



SPECIALTY DRUGS PREAUTHORIZATION LIST FOR INFUSION SITE-OF-CARE

The Drugs Listed Below Require Preauthorization Review for Infusion Site-of-Care Effective 1/1/2019

PROCEDURE CODE	DRUG PRODUCT NAME	THERAPEUTIC DRUG NAME
J0517	FASENRA	Benralizumab
J1301	RADICAVA	Edaravone
J0129	ORENCIA	Abatacept
J0180	FABRAZYME	Agalsidase beta
J0221	LUMIZYME	Alglucosidase Alfa
J0490	BENLYSTA	Belimumab
J0598	CINRYZE	C1 Esterase Inhibitor
J0717	CIMZIA	Certolizumab Pegol
J1290	KALBITOR	Ecallantide
J1300	SOLIRIS	Eculizumab
J1322	VIMIZIM	Elosulfase Alfa
J1458	NAGLAZYME	Galsulfase
J1459	PRIVIGEN	Immune Globulin, IVIG
J1555	CUVITRU	Immune Globulin
J1556	BIVIGAM	Immune Globulin, IVIG
J1557	GAMMAPLEX	Immune Globulin, IVIG
J1559	HIZENTRA	Immune Globulin
J1561	GAMMAKED	Immune Globulin, IVIG
J1561	GAMUNEX-C	Immune Globulin, IVIG
J1566	CARIMUNE	Immune Globulin, IVIG
J1566	GAMMAGARD S/D	Immune Globulin, IVIG
J1568	OCTAGAM	Immune Globulin, IVIG
J1569	GAMMAGARD	Immune Globulin, IVIG
J1572	FLEBOGAMMA	Immune Globulin, IVIG
J1575	HYQVIA	Immune Globulin-Hyaluronidase
J1602	SIMPONI	Golimumab
J1743	ELAPRASE	Idursulfase
J1745	REMICADE	Infliximab
J1786	CEREZYME	Imiglucerase
J1931	ALDURAZYME	Laronidase
J2182	NUCALA	Mepolizumab
J2323	TYSABRI	Natalizumab
J2350	OCREVUS	Ocrelizumab
J2357	XOLAIR	Omalizumab
J2507	KRYSTEXXA	Pegloticase
J2786	CINQAIR	Reslizumab
J2840	KANUMA	Sebelipase Alfa
J3262	ACTEMRA	Tocilizumab
J3358	STELARA	Ustekinumab
J3380	ENTYVIO	Vedolizumab
J3385	VPRIV	Velaglucerase Alfa
Q5103	INFLECTRA	Infliximab
Q5104	RENFLEXIS	Infliximab