

**DSNP Drugs Requiring
Prior Authorization as of 3/1/2020**



The following drugs are impacted:

- Acthar
- Alimta
- Aranesp
- Avastin
- Berinert
- Bivigam
- Botox
- Carimune
- Cerezyme
- Cinryze
- Dysport
- Elelyso
- Entyvio
- Erbitux
- Euflexxa
- Evenity
- Exondys 51
- Eylea
- Firazyr
- Flebogamma
- Gamastan S/D
- Gamifant
- Gammagard
- Gammaplex
- Gamunex-C
- Gel-One
- Gelsyn-3
- Genvisc
- Haegarda
- Herceptin
- Hizentra
- Hyalgan
- Hymovis
- Jetrea
- Kadcyca
- Kalbitor
- Keytruda
- Lemtrada
- Lucentis
- Lumizyme
- Monovisc
- Myobloc
- Neulasta
- Nplate
- Octagam
- Oncaspar
- Onpattro
- Opdivo
- Orenzia
- Orthovisc
- Perjeta
- Privigen
- Probuphine
- Prolia/Xgeva
- Reclast
- Regranex
- Remicade
- Rituxan
- Rituxan Hycela
- Ruconest
- Sandostatin
- Simponi
- Soliris
- Supartz/Visco-3
- Synjoynt
- Synvisc/Synvisc-One
- Takhzyro
- Triluron
- Trivisc
- Tysabri
- Vectibix
- Velcade
- VPRIV
- Xeomin
- Xiaflex
- Xolair
- Yervoy

New-to-market drugs, or medications without a specific billing code, may require prior authorization for payment. If you don't see your drug listed here, you or your prescriber should contact us to confirm if you need approval.