

Home Health and Specialty Injectable Benefits List of Medications Requiring Precertification ^{*1}

The medications listed below require precertification if a member receives the medication in a home setting under the home health benefit ^{*2} or, through a specialty injectable medication benefit, if applicable ^{*3}. These medications are not covered under any retail or mail order prescription medication benefit. This list may change at anytime without notice. You may contact the customer service number listed on your identification card to check precertification requirements for a medication.

| Medication | Brand Name Examples | Specialty Injectable | Category |
|----------------------|-------------------------|----------------------|--------------------------------------|
| abatacept | Orencia | | Rheumatoid Arthritis |
| adalimumab | Humira | ✓ | Rheumatoid Arthritis |
| anakinra | Kineret | ✓ | Rheumatoid Arthritis |
| becaplermin | Regranex | | Wound Management |
| darbepoetin alfa | Aranesp | ✓ | Blood Cell Modification |
| efalizumab | Raptiva | ✓ | Dermatological |
| enfuvirtide | Fuzeon | ✓ | Antiviral |
| epoetin alfa | Epogen, Procrit | ✓ | Blood Cell Modification |
| etanercept | Enbrel | ✓ | Rheumatoid Arthritis |
| filgrastim | Neupogen | ✓ | Blood Cell Modification |
| glatiramer | Copaxone | ✓ | Multiple Sclerosis |
| ibandronate sodium | Boniva | | Osteoporosis |
| immune Globulin (IV) | Gammar | | Immunotherapy |
| infliximab | Remicade | | Rheumatoid Arthritis/Crohn's Disease |
| interferon alfa 2a | Roferon A | ✓ | Hepatitis C |
| interferon alfa 2b | Intron A | ✓ | Hepatitis C |
| interferon alfacon 1 | Infergen | ✓ | Hepatitis C |
| interferon beta 1a | Rebif, Avonex | ✓ | Multiple Sclerosis |
| interferon beta 1b | Betaserone | ✓ | Multiple Sclerosis |
| Interferon, alfa-N3 | Alferon N | | Immunotherapy |
| Interleukin-2 | Proleukin (Aldesleukin) | | Immunotherapy |

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|---|---|----------------------|-------------------------|
| naltrexone | Vivitrol | | Alcohol dependence |
| octreotide | Sandostatin | ✓ | Hormone Suppressant |
| octreotide acetate | Sandostatin LAR Depot | ✓ | Hormone Suppressant |
| omalizumab | Xolair | | Asthma |
| oprelvekin | Neumega | ✓ | Blood Cell Modification |
| palivizumab | Synagis | | Immunotherapy |
| pegfilgrastim | Neulasta | ✓ | Blood Cell Modification |
| peginterferon alfa 2a | Pegasys | ✓ | Hepatitis C |
| peginterferon alfa 2b | PEG-Intron | ✓ | Hepatitis C |
| pegvisomant | Somavert | | Growth Hormones |
| respiratory syncytial virus immune globulin | RespiGam | | Immunotherapy |
| somatrem | Protropin | | Growth Hormones |
| somatropin | Genotropin, Humatrope, Norditropin, Nutropin, Omnitrope, Saizen, Serostim | ✓ | Growth Hormones |
| somatropin | Nutropin Depot | | Growth Hormones |
| somatropin, rDNA | Tev-Tropin | ✓ | Growth Hormones |



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|--------------|-------------------------------|-------------------------|-----------------|
| teriparatide | Forteo | ✓ | Osteoporosis |
| TPN | Total Parenteral Nutrition | | Total Nutrition |

^{*1}This list does not apply to Corporate Health Services, BlueCard, Federal Employee Program (FEP) or National Accounts. Some large (100+) groups may customize certain benefits, including adding or deleting precertification requirements.

^{*2} When medications are supplied by the Home Health Agency for use in a setting other than the home (i.e., for dispensing in physician offices), precertification is not required. However, these services will be reviewed retrospectively for medical necessity, pre-existing conditions, waivers and all other contract provisions, including exclusions and limitations.

^{*3} Medications with the “Specialty Injectable” notation (✓) may be available through the member's specialty self-injectable medication benefit, if applicable.