

Specialty Medical Drug List

Effective July 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	B			
- Abraxane Actemra IV (*) - Acthrel - Adakveo (*) - Adcetris - Adriamycin - Adrucil - Adzynma - Ahzantive - Aldurazyme (*) - Alimta - Aliqopa - Alkeran Alyglo (*) - Alymsys - Amondys 45 (*) Amvuttra (*) - Anktiva - Aphexda - Apretude (*) Aralast NP (*) Aranesp - Arranon - Arzerra Asceniv (*) - Asparlas - Avastin (PA required for cancer uses only) - Aveed Avsola (*) - Azacitidine IV/SC	- Balfaxar - Bavencio - BCG - Beleodaq - Belrapzo - Bendamustine HCl - Bendeke - Benlysta IV (*) - Beovu - Besponsa - Beziray - Bicnu Bivigam (*) - Bizengri - Bkemv (*) - Bleomycin Sulfate - Blincyto - Bortezomib Botox - Brineura Briumvi (*) Byooviz	Cimzia Lyophilized powder (*) - Cinqair (*) - Cisplatin - Cladribine - Clolar - Columvi - Cosela - Cosentyx IV - Cosmegen - Crysvita (*) - Cyclophosphamide - Cyramza - Cytarabine - Cytogam (*)	- Elaprase (*) - Elelyso (*) - Elevidys (&) Elfabrio (*) - Eligard - Ellence - Eloxatin - Elrexio - Empliciti - Enhertu - Enjaymo (*) Entyvio IV (*) - Envarsus XR - Enzeevu - Epkinly - Epogen - Epoprostenol Sod. (*) - Epysqli (*) - Erbitux - Etopophos Euflexxa - Evenity (*) - Evkeeza (*) - Evomela - Exondys 51 (*) - Eylea/Eylea HD	- Flolan (*) - Floxuridine - Fludarabine Phosphate - Folotyn Fulphila - Fulvestrant - Fusilev - Fynlentra
				G
				- 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 (*) Granix
				H
				- Halaven - Herceptin/Hylecta - Hercessi - Herzuma Hizentra (*) - Hyalgan - Hycamtin - Hymovis
				F
				Fabrazyme (*) - Fasenra prefilled syringe (*) - Faslodex Fensolvi - Firmagon - Flebogamma DIF (*)
				E
				- Edaravone inj (*) - Elahere
				D
				- Dacarbazine - Dacogen - Danyleza - Darzalex/Faspro - Datroway - Daunorubicin HCL Daxxify - Decitabine IV - Depocyt - Dextenza - Docetaxel - Doxil - Duopa Durolane - Dysport
				C
				- Cabazitaxel - Cabenuva (*) - Cablivi - Camcevi - Camptosar - Carboplatin - Carmustine - Ceprothin Cerezyme (*) Cimerli

I - Idamycin PFS - Imdelltra - Imuldosa IV (*) - Ifosfamide Ilumya (*) - Iluvien - Imfinzi - Imjudo - Imlygic Inflectra (*) - Infliximab (*) - Infugem - Istodax - Ixempra Kit - Izervay J - Jemperli - Jetrea - Jevtana - Jubbonti (*) K - Kadcyla - Kalbitor (*) - Kanjinti - Kanuma (*) - Keytruda - Khapzory - Korsuva - Kyprolis L - Lamzede - Lanreotide - Lartruvo - Lemtrada (*) - Leqvio (*) - Leukine - Leuprolide - Libtayo - Loqtorzi Lucentis - Lumizyme - Lumoxiti - Lunsumio - Lupron Depot/Ped - Lymphir M - Margenza - Mepsevii - Mesnex - Mircera - Mitomycin - Mitoxantrone HCl - Monjuvi	- Monovisc - Mozobil - Mustargen Mvasi - Mylotarg - Myobloc N - Naglazyme (*) - Neulasta/Onpro - Neupogen - Nexvazyme - Niktimvo (*) - Nipent - Nivestym - Nplate - Nucala vial (*) - Nypozi Nyvepria O Ocrevus (*) Ocrevus Zunovo SC (*) Octagam (*) - Ogivri - Omvoh IV (*) - Oncaspar - Onivyde Onpattro (*) - Ontruzant - Opdivo/Qvantig - Opdualag - Opfolda - Opuviz - Orencia IV (*) - Orthovisc - Osenvelt (*) - Otulf IV (*) Oxlumo (*) - Ozurdex P - Paclitaxel - Padcev - Palynziq Panzyga (*) - Parsabiv - Pavblu - Pedmark - Pemetrexed - Pemfexy - Perjeta - Phesgo - Photofrin - Piasky (*) - Polivy - Pombiliti - Portrazza	- Poteligeo - Prevymis injection - Prialt Privigen (*) Procrit - Prolastin-C (*) - Proleukin - Prolia (*) - Purixan - Pyzchiva IV (*) Q - N/A R - Radicava injection (*) - Rapamune - Reblozyl (*) - Releuko - Remicade (*) - Remodulin - Renflexis (*) Retacrit - Retisert - Revatio IV (*) - Revcovi (*) - Rezzayo Riabni - Rituxan/Hycela - Rivfloza (*) - Rolvedon - Romidepsin Ruxience - Rybrevant Rykindo (*) - Rylaze - Rytelo - Ryznueta S - Sandostatin LAR - Saphnelo (*) - Sarclisa - Scenesse Selarsdi IV (*) - Signifor LAR - Sildenafil IV (*) Simponi Aria (*) Skyrizi IV (*) - Solesta - Soliris (*) - Somatuline Depot - Spevigo IV (*) - Spravato - Stelara IV (*) - Steqeyma IV (*) - Stimate - Stimufend	- Stoboclo (*) Supartz/FX Supprelin LA - Susvimo (*) - Syfovre (&) - Sylatron - Sylvant - Synagis - Synojoynt - Synribo - Synvisc/One T - Talvey - Taxotere - Tecentriq/Hybreza - Tecvayli - Temodar - Temsirolimus - Tepylute - Tevimbra - Tezspire Prefilled Syringe (*) - Tezspire Vial (*) - Thioplex - Thiotepa - Thrombate III - Thyrogen - Tivdak - Tofidence (*) - Topotecan HCl - Torisel - Trazimera - Treanda - Trelstar Tremfya IV (*) - Treprostinil - Triluron Triptodur - Trisenox - TriVisc - Trodelvy - Trogarzo (*) Truxima Tyenne IV (*) Tyruko (*) - Tysabri (*) U - Udenyca - Ultomiris (*) - Unituxin - Uplizna (*) - Uptravi IV (*) - Ustekinumab IV (*) - Ustekinumab-ttwe IV (*) - Uzedy	V Vabysmo - Valrubicin - Valstar - Varizig - Vectibix - Vegzelma - Velcade - Veletri (*) - Veopoz - Vidaza - Viltepso (*) - Vimizim (*) - Vinblastine Sulfate - Vincristine Sulfate - Vinorelbine Tartrate - Visco-3 - Visudyne Vpriv (*) - Vumon - Vyepti (*) - Vyloy - Vyondys 53 (*) - Vyvgart IV (*) - Vyvgart Hytrulo Vial (*) - Vyxeos W Wezlana IV (*) - Wyost (*) X - Xatmep - Xenpozyme - Xeomin - Xgeva - Xiaflex - Xolair (*) Y - Ycanth - Yervoy Yesintek IV (*) - Yondelis - Yutiq Z - Zaltrap - Zanosar Zarxio - Zemaira (*) - Zepzelca - Ziextenzo - Ziihera Zirabev - Zoladex - Zynlonta - Zynyz
--	--	---	---	---

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, Tysen IV & PFS, Actemra IV, Simponi Aria, Tremfya IV, Ilumya, Entyvio, Cimzia, Selarsdi, Yesintek, Wezlana	Tofidence, Stelara
Bevacizumab	Mvasi, Zirabev	Alymsys, Avastin, Vegzelma
Erythropoietin	Aranesp, Procrit, Retacrit	Epogen, Mircera
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	Gammaplex, Gamunex-C, Flebogamma, Gamastan, Gammagard
Ocular VEGF	Byooviz, Lucentis, Vabysmo, Cimerli	Susvimo, 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. **All internally reviewed drugs require Site of Care (SOC) review. SOC exception applies per member benefits.**

Drug Name		JCode
IV IRON (No SOC required)	Feraheme (ferumoxytol)	Q0138
	Ferlecit (sodium ferric gluconate)	J2916
	Injectafer (ferric carboxymaltose)	J1439
	Monoferic (ferric derisomaltose)	J1437
	Venofer (iron sucrose)	J1756
	Iron dextran	J1750
IV ANTIBIOTICS (No SOC required)	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
Casgevy (exagamglogene autotemcel)		J3392
Elevidys ((Delandistrogene moxeparvovec))		J1413
Hemgenix (etranacogene dezaparvovec-drib)		J1411
Kebilidi (eladocagene exuparvovec-tneq)		---
Kimmtrak (Tebentafusp)		J9274

Drug Name		JCode
Kisunla (donanemab-azbt)		J0175
Krystexxa (pegloticase)		J2507
Kymriah (tisagenlecleucel)		Q2042
Lantidra (donislecel-jujn)		---
Lenmeldy (atidarsagene autotemcel)		---
Luxturna (voretigene neparvovec)		J3398
Lyfgenia (lovotibeglogene autoemcel)		J3394
Omisirge (omidubicel-onlv)		---
Provenge (sipuleucel-t)		Q2043
Rethymic (allogeneic processed thymus tissue-agdc)		---
Roctavian (Valoctocogene roxaparvovec)		---
Ryoncil (remestemcel-L-rknd)		---
Rystiggo (Rozanolixizumab-noli)		---
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)		---
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 • Abrilada • Actemra (SC) (*) • Acthar Gel • Actimmune • adalimumab-adaz • Adbry • Advate • Adynovate • Afstyla • Alhemo • Alphanate • AlphaNine SD • Alprolix • Altuviiio • Amjevita • Apokyn • Apomorphine • Arcalyst • Avonex	E • Ebglyss • Egrifta • Eloctate • Empaveli • Enbrel • Enspryng • Entyvio SC • Esperoct • Extavia F • Fasenra pen (*) • Feiba • Firazyr • Follistim AQ • Forteo • Fyremadel G • Gammagard Liquid SC (*) • Gammaked SC (*) • Gamunex-C SC (*) • Ganirelix Acetate • Gattex • Genotropin • Glatiramer Acetate • Glatopa • Gonal-F/RFF	• Idelvion • Ilaris (*) • Imcivree • Imuldosa SC (*) • Increlex • Inqovi • Ixinity J • Jivi K • Kesimpta • Kevzara (Sarilumab) • Kineret • Koate/DVI • Kogenate FS • Kovaltry • Kynamro L • Liqrev M • Menopur • Mononine • Myalept	P • Pegasys • Plegridy • Pregnyl • Profilnine/SD • Pulmozyme • Pyzchiva SC (*) Q • N/A R • Rasuvo • Rebif/Rebidose • Rebinyn • Recombinate • Relistor Inj • Riastap • Rixubis • Ruconest (*) S • Saizen • Saizenprep • Sajazir • Sandostatin • Selarsdi SC (*) • Serostim • Sevenfact • Signifor SC • Siliq • Simlandi • Simponi SC (*) • Skyrizi SC (*) • Skytrofa • Sogroya • Somavert • Spevigo SC • Stelara SC (*) • Steqeyma SC (*) • Strensiq • Sunlenca	• Tezspire Prefilled Pen (*) • Tremfya SC (*) • Tretten • Tryngolza • Tyenne SC (*) • Tymlos • Tyvaso U • Ustekinumab SC (*) • Ustekinumab-aekn SC (*) • Ustekinumab-ttwe SC (*) V • Ventavis • Vonvendi • Voxzogo • Vyalev • Vyleesi • Vyvgart Hytrulo Prefilled Syringe (*)
B • BeneFIX • Benlysta SC (*) • Berinert (*) • Betaseron • Bimzelx	H • Hadlima • Haegarda • Hemlibra • Hemofil M • Hulio • Humate-P • Humatrope • Humira • Hympavzi • Hyqvia (*) • Hyrimoz	N • Natpara • Norditropin • Novarel • Novoeight • NovoSeven RT • Nucala prefilled (*) • Nutropin AQ • Nuwiq	T • Takhzyro • Taltz • Tegsedi • Teriparatide	W • Wainua • Wezlana SC (*) • Wilate • winrevair X • Xembify (*) • Xolair PFS (*) • Xyntha/Solofuse
C • Cayston • Cetorelix • Cetrotide • Chorionic Gonadotropin • Cimzia prefilled syringe (*) • Cinryze (*) • Coagadex • Copaxone • Corifact • Cortrophin Gel (Purified) • Cosentyx SC • Cutaquig (*) • Cuvitru (*) • Cyltezo D • Desmopressin • Dupixent	I • Icatibant • Idacio	O • Obizur • Octreotide • Omnitrope • Omvoh SC • Orenia SC (*) • Otrexup • Otulfi SC (*) • Ovidrel		Y • Yesintek SC (*) • Yuflyma • Yusimry Z • Zilbrysq • Zomacton • Zorbtive • Zymfentra

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háída bíká'aná nílwo'ígíí díí Béeso Ách'ááh naa'níligi háá'ída yí na' ídíl kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'ishíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é la' bich'í' ha desdzhíh nínízingo, kojí' béesh bee hólne' 1-844-516-6328. (Navajo)

Vann du adda ebbah es du am helfa bisht, ennichi questions hend veyyich *deah health plan*, hend diah's recht fa hilf un information greeya in eiyah aykni shprohch unni kosht. Fa shvetza mitt en interpreter, roof deah nummah oh 1-833-584-1829. (Pennsylvania Dutch)