



Authorization is required for these medications when administered using a member's medical benefit in the following outpatient settings: Clinician's or physician's office; home health care provider; home infusion therapy provider; outpatient hospital; dialysis. Authorization applies to commercial HMO, POS\*, and Access Blue members\* who have a Massachusetts-based primary care provider and to commercial EPO and PPO members.

### Policy 034 Medical Benefit Prior Authorization Medication List (As of 6/11/2025)

Drug Products	Effective Date
Actemra	1/1/2012
Actimmune**	10/1/2009
Adakveo	2/1/2020
Advate	10/1/2009
Adynovate	1/1/2017
Afstyla	1/1/2018
Alferon-N	10/1/2009
Alhemo	5/1/2025
Alphanate	10/1/2009
AlphaNine SD	1/1/2013
Alprolix	7/1/2015
Alyglo	4/1/2024
Altuviio	4/1/2025
AlymSYS	10/1/2022
Amvuttra	11/1/2022
Amondys 45	7/1/2021
Aphexda	1/17/2024
Aralast	10/1/2009
Aranesp**	10/1/2009

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Drug Products	Effective Date
Asceniv**	1/1/2021
Avsola	4/1/2022
Bebulin VH	1/1/2013
BeneFIX	1/1/2013
Beovu	1/1/2020
Berinert	7/1/2019
Bivigam**	1/1/2013
Bkemv	4/1/2025
Boniva infusion	10/1/2009
Botox**	10/1/2009
Byooviz	4/1/2022
Carimune-NF**	10/1/2009
Cerezyme	10/1/2009
Cimerli	4/1/2023
Cimzia**	9/23/2011
Cinqair	7/1/2019
Cinryze	9/23/2011
Coagadex	1/1/2017
Corifact	1/1/2013
Cortrophin Purified Gel	1/1/2022

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Drug Products	Effective Date
Cosentyx	10/1/2009
Cosentyx IV	11/13/2023
Cutaquig	11/1/2019
Cuvitru**	1/1/2025
Cytogam**	7/1/2015
Durolane**	4/1/2018
Dupixent	7/1/2020
Dysport injectable**	1/1/2011
Egrifta	7/1/2015
ElELYso	7/1/2015
Eloctate	7/1/2015
Empaveli	8/13/2021
Enbrel**	10/1/2009
Enjaymo	6/9/2022
Entyvio	7/1/2015
Epogen**	10/1/2009
Epysqli	4/1/2025
Erbitux	10/1/2009
Esperoct	7/1/2020
Euflexxa**	10/1/2009

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Drug Products	Effective Date
Evenity	8/1/2019
Evkeeza	7/1/2021
Exondys-51	9/1/2017
Eylea	1/1/2013
Fasenra**	7/1/2019
Feiba NF	7/1/2015
Feiba VH Immuno	7/1/2015
Filsuvez	5/23/2024
Firazyr	7/1/2019
Flebogamma**	10/1/2009
Flebogamma Dif**	10/1/2009
Forteo**	10/1/2009
Fulphila	7/1/2021
Gamifant	1/1/2019
Gammagard**	10/1/2009
Gammagard S/D**	10/1/2009
Gammaked**	1/1/2013
Gammaplex**	1/1/2013
Gamunex-C**	1/1/2013
Gel-one**	1/1/2013

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### Policy 034 Medical Benefit Prior Authorization Medication List (As of 6/11/2025)

Drug Products	Effective Date
Genotropin**	10/1/2009
Genotropin Miniquick**	10/1/2009
Genvisc**	1/1/2017
Givlaari	2/1/2020
Glassia	7/1/2015
Granix	7/1/2021
H.P. Acthar Gel	1/1/2012
Haegarda	7/1/2019
Helixate FS	10/1/2009
Hemlibra	7/1/2018
Hemofil M	10/1/2009
Hizentra**	1/1/2013
Humate-P	10/1/2009
Humatrope**	10/1/2009
Humira**	10/1/2009
Hymovis**	1/1/2017
Hypoviz	11/14/2024
HyQvia**	1/1/2013
ibandronate Sodium	7/1/2015
Icatibant	10/1/2009

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### Policy 034 Medical Benefit Prior Authorization Medication List (As of 6/11/2025)

Drug Products	Effective Date
Idelvion	1/1/2017
Ilaris**	1/1/2011
Increlex**	10/1/2009
Inflectra	7/1/2018
Intron A	10/1/2009
Ixinity	9/1/2017
Jivi	4/1/2019
Jesduvroq	1/1/2025
Jetrea	8/1/2014
Kalbitor	7/1/2019
Kanuma	9/1/2017
Kcentra	7/1/2015
Kevzara	10/1/2009
Kineret**	10/1/2009
Koate-DVI	10/1/2009
Kogenate FS	10/1/2009
Kovaltry	9/1/2017
Lamzede	7/1/2023
Lemtrada	10/1/2009
Lucentis	1/1/2013

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### Policy 034 Medical Benefit Prior Authorization Medication List (As of 6/11/2025)

Drug Products	Effective Date
Makena	1/1/2012
Monoclate-P	10/1/2009
Mononine	7/1/2015
Monovisc**	7/1/2015
Myalept	7/1/2015
Myobloc**	10/1/2009
Neulasta	7/1/2019
Neupogen	7/1/2019
Nivestym	3/1/2020
Norditropin**	10/1/2009
NovoEight	9/1/2017
NovoSeven RT	7/1/2015
NovoSeven	7/1/2015
Nucala**	7/1/2019
Nulibry	7/1/2021
Nutropin AQ**	10/1/2009
Nuwiq	1/1/2017
Nypozi	2/1/2025
Nyvepria	7/1/2021
Obizur	9/1/2017

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### Policy 034 Medical Benefit Prior Authorization Medication List (As of 6/11/2025)

Drug Products	Effective Date
Ocrevus	1/1/2024
Octagam**	10/1/2009
Omnitrope**	10/1/2009
OmvoH	1/17/2024
Onpattro	11/1/2018
Orencia	10/1/2009
Orthovisc**	10/1/2009
Oxlumo	1/13/2021
Pavblu	1/1/2025
Privigen**	10/1/2009
Procrit**	10/1/2009
Profilnine SD	7/1/2015
Profilnine	7/1/2015
Prolastin	10/1/2009
Prolia**	1/1/2012
Probuphine (Buprenorphine Implant)	10/1/2009
Qalsody	9/5/2023
RebinyN	7/1/2018
Reblozyl	2/1/2020
Reclast	1/1/2014

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Drug Products	Effective Date
Recombinate	10/1/2009
Regranex	1/1/2013
Releuko	2/25/2022
Remicade**	10/1/2009
Renflexis	7/1/2018
Retacrit	10/1/2009
Riabni	7/1/2021
RiaSTAP	7/1/2015
Rituxan	10/1/2009
Rivfloza	5/23/2024
Rixubis	7/1/2015
Rystiggo	1/1/2024
Ruconest	7/1/2019
Ruxience	7/1/2021
Saizen**	10/1/2009
Sajazir	10/28/2021
Serostim**	10/1/2009
Sevenfact	1/1/2021
Siliq**	10/1/2009
Simponi (IV formulation & SubQ***)	1/1/2011

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Drug Products	Effective Date
Skytrofa**	10/1/2021
Soliris	7/1/2020
Spevigo	1/1/2025
Spinraza	1/1/2017
Stelara (IV formulation & SubQ***)	1/1/2011
Supartz**	10/1/2009
Susvimo	4/1/2022
Syfovre	10/1/2023
Sylatron	1/1/2012
Synagis	10/1/2009
Synjoynnt	10/1/2019
Synvisc**	10/1/2009
Takhzyro	2/8/2019
Taltz	10/1/2009
Tegsedi**	2/8/2019
Tepezza	4/1/2020
Tezspire**	1/13/2022
Tofidence	10/1/2024
Tremfya**	1/1/2018
Tretten	7/1/2018

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Drug Products	Effective Date
Triluron**	10/1/2019
Truxima	7/1/2021
Tyenne (IV, PFS)	4/1/2024
Tymlos**	11/3/2017
Tysabri	10/1/2009
Tzield	2/1/2023
Udenyca	7/1/2021
Ultomiris	7/1/2020
Uplizna	8/1/2020
Vabysmo	4/18/2022
Vectibix	10/1/2009
Veopoz	11/15/2023
Viltepso	1/1/2021
Visco-3**	3/1/2018
Vivaglobin	10/1/2009
Vonvendi	1/1/2017
VPRIV	7/1/2015
Vyepti	7/1/2024
Vyjuvek	9/5/2023
Vyondys-53	2/1/2020

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Drug Products	Effective Date
Vyvgart	4/18/2022
Wainua	4/2/2024
Wilate	1/1/2013
Winrevair	8/15/2024
Xembify	11/1/2019
Xenpozyme	1/1/2023
Xeomin**	1/1/2012
Xgeva**	1/1/2012
Xiaflex	1/1/2013
Xolair	10/1/2009
Xyntha	10/1/2009
Zarxio	7/1/2021
Zemaira	7/1/2015
Ziextenzo	1/1/2021
zoledronic Acid	1/1/2014
Zomacton	9/1/2017
Zometa	1/1/2014
Zorbtive**	10/1/2009
Zilbrysq	5/23/2024
Zymfentra	7/1/2024

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Drug Products	Effective Date
Click link to access <a href="#">Pharmacy Medical Policy 033</a>	

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