[™]) only requires precertification approval for dosage and frequency for oncologic indications. Coverage requests for intravitreal injection of bevacizumab (Alymsys[®], Avastin[®], Mvasi[™], Zirabev[™]) to treat the ophthalmologic conditions listed in this drug's policies do not require precertification.
- [‡] Dosage and frequency requirements apply to all FDA-approved biosimilars to this reference product. All biosimilars to a reference product in this program are subject to precertification review for medical necessity and dosage and frequency.

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Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield independent licensees of the Blue Cross and Blue Shield Association.