

**INJECTABLE DRUGS REQUIRING PRIOR AUTHORIZATION/PRE-CERTIFICATION**  
**Drugs Usually Administered by a Health Care Professional**  
**(Self Injectable Prior Authorization (PA) Drugs also require PA if administered in-office)**

**Specialists:** Prior authorization not required for oncologists/hematologist except for \*\*.

<b>Brand Name</b>	<b>Generic Name</b>	<b>Brand Name</b>	<b>Generic Name</b>
Actemra	tocilizumab	Novantrone	mitoxantrone
Aldurazyme	laronidase	Nplate	romiplostim
Aralast	alpha-1 proteinase inhibitor	Nucala	mepolizumab
Aranesp **	darbepoetin alfa	Octagam	immune globulin (Human)
Botox	botulinum Toxin Type A	Omontys	peginesatide acetate
Ceredase	alglucerase	Orencia	abatacept
Cerezyme	imiglucerase	Panglobulin	intravenous immune globulin
Cinryze	C1 - esterase inhibitor	Polygam S/D	intravenous immune globulin
Dysport	abobotulinumtoxina	Prolastin	alpha-1 proteinase Inhibitor
Entyvio	vedolizumab	Provenge	sipuleucel-T
Fabrazyme	agalsidase beta	Remicade	Infliximab
Gammagard S/D	intravenous immune globulin	Remodulin	treprostinol
Gamunex	intravenous immune globulin	Rituxan	rituximab
Glassia	alpha1-proteinase inhibitor	Simponi Aria	golimumab
Hizentra	immune globulin - human	Soliris	eculizumab
Hyqvia	immune globulin - hyaluron	Stelara	ustekinumab
Ilaris	canakinumab	Synagis	palivizumab
Iveegam	intravenous immune globulin	Tysabri	natalizumab
Krystexxa	pegloticase	Venoglobulin	intravenous immune globulin
Lucentis	ranibizumab	Vivaglobin	immune globulin
Lumizyme	alglucosidase alf	Vpriv	velaglucerase
Makena	hydroxyprogesterone caproate	Xeomin	incobotulinumtoxinA
Myobloc	botulinum toxin type B	Xiaflex	collagenase clostridium histolyticum
Myozyme	alglucosidase alfa IV solution	Xolair	omalizumab
Naglazyme	galsulfase	Zemaira	alpha-1 proteinase Inhibitor

List subject to change as new brand name equivalents become available and coverage is subject to plan benefit limitations and/or exclusions.

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