

The following drugs require prior authorization for all Santa Clara Family Health Plan members. Additional required actions, restrictions, or limits on use are indicated in the right column.

Abbreviations used in this document include:

ST: Step Therapy

MCG: MCG Health Care Guidelines

| Brand | Generic | Necessary Actions, Restrictions, or Limits on Use |
|--|------------------------------------|---|
| ANTIEMETICS (ASSOCIATED WITH CANCER CHEMOTHERAPY) | | |
| Emend IV | Fosaprepitant | MCG |
| Aloxi | Palonosetron | MCG |
| ANTIHEMOPHILIC AGENTS | | |
| Hemlibra | Emicizumab-kxwh | MCG |
| CAR-T CELL IMMUNOTHERAPY | | |
| Yescarta | Axicabtagene ciloleucel | MCG |
| Kymriah | Tisagenlecleucel | MCG |
| ERYTHROPOIESIS STIMULATING AGENTS | | |
| Aranesp | Darbepoetin alfa | ST: Retacrit* & MCG |
| Epogen, Procrit | Epoetin alfa | ST: Retacrit* & MCG |
| Retacrit | Epoetin alfa-epbx | MCG |
| COLONY STIMULATING FACTORS | | |
| Neupogen | Filgrastim | ST: Zarxio or Nivestym* & MCG |
| Neulasta, Neulasta Onpro | Pegfilgrastim | ST: Zarxio or Nivestym* & Fulphila* & MCG |
| Fulphila | Pegfilgrastim-jmdb | ST: Zarxio or Nivestym* & MCG |
| Granix | Tbo-filgrastim | ST: Zarxio or Nivestym* & MCG |
| Leukine | Sargramostim | ST: Zarxio or Nivestym* & MCG |
| GAUCHER DISEASE | | |
| Cerezyme | Imiglucerase | MCG |
| ElELYso | Taliglucerase alfa | MCG |
| Vpriv | Velaglucerase alfa | MCG |
| HEREDITARY ANGIOEDEMA | | |
| Berinert, Cinryze, Haegarda | C1 esterase inhibitor, human | MCG |
| Ruconest | C1 esterase inhibitor, recombinant | MCG |
| Kalbitor | Ecallantide | MCG |
| Firazyr | Icatibant | MCG |
| Takhzyro | Lanadelumab-flyo | MCG |

| Brand | Generic | Necessary Actions, Restrictions, or Limits on Use |
|---|---|---|
| IV IMMUNOGLOBULIN (IVIG) | | |
| Bivigam, Carimune NF, Cuvitru, Flebogamma DIF, Gamastan, Gamastan S/D, Gammagard, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Hizentra, Hyqvia, Octagam, Panzyga, Privigen | Immune globulin, Immune globulin lyophilized, Immune globulin non-lyophilized | MCG |
| MULTIPLE SCLEROSIS | | |
| Tysabri | Natalizumab | MCG |
| Ocrevus | Ocrelizumab | MCG |
| NEUROMUSCULAR BLOCKING AGENTS | | |
| Dysport | AbobotulinumtoxinA | MCG |
| Xeomin | IncobotulinumtoxinA | MCG |
| Botox | OnabotulinumtoxinA | MCG |
| Myobloc | RimabotulinumtoxinB | MCG |
| OPHTHALMIC AGENTS | | |
| Eylea | Aflibercept | MCG |
| Lucentis | Ranibizumab | MCG |
| Luxturna | Voretigene neparvovec-rzyl | MCG |
| OSTEOPOROSIS OR BONE MODIFIERS | | |
| Prolia, Xgeva | Denosumab | MCG |
| Boniva | Ibandronate sodium (IV) | MCG |
| Aredia | Pamidronate disodium | MCG |
| Reclast, Zometa | Zoledronic acid | MCG |
| PULMONARY HYPERTENSION | | |
| Flolan, Veletri | Epoprostenol | MCG |
| Remodulin | Treprostinil (injection) | MCG |
| RESPIRATORY | | |
| Aralast NP, Glassia, Prolastin-C, Zemaira | α-1 proteinase inhibitor | MCG |
| Nucala | Mepolizumab | MCG |
| Xolair | Omalizumab | MCG |
| Synagis | Palivizumab | MCG |
| Cinqair | Reslizumab | MCG |

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|--|----------------------------------|---|
| RHEUMATOLOGY/IMMUNOSUPPRESSANTS | | |
| Orencia | Abatacept | MCG |
| Humira | Adalimumab | Pharmacy Benefit Only |
| Cyltezo, Amjevita | Adalimumab-adbm, adalimumab-atto | Pharmacy Benefit Only |
| Cimzia | Certolizumab pegol | Pharmacy Benefit Only |
| Enbrel | Etanercept | Pharmacy Benefit Only |
| Erelzi | Etanercept-szsz | Pharmacy Benefit Only |
| Simponi Aria | Golimumab | ST: Adalimumab and Etanercept & MCG |
| Tremfya | Guselkumab | ST: Adalimumab and Etanercept & MCG |
| Remicade | Infliximab | ST: Inflectra, Renflexis*, or Ixifi* & MCG |
| Inflectra | Infliximab-dyyb | MCG |
| Renflexis | Infliximab-abda | MCG |
| Ixifi | Infliximab-qbtx | MCG |
| Rituxan | Rituximab | ST: Truxima* |
| Actemra | Tocilizumab IV | MCG |
| Stelara | Ustekinumab IV | ST: Adalimumab & MCG |
| Entyvio | Vedolizumab | ST: Adalimumab & MCG |
| MISCELLANEOUS | | |
| Exondys 51 | Eteplirsen | MCG |
| Spinraza | Nusinersen | MCG |
| Onpattro | Patisiran | MCG |
| Krystexxa | Pegloticase | MCG |
| Nplate | Romiplostim | MCG |
| Radicava | Edaravone | MCG |
| FreeStyle, Precision, Contour, Assure, Infinity, Prodigy, True Metrix, Rightest, Fora, EZ Smart, OneTouch, TrueTrack, Verasens, Accu-Chek, Clever Choice, Advocate, Breeze | Blood glucose test strips | FreeStyle or Precision, Pharmacy Benefit Only |
| UNCLASSIFIED | | |
| Unclassified drugs and biologics | | MCG* |

* If available