

Specialty Medical Drug List

Effective April 1, 2025

Most benefit plans include medical specialty drug management and prior authorization requirements. Check your plan materials to see if this information applies to you. This list may change or expand from time to time without prior notice.

Drugs on this list may require prior authorization under the **medical benefit** through our Specialty Medical Benefit Management (SMBM) program.

To start the prior authorization process, providers should sign-in to the health plan's provider website to access the online medical prior authorization system. Providers can also request prior authorization by calling **877-440-0089** or faxing requests to **612-367-0742**.

A prior authorization does **not** guarantee eligibility or payment of a claim. Provider specialty is considered when

reviewing all medical and self-administered drug prior authorization requests.

Drugs noted with an asterisk (*) require prior authorization **and** may only be authorized to be administered in certain locations (**sites of care**), such as an infusion center or the patient's home. Note that the site-of-care requirement does **not** apply if the drug is being used for cancer treatment.

Drugs noted with an ampersand (&) are **excluded** from coverage.

Drugs in **bold** font are preferred medications.

For members who have a medical prior authorization requirement, these drugs always require prior authorization if billed under the medical benefit unless otherwise noted (Marketplace/Affordable Care Act (ACA) lines of business does not require prior authorization for Hemophilia Treatment Products).

A <hr/> <ul style="list-style-type: none">• Abraxane• Actemra IV (*)• Acthrel• Adakveo (*)• Adcetris• Adriamycin• Adrucil• Adzynma• Aldurazyme (*)• Alimta• Aliqopa• Alkeran• Alymsys• Amondys 45 (*)• Amvuttra (*)• Apretude (*)• Aralast NP (*)• Aranesp• Arranon• Arzerra• Asceniv (*)• Asparlas• Avastin (PA required for cancer uses only)• Aved• Avsola (*)• Azacitidine IV/SC	<ul style="list-style-type: none">• Bavencio• BCG• Beleodaq• Belrapzo• Bendamustine HCl• Bendeka• Benlysta IV (*)• Beovu• Besponsa• Bicnu• Bivigam (*)• Blenrep• Bleomycin Sulfate• Blinicyto• Bortezomib• Botox• Brineura• Briumvi (*)• Byooviz C <hr/> <ul style="list-style-type: none">• Cabazitaxel• Cabenuva (*)• Cablivi• Camcevi• Camptosar• Carboplatin• Carmustine• Ceprotin• Cerezyme (*)• Cimerli	<ul style="list-style-type: none">• Cimzia Lyophilized powder (*)• Cinqair (*)• Cisplatin• Cladribine• Clolar• Columvi• Cosela• Cosentyx IV• Cosmegen• Crysvita (*)• Cutaquig (*)• Cyclophosphamide• Cyramza• Cytarabine• Cytogam (*) D <hr/> <ul style="list-style-type: none">• Dacarbazine• Dacogen• Danyleza• Darzalex/Faspro• Daunorubicin HCL• Decitabine IV• Depocyt• Dextenza• Docetaxel• Doxil• Duopa• Durolane• Dysport	E <hr/> <ul style="list-style-type: none">• Elahere• Elaprase (*)• Elelyso (*)• Elevidys (&)• Elfabrio (*)• Eligard• Ellence• Eloxatin• Empliciti• Enhertu• Enjaymo (*)• Entyvio (*)• Envarsus XR• Epcinly• Epogen• Epoprostenol Sodium (*)• Erbitux• Etopophos• Euflexxa• Evenity (*)• Evkeeza (*)• Evomela• Exondys 51 (*)• Eylea/Eylea HD F <hr/> <ul style="list-style-type: none">• Fabrazyme (*)• Fasentra prefilled syringe (*)• Faslodex	<ul style="list-style-type: none">• Fensolvi• Firmagon• Flebogamma DIF (*)• Flolan (*)• Floxuridine• Fludarabine Phosphate• Folutyn• Fulphila• Fulvestrant• Fusilev• Fylnetra G <hr/> <ul style="list-style-type: none">• Gamastan S/D• Gamifant (*)• Gammagard liquid IV (*)• Gammagard S/D (*)• Gammaked IV (*)• Gammaplex (*)• Gamunex-C IV (*)• Gazyva• Gel-One• Gelsyn-3• Gemcitabine HCL• Gemzar• Genvisc 850• Givlaari (*)• Glassia (*)• Gonal-F• Granix
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H <ul style="list-style-type: none"> Halaven Herceptin/Hylecta Herzuma Hizentra (*) Hyalgan Hycamtin Hymovis 	M <ul style="list-style-type: none"> Margenza Mepsevii Mesnex Mircera Mitomycin Mitoxantrone HCl Monjuvi Monovisc Mozobil Mustargen Mvasi Mylotarg Myobloc 	<ul style="list-style-type: none"> Pemfexy Perjeta Phesgo Photofrin Polivy Pombiliti Portrazza Poteligeo Prevymis injection Prialt Privigen (*) Procrit Prolastin-C (*) Proleukin Prolia (*) Purixan 	<ul style="list-style-type: none"> Spinraza Spravato Stelara IV (*) Stimate Stimufend Supartz/FX Supprelin LA Susvimo (*) Syfovre (&) Sylatron Sylvant Synagis Synojoynt Synribo Synvisc/One 	V <ul style="list-style-type: none"> Vabysmo Valrubicin Valstar Varizig Vectibix Vegzelma Velcade Veletri (*) Veopoz Vidaza Viltepso (*) Vimizim (*) Vinblastine Sulfate Vincristine Sulfate Vinorelbine Tartrate Visco-3 Visudyne Vpriv (*) Vumon Vyepti (*) Vyondys 53 (*) Vyxeos
I <ul style="list-style-type: none"> Idamycin PFS Ifosfamide Ilumya (*) Iluvien Imfinzi Imjudo Imlygic Inflectra (*) Infliximab (*) Infugem Istodax Ixempra Kit Izervay 	N <ul style="list-style-type: none"> Naglazyme (*) Neulasta/Onpro Neupogen Nexvazyme Nipent Nivestym Nplate Nucala vial (*) Nyvepria 	Q <ul style="list-style-type: none"> N/A 	T <ul style="list-style-type: none"> Taxotere Tecentriq Tecvayli Temodar Temsirolimus Tezspire Prefilled Syringe (*) Tezspire Vial (*) Thioplex Thrombate III Thyrogen Tivdak Topotecan HCl Tofidence (*) Torisel Trazimera Treanda Trelstar Tremfya IV (*) Treprostinil Triluron Triptodur Trisenox TriVisc Trodelyv Trogarzo (*) Truxima Tyruko (*) Tysabri (*) 	W <ul style="list-style-type: none"> N/A
J <ul style="list-style-type: none"> Jemperli Jetrea Jevtana 	O <ul style="list-style-type: none"> Ocrevus (*) Ocrevus Zunovo SC (*) Octagam (*) Ogivri Omvoh IV Oncaspar Onivyde Onpattro (*) Ontruzant Opdivo Opdualag Opfolda Orencia IV (*) Orthovisc Ovidrel Oxlumo (*) Ozurdex 	R <ul style="list-style-type: none"> Radicava injection (*) Rapamune Reblozyl (*) Releuko Remicade (*) Remodulin Renflexis (*) Retacrit Retisert Revatio IV (*) Revcovi (*) Rezzayo Riabni Rituxan/Hycela Rolvedon Romidepsin Ruxience Rybrevant Rykindo (*) Rylaze 	<ul style="list-style-type: none"> Taxotere Tecentriq Tecvayli Temodar Temsirolimus Tezspire Prefilled Syringe (*) Tezspire Vial (*) Thioplex Thrombate III Thyrogen Tivdak Topotecan HCl Tofidence (*) Torisel Trazimera Treanda Trelstar Tremfya IV (*) Treprostinil Triluron Triptodur Trisenox TriVisc Trodelyv Trogarzo (*) Truxima Tyruko (*) Tysabri (*) 	X <ul style="list-style-type: none"> Xatmep Xenpozyme Xeomin Xgeva Xiaflex Xolair (*)
K <ul style="list-style-type: none"> Kadcyla Kalbitor (*) Kanjinti Kanuma (*) Keytruda Khapzory Korsuva Krystexxa (*) Kyprolis 	P <ul style="list-style-type: none"> Paclitaxel Padcev Palyngiq Panzyga (*) Parsabiv Pedmark Pemetrexed 	S <ul style="list-style-type: none"> Sandostatin LAR Saphnelo (*) Sarclisa Scenesse Signifor LAR Sildenafil IV (*) Simponi Aria (*) Skyrizi IV (*) Solesta Soliris (*) Somatuline Depot Spevigo (*) 	U <ul style="list-style-type: none"> Udenyca Ultomiris (*) Unituxin Uplizna (*) Uptravi IV (*) Uzedy 	Y <ul style="list-style-type: none"> Yervoy Yondelis Yutiq
L <ul style="list-style-type: none"> Lamzede Lanreotide Lartruvo Lemtrada (*) Leqvio (*) Leukine Leuprolide Libtayo Lucentis Lumizyme Lumoxiti Lunsumio Lupron Depot/Ped 				Z <ul style="list-style-type: none"> Zaltrap Zanosar Zarxio Zemaira (*) Zepzelca Ziextenzo Zirabev Zoladex Zolgensma Zynlonta Zynzy

Preferred Drugs Under the Medical Benefit

Non-preferred products are only available if criteria are met, and the member has tried and failed preferred products (must have tried ONE preferred product for biosimilars and TWO preferred products for all other medications listed).

Category	Preferred Products	Nonpreferred Products
Alpha-1 PI	Glassia, Aralast NP	Zemaira
Amyloidosis	Amvuttra, Onpattro	Tegsedi (Inotersen), Wainua (Eplontersen)
Autoimmune	Skyrizi IV, Tyenne IV & PFS, Actemra IV, Simponi Aria, Tremfya IV, Stelara IV, Ilumya, Entyvio, Cimzia	Tofidence
Bevacizumab	Mvasi, Zirabev	Alymsys, Avastin, Vegzelma
Filgrastim	Zarxio, Granix	Releuko, Nivestym, Neupogen, Nypozi
Gaucher	Cerezyme, Vpriv	Elelyso
GnRH	Triptodur, Supprelin, Fensolvi	Lupron Depot – Ped, Eligard, Trelstar, Zoladex
Infliximab	Avsola, Inflectra	Infliximab, Remicade, Renflexis
IVIG	Alyglo, Asceniv, Bivigam, Privigen, Octagam, Panzyga	Bivigam, Asceniv, Gammaplex, Privigen, Gamunex-C, Flebogamma, Gamastan, Octagam, Panzyga, Gammagard
Ocular VEGF	Byooviz, Lucentis, Vabysmo, Cimerli	Susvimo, Cimerli, Alymsys, Vegzelma, Eylea, Eylea HD
Pegfilgrastim	Fulphila, Nyvepria	Neulasta, Neulasta Onpro, Fylnetra, Udenyca, Stimufend, Ziextenzo, Rolvedon
Primary Hyperoxaluria Type 1	Oxlumo	Rivfloza
Rituximab	Riabni, Ruxience, Truxima	Rituxan, Rituxan Hycela
SCIG	Hizentra, Cutaquig	Cuvitru, Hyqvia, Xembify
Toxins	Botox, Daxxify	Dysport, Xeomin
Trastuzumab	Kanjinti	Ogivri, Herceptin, Herceptin Hylecta, Herzuma, Ontruzant
Viscosupplements	Supartz FX, Gelsyn-3, Durolane, Euflexxa	Hyalgan, Hymovis, Triluron, Monovisc, Orthovisc, Synvisc, Synvisc-One, Gel-One, Visco-3

Drugs and Therapies Subject to Internal Utilization Management (UM) Review

The drugs below are reviewed by the health plan and not through Optum/MBMNow.

	Drug Name	JCode
IV IRON	Feraheme (ferumoxytol)	Q0138
	Ferrlecit (sodium ferric gluconate)	J2916
	Injectafer (ferric carboxymaltose)	J1439
	Monoferic (ferric derisomaltose)	J1437
	Venofer (iron sucrose)	J1756
	Iron dextran	J1750
IV ANTI-BIOTICS	Cefazolin	
	Cefepime	
	Dalbavancin	
	Daptomycin	
	Ivanz	
	Rocephin	
	Vancomycin	
	Zosyn	
	Abecma (idecabtagene vicleucel)	Q2055
	Adstiladrin (nadofaragene firadenovec-vncg)	J9029
	Amtagvi (lifileucel)	---
	Aucatzyl (obecabtagene autoleucel)	---
	Breyanzi (lisocabtagene maraleucel)	Q2054
	Beqvez (fidanacogene elaparvovec-dzkt)	---
	Carvykti (ciltacabagene autoleucel)	Q2056
	Hemgenix (etranacogene dezaparvovec-drib)	J1411
	Kebilidi (eladocagene exuparvovec-tneq)	---
	Kimtrak (Tebentafusp)	J9274
	Kisunla (donanemab-azbt)	J0175

	Drug Name	JCode
	Krystexxa (pegloticase)	J2507
	Kymriah (tisagenlecleucel)	Q2042
	Lantidra (donislecel-jujn)	---
	Lenmeldy (atidarsagene autotemcel)	---
	Loqtorzi (toripalimab-tpzi)	J3490
	Luxturna (voretigene neparvovec)	J3398
	Provenge (sipuleucel-t)	Q2043
	Roctavian (Valoctocogene roxaparvovec)	---
	Ryoncil (remestemcel-L-rknd)	---
	Rystiggo (Rozanolixizumab-noli)	---
	Ryzneuta (efbemalenograstim alfa)	J3590
	Skysona (elivaldogene autotemcel)	---
	Spinraza (nusinersen)	J2326
	Tecartus (brexucabtagene autoleucel)	Q2053
	Tecelra (afamitresgene autoleucel)	---
	Tepezza (teprotumumab)	J3241
	TZield (teplizumab-mzwv)	J9381
	Veopoz (Pozelimab-bbfg)	---
	Vyjuvek (beramagene geperpavec-svdt)	---
	Vyvgart (efgartigimod Alfa)	J9332
	Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)	J9332
	Yescarta (axicabtagene ciloleucel)	Q2041
	Zolgensma (onasemnogene abeparvovec)	J3399
	Zynteglo (betibeglogene autotemcel)	---

Self-Administered Specialty Drugs Covered Under the Pharmacy Benefit

The drugs listed below are typically covered under the **pharmacy** benefit. If a member's benefit allows these drugs to be billed under the medical benefit, prior authorization is required. Drugs noted with an asterisk (*) have a site-of-care requirement when covered under the medical benefit.

A <hr/> <ul style="list-style-type: none">• Abrilada• Actemra (SC) (*)• Actimmune• adalimumab-adaz• Adbry• Advate• Adynovate• Afstyla• Alphanate• AlphaNine SD• Alprolix• Altuviio• Amjevita• Apokyn• Apomorphine• Arcalyst• Avonex	E <hr/> <ul style="list-style-type: none">• Egrifta• Eloctate• Empaveli• Enbrel• Enspryng• Esperoct• Extavia	<ul style="list-style-type: none">• Idelvion• Ilaris (*)• Ilumya (*)• Increlex• Inqovi• Ixinity	P <hr/> <ul style="list-style-type: none">• Pegasys• Plegridy• Pregnyl• Profilnine/SD• Pulmozyme	<ul style="list-style-type: none">• Tezspire Prefilled Pen (*)• Tremfya SC (*)• Tretten• Tymlos• Tyvaso
B <hr/> <ul style="list-style-type: none">• BeneFIX• Benlysta SC (*)• Berinert (*)• Betaseron• Bimzelx	F <hr/> <ul style="list-style-type: none">• Fasenna pen (*)• Feiba• Firazyr• Follistim AQ• Forteo• Fyremadel	J <hr/> <ul style="list-style-type: none">• Jivi	Q <hr/> <ul style="list-style-type: none">• N/A	U <hr/> <ul style="list-style-type: none">• N/A
C <hr/> <ul style="list-style-type: none">• Cayston• Cetrotide• Chorionic Gonadotropin• Cimzia prefilled syringe (*)• Cinryze (*)• Coagadex• Copaxone• Corifact• Cortrophin Gel (Purified)• Cosentyx SC• Cutaquig (*)• Cuvitru (*)• Cyltezo	G <hr/> <ul style="list-style-type: none">• Gammagard Liquid SC (*)• Gammaked SC (*)• Gamunex-C SC (*)• Ganirelix Acetate• Gattex• Genotropin• Glatiramer Acetate• Glatopa• Gonal-F/RFF	K <hr/> <ul style="list-style-type: none">• Kesimpta• Kevzara (Sarilumab)• Kineret• Koate/DVI• Kogenate FS• Kovaltry• Kynamro	R <hr/> <ul style="list-style-type: none">• Rasuvo• Rebif/Rebidose• Rebinyn• Recombinate• Relistor Inj• Riastap• Rixubis• Ruconest (*)	V <hr/> <ul style="list-style-type: none">• Ventavis• Vonvendi• Voxzogo• Vyleesi
D <hr/> <ul style="list-style-type: none">• Desmopressin• Dupixent	H <hr/> <ul style="list-style-type: none">• Hadlima• Haegarda• Hemlibra• Hemofil M• Hizentra (*)• Hulio• Humate-P• Humatrope• Humira• Hyqvia (*)• Hyrimoz	L <hr/> <ul style="list-style-type: none">• N/A	S <hr/> <ul style="list-style-type: none">• Saizen• Saizenprep• Sajazir• Sandostatin• Serostim• Sevenfact• Signifor SC• Siliq• Simlandi• Simponi SC (*)• Skyrizi SC (*)• Skytrofa• Sogroya• Somavert• Stelara SC (*)• Strensiq	X <hr/> <ul style="list-style-type: none">• Xembify (*)• Xyntha/Solofuse
	I <hr/> <ul style="list-style-type: none">• Icatibant• Idacio	M <hr/> <ul style="list-style-type: none">• Menopur• Mononine• Myalept	T <hr/> <ul style="list-style-type: none">• Takhzyro• Taltz• Tegsedi• Teriparatide	Y <hr/> <ul style="list-style-type: none">• Yuflyma• Yusimry
		N <hr/> <ul style="list-style-type: none">• Natpara• Norditropin• Novarel• Novoeight• NovoSeven RT• Nucala prefilled (*)• Nutropin AQ• Nuwiq		Z <hr/> <ul style="list-style-type: none">• Zomacton• Zorbtive• Zymfentra
		O <hr/> <ul style="list-style-type: none">• Obizur• Octreotide• Omnitrope• Omvoh SC• Orenia SC (*)• Otrexup• Ovidrel		