

## Home Health and Specialty Injectable Benefits List of Medications Requiring Precertification <sup>\*1</sup>

The medications listed below require precertification if a member receives the medication in a home setting under the home health benefit <sup>\*2</sup> or, through a specialty injectable medication benefit, if applicable <sup>\*3</sup>. 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
corticotropin	ACTHAR Gel	✓	Adrenocorticotrophic Hormone
darbepoetin alfa	Aranesp	✓	Blood Cell Modification
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
lanreotide acetate	Somatuline Depot	✓	Anti-Growth Hormone

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Medication	Brand Name Examples	Specialty Injectable	Category
naltrexone	Vivitrol		Alcohol dependence
octreotide	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
somatropin	Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ Omnitrope, Saizen, Serostim	✓	Growth Hormones
somatropin	Nutropin Depot		Growth Hormones
somatropin, rDNA	Tev-Tropin	✓	Growth Hormones



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Medication	Brand Name Examples	Specialty Injectable	Category
teriparatide	Forteo	✓	Osteoporosis
TPN	Total Parenteral Nutrition		Total Nutrition

<sup>\*1</sup>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.

<sup>\*2</sup> 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.

<sup>\*3</sup> Medications with the “Specialty Injectable” notation (✓) may be available through the member's specialty self-injectable medication benefit, if applicable.