Please note for injectable drugs that require authorization:

If requesting an injectable drug via Direct Ship through a vendor, please go to the Direct Ship Drug Program webpage on the Company's website.

If requesting an injectable drug to be administered in the hospital outpatient or office setting, please enter the request using the NaviNet Authorization Submission Screen and selecting Service Type: Chemotherapy or Infusion Therapy to process injectable drug requests.

Medical Benefit Drugs Requiring Precertification

The drugs listed below require precertification for both Commercial and Medicare products. Drugs or classifications in black bold italics were new to precertification as of January 1, 2019.

Each drug is classified according to its most commonly recognized therapeutic class. Each drug on this list requires precertification for all potential uses, unless noted below as an exception.

### ANTINEOPLASTIC AGENTS

### ANTI-PD1/PD-L1 HUMAN MONOCLONAL ANTIBODIES †
Bavencio, Imfinzi, Keytruda, Libtayo, Opdivo, Tecentriq

### BONE-MODIFYING AGENTS
Prolia, Xgeva

### BOTULINUM TOXIN AGENTS
Botox

### CARDIOVASCULAR AGENTS
Flolan, Remodulin, Veletri

### CHEMOTHERAPY-INDUCED NAUSEA AND VOMITING AGENTS
Sustol

### CHIMERIC ANTIGEN RECEPTOR (CAR-T) THERAPIES †
Kymriah, Yescarta

### COLONY-STIMULATING FACTORS
Fulphila, Neulasta**, Neulasta Onpro, Udenyca

### ENDOCRINE/METABOLIC AGENTS
H.P. Acthar, Lutathera††, Makena, Sandostatin LAR, Somatuline depot

### ENZYME REPLACEMENT AGENTS †
Adagen, Aldurazyme, Brineura, Cerezyme, Elaprase, Elelyso, Fabrazyme, Kanuma, Lumizyme, Mepsveii, Naglazyme, Replagal*, Revcovi, Vimizim, VPRIV

### GENE THERAPY†
Luxturna

### HEMOPHILIA/COAGULATION FACTORS †

### HYALURONATE ACID PRODUCTS
Cingal*, Durolane, Efuxexa, Gel-One, Gelsyn-3, GenVisc 850, Hylagonal, Hymovis, Monovisc, Supartz, TriVisc, VISCO-3

### IMMUNOLOGICAL AGENTS
Actemra, Benlysta, Entyvio, Ilumya, Inflectra, Ixifi, Orencia, Remicade**, Renflexis, Simponi Aria, Stelara

Effective 1/2019
INTRAVENOUS/SUBCUTANEOUS IMMUNE GLOBULIN (IVIG/SCIG) †

MULTIPLE SCLEROSIS AGENTS †
Lemtrada, Ocrevus, Tysabri

RESPIRATORY AGENTS
Cinqair, Fasenra, Nucala, Synagis, Xolair

RESPIRATORY ENZYMES (ALPHA-1 ANTITRYPSIN) †
Aralast, Glassia, Prolastin, Zemaira

MISCELLANEOUS THERAPEUTIC AGENTS

* Pending approval from the FDA.
** Precertification approval is required for all FDA-approved biosimilars to this originator product.
† All infusion therapy drugs that can be classified under this header require precertification. This includes any unlisted brand or generic names or biosimilars, as well as new drugs that are approved by the FDA in that class during the benefit year.
†† Precertification review for this drug is provided by CareCore National, LLC d/b/a/ eviCore healthcare (eviCore).