

# Medical Benefit Injectable Drugs



This list is for injectable or implantable drugs given in settings such as home infusion, a medical office, or an infusion suite. These drugs are covered under the medical benefit but may require prior authorization or a non-hospital setting.

## Prior Authorization

If your doctor prescribes one of the injectable or implantable drugs below, you or your doctor must contact Member Services for prior authorization of coverage under your medical benefit. Kaiser Permanente's Pharmacy and Therapeutics Committee determines which injectable drugs require prior authorization. These drugs most often have covered alternatives, safety concerns, or potential for inappropriate use.

**Drugs requiring prior authorization are indicated below.**

## Care Location (Non-Hospital Setting)

In order to be covered under medical benefit, a select group of drugs need to be given in a non-hospital setting such as home infusion, a physician's office, or an infusion suite. Exceptions may apply and would require additional criteria to be met before receiving in a hospital outpatient setting. **Drugs requiring alternate site of care are indicated below.**

If you have questions about your benefit, please call Member Services Monday through Friday between 9 a.m. and 5 p.m. at 1-888-630-4636. Please note that this list may not be complete and is subject to change.

**Applies to:** All non-Medicare plans

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
ABATACEPT	Prior authorization required	Must be given in a non-hospital setting
ABCIXIMAB		
ABOBOTULINUMTOXINA	Prior authorization required	
ACYCLOVIR		
ADALIMUMAB	Prior authorization required	
ADALIMUMAB-AATY	Prior authorization required	
ADALIMUMAB-ADAZ	Prior authorization required	
ADALIMUMAB-ADBM	Prior authorization required	
ADALIMUMAB-AQVH	Prior authorization required	
ADALIMUMAB-ATTO	Prior authorization required	
ADALIMUMAB-BWWD	Prior authorization required	
ADALIMUMAB-FKJP	Prior authorization required	
ADAMTS13 RECOMBINANT-KRHN	Prior authorization required	
ADO-TRASTUZUMAB EMTANSINE	Prior authorization required	
ADUCANUMAB	Prior authorization required	
AFLIBERCEPT	Prior authorization required	
AGALSIDASE	Prior authorization required	Must be given in a non-hospital setting
AGALSIDASE BETA		Must be given in a non-hospital setting
ALDESLEUKIN		
ALEMTUZUMAB	Prior authorization required	Must be given in a non-hospital setting

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
ALGLUCOSIDASE	Prior authorization required	Must be given in a non-hospital setting
ALGLUCOSIDASE ALFA	Prior authorization required	Must be given in a non-hospital setting
ALLOPURINOL		
ALPHA 1-PROTEINASE INHIBITOR	Prior authorization required	Must be given in a non-hospital setting
ALPROSTADIL (PEDIATRIC)		
ALTEPLASE		
AMIFOSTINE		
AMIKACIN		
AMINOCAPROIC ACID		
AMINOPHYLLINE		
AMIVANTAMAB-VMJW	Prior authorization required	
AMPHOTERICIN B		
AMPICILLIN		
AMPICILLIN-SULBACTAM		
APOMORPHINE	Prior authorization required	
ANAKINRA	Prior authorization required	
ANIDULAFUNGIN		
ANIFROLUMAB-FNIA	Prior authorization required	Must be given in a non-hospital setting
ANTIHEMOPHILIC FACTOR		
ANTI-INHIBITOR COAGULANT	Prior authorization required	
ANTITHYMOCYTE GLOBULIN		
ARIPIRAZOLE		
ARSENIC TRIOXIDE		
ASFOTASE ALFA	Prior authorization required	
ASPARAGINASE		
ASPARAGINASE ERWINIA RECOMBINANT	Prior authorization required	
ATEZOLIZUMAB	Prior authorization required	
AVACINCAPTAD PEGOL	Prior authorization required	
AVALGLUCOSIDASE ALFA-NGPT	Prior authorization required	Must be given in a non-hospital setting
AVELUMAB	Prior authorization required	
AXICABTAGENE CILOLEUCEL	Prior authorization required	
AZACITIDINE		
AZATHIOPRINE		
AZITHROMYCIN		
AZTREONAM		
BACLOFEN		
BASILIXIMAB		
BELANTAMAB MAFODOTIN-BLMF	Prior authorization required	
BELATACEPT	Prior authorization required	Must be given in a non-hospital setting
BELIMUMAB	Prior authorization required	Must be given in a non-hospital setting

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
BELINOSTAT	Prior authorization required	
BENDAMUSTINE	Prior authorization required	
BENRALIZUMAB	Prior authorization required	Must be given in a non-hospital setting
BENZTROPINE		
BEREMAGENE GEPERPAVEC-SVDT	Prior authorization required	
BEREMAGENE GEPERPAVEC-YNCG	Prior authorization required	
BETAMETHASONE		
BETIBEGLOGENE AUTOTEMCEL	Prior authorization required	
BEVACIZUMAB	Prior authorization required	Must be given in a non-hospital setting
BEVACIZUMAB-ADCD	Prior authorization required	
BEVACIZUMAB-AWWB		Must be given in a non-hospital setting
BEVACIZUMAB-BVZR	Prior authorization required	
BEVACIZUMAB-MALY	Prior authorization required	
BEZLOTOXUMAB	Prior authorization required	
BIMATOPROST INTRACAMERAL	Prior authorization required	
BIVALIRUDIN		
BLEOMYCIN		
BLINATUMOMAB	Prior authorization required	
BLOOD FACTORS	Prior authorization required	
BORTEZOMIB		Must be given in a non-hospital setting
BOTULISM IMMUNE GLOBULIN HUMAN	Prior authorization required	
BRENTUXIMAB VEDOTIN	Prior authorization required	
BREXANOLONE	Prior authorization required	
BREXUCABTAGENE AUTOLEUCEL	Prior authorization required	
BRIVARACETAM	Prior authorization required	
BRODALUMAB	Prior authorization required	
BROLUCIZUMAB-DBLL	Prior authorization required	
BUMETANIDE		
BUPRENORPHINE ER	Prior authorization required	
BUPRENORPHINE HCL		
BUPRENORPHINE IMPLANT	Prior authorization required	
BUROSUMAB-TWZA	Prior authorization required	Must be given in a non-hospital setting
BUSULFAN		
BUTORPHANOL		
C1 ESTERASE INHIBITOR	Prior authorization required	Must be given in a non-hospital setting
CABAZITAXEL	Prior authorization required	
CABOTEGRAVIR ER	Prior authorization required	
CABOTEGRAVIR/RILPIVIRINE	Prior authorization required	Must be given in a non-hospital setting
CALASPARGASE PEGOL-MKNL	Prior authorization required	
CALCITRIOL		

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
CALCIUM FOLINATE		
CANAKINUMAB	Prior authorization required	Must be given in a non-hospital setting
CAPLACIZUMAB-YHDP	Prior authorization required	
CAPSAICIN	Prior authorization required	
CAPREOMYCIN		
CARBIDOPA AND LEVODOPA	Prior authorization required	
CARBIDOPA AND LEVODOPA ENTERAL SUSPENSION	Prior authorization required	
CARBOPLATIN		
CARBOPROST		
CARFILZOMIB	Prior authorization required	
CARMUSTINE		
CASIMERSEN	Prior authorization required	Must be given in a non-hospital setting
CASPOFUNGIN		
CEFAZOLIN		
CEFEPIME		
CEFOTAXIME		
CEFOTETAN		
CEFOXITIN		
CEFTAROLINE		
CEFTAZIDIME		
CEFTAZIDIME AND AVIBACTAM		
CEFTOLOZANE AND TAZOBACTAM		
CEFTRIAXONE		
CEFUROXIME		
CEMIPLIMAB-RWLC	Prior authorization required	
CERLIPONASE ALFA	Prior authorization required	
CERTOLIZUMAB	Prior authorization required	
CETUXIMAB		
CGRP INHIBITORS:	Prior authorization required	
CHLORAMPHENICOL		
CIDOFOVIR		
CILTACABTAGENE AUTOLEUCEL	Prior authorization required	
CIPAGLUCOSIDASE ALFA-ATGA	Prior authorization required	
CIPROFLOXACIN		
CISPLATIN		
CLADRIBINE		
CLINDAMYCIN		
CLOFARABINE		
CLONIDINE		
COAGULATION FACTOR IX	Prior authorization required	

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
COLISTIMETHATE		
COLLAGENASE	Prior authorization required	
COLLAGENASE CLOSTRIDIUM HISTOLYTICUM	Prior authorization required	
COPPER IUD		
CRIZANLIZUMAB-TMCA	Prior authorization required	Must be given in a non-hospital setting
CYANOCOBALAMIN		
CYCLOPHOSPHAMIDE		
CYCLOSPORINE		
CYTARABINE		
CYTOMEGALOVIRUS	Prior authorization required	Must be given in a non-hospital setting
CYTOMEGALOVIRUS IMMUNE GLOBULIN	Prior authorization required	Must be given in a non-hospital setting
DACARBAZINE		
DACTINOMYCIN		
DALBAVANCIN		
DAPTOMYCIN		
DARATUMUMAB	Prior authorization required	
DARATUMUMAB/HYALURONIDASE-FIHJ	Prior authorization required	
DARBEPOETIN	Prior authorization required	
DAUNORUBICIN		
DAUNORUBICIN/CYTARABINE	Prior authorization required	
DAXIBOTULINUMTOXINA-LANM	Prior authorization required	
DECITABINE		
DEFEROXAMINE		
DEFIBROTIDE		
DEGARELIX	Prior authorization required	
DELANDISTROGENE MOXEPARVOVEC-ROKL	Prior authorization required	
DELAFLORACIN		
DENOSUMAB	Prior authorization required	Must be given in a non-hospital setting
DEPO-TESTOSTERONE	Prior authorization required	
DEXAMETHASONE		
DEXRAZOXANE		
DIAZEPAM		
DICLOFENAC		
DICYCLOMINE		
DIFELIKEAFALIN ACETATE	Prior authorization required	
DIGOXIN		
DIMENHYDRINATE		
DINUTUXIMAB		

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
DIPHtheria AND TETANUS TOXoids VACCINE		
DIPHtheria, TETANUS TOXoids, AND ACeLLULAR PERTUSSIS VACCINE		
DOCETAXEL		
DOLASETRON		
DONISLECEL-JUJN	Prior authorization required	
DORIPENEM		
DOSTARLIMAB-GXLY	Prior authorization required	
DOXERCALCIFEROL		
DOXORUBICIN		
DOXYCYCLINE HYCLATE		
DROPERIDOL		
DUPILUMAB	Prior authorization required	
DURVALUMAB	Prior authorization required	
ECALLANTIDE	Prior authorization required	Must be given in a non-hospital setting
ECULIZUMAB	Prior authorization required	Must be given in a non-hospital setting
EDARAVONE	Prior authorization required	Must be given in a non-hospital setting
EFGARTIGIMOD ALFA-FCAB	Prior authorization required	
EFGARTIGIMOD ALFA-HYALURONIDASE-GYFC	Prior authorization required	
EFLAPEGRASTIM-XNST	Prior authorization required	
ELAPEGADEMASE-LVLR	Prior authorization required	Must be given in a non-hospital setting
ELIVALDOGENE AUTOTEMCEL	Prior authorization required	
ELOSULFASE ALFA	Prior authorization required	Must be given in a non-hospital setting
ELOTUZUMAB	Prior authorization required	
ELRANATAMAB-BCMM	Prior authorization required	
EMAPALUMAB-LZSG	Prior authorization required	
EMICIZUMAB-KXWH	Prior authorization required	
ENFORTUMAB VEDOTIN-EJFV	Prior authorization required	
EPCORITAMAB-BYSP	Prior authorization required	
EPINEPHRINE		
EPIRUBICIN		
EPOETIN ALFA	Prior authorization required	
EPOETIN ALFA-EPBX	Prior authorization required	
EPOPROSTENOL	Prior authorization required	
EPTACOG ALFA	Prior authorization required	
EPTINEZUMAB-JJMR	Prior authorization required	Must be given in a non-hospital setting
ERENUMAB-AOOE	Prior authorization required	
ERIBULIN	Prior authorization required	
ERTAPENEM		

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
ERYTHROMYCIN		
ESKETAMINE	Prior authorization required	
ESTRADIOL		
ETANERCEPT	Prior authorization required	
ETELCALCETIDE	Prior authorization required	
ETEPLIRSEN	Prior authorization required	Must be given in a non-hospital setting
ETHACRYNIC ACID		
ETHANOLAMINE OLEATE		
ETONOGESTREL		
ETOPOSIDE PHOSPHATE		
ETRANACOGENE DEZAPARVOVEC-DRLB	Prior authorization required	
EVINACUMAB-DGNB	Prior authorization required	Must be given in a non-hospital setting
EXENATIDE	Prior authorization required	
FACTOR IX	Prior authorization required	
FACTOR IX ANTIHEMOPHILIC FACTOR, (RECOMBINANT)	Prior authorization required	
FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT)-JNCW	Prior authorization required	
FACTOR VIII, FC FUSION PROTEIN, (RECOMBINANT)	Prior authorization required	
FACTOR X	Prior authorization required	
FACTOR XIII	Prior authorization required	
FAM-TRASTUZUMAB DERUXTECAN-NXKI	Prior authorization required	
FARICIMAB-SVOA	Prior authorization required	
FECAL MICROBIOTA LIVE-JSLM	Prior authorization required	
FERRIC CARBOXYMALTOSE	Prior authorization required	
FERRIC DERISOMALTOSE	Prior authorization required	
FERUMOXYTOL	Prior authorization required	
FIBRINOGEN		
FILGRASTIM	Prior authorization required	
FILGRASTIM-AAFI	Prior authorization required	
FILGRASTIM-AYOW	Prior authorization required	
FILGRASTIM-SNDZ	Prior authorization required	
FLOXURIDINE		
FLUCONAZOLE		
FLUDARABINE		
FLUOCINOLONE		
FLUOROURACIL		
FLUPHENAZINE		
FOLIC ACID		

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
FOSAPREPITANT		
FOSCARNET		
FOSDENOPTERIN HYDROBROMIDE	Prior authorization required	
FOSPHENYTOIN		
FREMANEZUMAB-VFRM	Prior authorization required	
FULVESTRANT		
FUROSEMIDE		
FUROSEMIDE (FUROSCIX)	Prior authorization required	
GALCANEZUMAB-GNLM	Prior authorization required	
GALSULFASE	Prior authorization required	Must be given in a non-hospital setting
GANCICLOVIR		
GEMTUZUMAB OZOGAMICIN	Prior authorization required	
GEMTUZUMAB/OZOGAMICIN	Prior authorization required	
GENTAMICIN		
GIVOSIRAN	Prior authorization required	Must be given in a non-hospital setting
GLATIRAMER ACETATE	Prior authorization required	
GLOFITAMAB-GXBM	Prior authorization required	
GLUCARPIDASE		
GOLIMUMAB	Prior authorization required	Must be given in a non-hospital setting
GOLIMUMAB INTRAVENOUS INJECTION	Prior authorization required	Must be given in a non-hospital setting
GOLIMUMAB SUBCUTANEOUS INJECTION	Prior authorization required	
GOLODIRSEN	Prior authorization required	Must be given in a non-hospital setting
GOSERELIN	Prior authorization required	
GRANISETRON		
GROWTH HORMONE	Prior authorization required	
GUSELKUMAB	Prior authorization required	
HAEMOPHILUS B CONJUGATE VACCINE		
HALOPERIDOL		
HEPARIN		
HEPATITIS A VACCINE		
HEPATITIS B IMMUNE GLOBULIN		
HEPATITIS B VACCINE		
HISTRELIN	Prior authorization required	
HYALURONATE		
HYALURONIC ACID, INTRA-ARTICULAR	Prior authorization required	
HYDROCORTISONE		
HYDROMORPHONE		



DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
HYDROXYPROGESTERONE CAPROATE		
HYDROXYZINE		
IBALIZUMAB-UIYK	Prior authorization required	Must be given in a non-hospital setting
IBANDRONATE	Prior authorization required	
IBRITUMOMAB		
IBUPROFEN		
ICATIBANT	Prior authorization required	
IDARUBICIN		
IDECABTAGENE VICLEUCEL	Prior authorization required	
IDURSULFASE	Prior authorization required	Must be given in a non-hospital setting
IFOSFAMIDE		
IMIGLUCERASE	Prior authorization required	Must be given in a non-hospital setting
IMIPENEM-CILASTATIN		
IMMUNE GLOBULIN	Prior authorization required	Must be given in a non-hospital setting
IMMUNE GLOBULIN INFUSION 10% WITH RECOMBINANT HYALURONIDASE SUBCUTANEOUS	Prior authorization required	Must be given in a non-hospital setting
IMMUNOGLOBULIN SUBCUTANEOUS	Prior authorization required	Must be given in a non-hospital setting
INCLISIRAN SODIUM	Prior authorization required	
INCOBOTULINUMTOXINA	Prior authorization required	
INDOMETHACIN		
INEBILIZUMAB-CDON	Prior authorization required	Must be given in a non-hospital setting
INFLIXIMAB	Prior authorization required	Must be given in a non-hospital setting
INFLIXIMAB-ABDA	Prior authorization required	Must be given in a non-hospital setting
INFLIXIMAB-AXXQ	Prior authorization required	Must be given in a non-hospital setting
INFLIXIMAB-DYYB	Prior authorization required	Must be given in a non-hospital setting
INFLIXIMAB-QBTX	Prior authorization required	Must be given in a non-hospital setting
INFLUENZA VACCINE		
INOTERSEN	Prior authorization required	
INOTUZUMAB	Prior authorization required	
INOTUZUMAB OZOGAMICIN	Prior authorization required	
INTERFERON ALFA-2B		
INTERFERON ALFA-N3		
INTERFERON BETA-1A	Prior authorization required	
INTERFERON BETA-1B	Prior authorization required	
IPILIMUMAB	Prior authorization required	
IRINOTECAN LIPOSOME	Prior authorization required	
IRON DEXTRAN		
IRON SUCROSE		
ISATUXIMAB-IRFC	Prior authorization required	

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
ISAVUCONAZONIUM		
ISONIAZID		
ITRACONAZOLE		
IVIG	Prior authorization required	Must be given in a non-hospital setting
IXABEPILONE	Prior authorization required	
IXEKIZUMAB	Prior authorization required	
KETAMINE HCL	Prior authorization required	
KETOROLAC		
LANREOTIDE	Prior authorization required	
LARONIDASE	Prior authorization required	Must be given in a non-hospital setting
LECANEMAB-IRMB	Prior authorization required	
LENACAPAVIR SODIUM	Prior authorization required	
LETERMOVIR		
LEUCOVORIN CALCIUM		
LEUPROLIDE		
LEUPROLIDE ACETATE 6 MONTH PED KIT 45 MG	Prior authorization required	
LEUPROLIDE MESYLATE	Prior authorization required	
LEVETIRACETAM		
LEVOCARNITINE		
LEVOFLOXACIN		
LEVOLEUCOVORIN	Prior authorization required	
LEVONORGESTREL (IUD)		
LIFILEUCEL	Prior authorization required	
LINCOMYCIN		
LINEZOLID		
LIRAGLUTIDE	Prior authorization required	
LISOCABTAGENE MARALEUCEL	Prior authorization required	
LONCASTUXIMAB TESIRINE-LPYL	Prior authorization required	
LORAZEPAM		
LOVOTIBEGLOGENE AUTOTEMCEL	Prior authorization required	
LUMASIRAN	Prior authorization required	Must be given in a non-hospital setting
LURBINECTEDIN	Prior authorization required	
LUSPATERCEPT-AAMT	Prior authorization required	Must be given in a non-hospital setting
MARGETUXIMAB-CMKB	Prior authorization required	
MEASLES VACCINE		
MEASLES, MUMPS, AND RUBELLA VACCINES		
MEASLES, MUMPS, RUBELLA, AND VARICELLA VIRUS VACCINE		
MECHLORETHAMINE		
MEDROXYPROGESTERONE		

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
ACETATE		
MELPHALAN		
MELPHALAN FLUFENAMIDE	Prior authorization required	
MENINGOCOCCAL DIPHTHERIA CONJUGATE VACCINE		
MENINGOCOCCAL GROUP B VACCINE		
MENINGOCOCCAL POLYSACCHARIDE AND HAEMOPHILUS B TETANUS TOXOID CONJUGATE VACCINE		
MEPERIDINE		
MEPOLIZUMAB	Prior authorization required	Must be given in a non-hospital setting
MEROPENEM		
MESNA		
METHOCARBAMOL		
METHOTREXATE		
METHOXSALEN		
METHYLPREDNISOLONE		
METOCLOPRAMIDE		
METRONIDAZOLE		
MICAFUNGIN		
MILRINONE		
MINOCYCLINE		
MIRIKIZUMAB-MRKZ	Prior authorization required	
MIRVETUXIMAB SORAVTANSINE- GYNX	Prior authorization required	
MITOMYCIN	Prior authorization required	
MITOXANTRONE		
MOGAMULIZUMAB-KPKC	Prior authorization required	
MOMETASONE FUROATE IMPLANT	Prior authorization required	
MORPHINE SULFATE		
MOSUNETUZUMAB-AXGB	Prior authorization required	
MOTIXAFORTIDE ACETATE	Prior authorization required	
MOXETUMOMAB PASUDOTOX-TDFK	Prior authorization required	
MOXIFLOXACIN		
MUMPS VACCINE		
MYCOPHENOLATE		
NADOFARAGENE FIRADENOVEC- VNCG	Prior authorization required	
NAFCILLIN		
NALBUPHINE		
NATALIZUMAB	Prior authorization required	Must be given in a non-hospital setting

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
NAXITAMAB-GQ GK	Prior authorization required	
NEDOSIRAN SODIUM	Prior authorization required	
NELARABINE		
NEOSTIGMINE		
NESIRITIDE		
NIRSEVIMAB-ALIP	Prior authorization required	
NIVOLUMAB	Prior authorization required	Must be given in a non-hospital setting
NIVOLUMAB/RELATLIMAB-RMBW	Prior authorization required	
NUSINERSEN	Prior authorization required	
OBINUTUZUMAB	Prior authorization required	
OCRELIZUMAB	Prior authorization required	Must be given in a non-hospital setting
OCRIPLASMIN	Prior authorization required	
OFATUMUMAB	Prior authorization required	
OLANZAPINE		
OLARATUMAB	Prior authorization required	
OLIPUDASE ALFA-RPCP	Prior authorization required	
OMACETAXINE	Prior authorization required	
OMALIZUMAB	Prior authorization required	Must be given in a non-hospital setting
OMIDUBICEL-ONLY	Prior authorization required	
ONABOTULINUMTOXINA	Prior authorization required	
ONASEMNOGENE ABEPARVOVEC-XIOI	Prior authorization required	
ONDANSETRON		
ORITAVANCIN		
ORPHENADRINE		
OXACILLIN		
OXALIPLATIN		
OXYMORPHONE		
PACLITAXEL		
PACLITAXEL PROTEIN-BOUND	Prior authorization required	
PALIFERMIN		
PALIPERIDONE		
PALIVIZUMAB	Prior authorization required	
PALONOSETRON		
PAMIDRONATE		
PANITUMUMAB	Prior authorization required	
PAPILLOMAVIRUS VACCINE		
PARICALCITOL		
PASIREOTIDE	Prior authorization required	
PASIREOTIDE LAR	Prior authorization required	
PATISIRAN	Prior authorization required	Must be given in a non-hospital setting

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
PEANUT ALLERGEN POWDER	Prior authorization required	
PEGADEMASE BOVINE		
PEGAPTANIB		
PEGASPARGASE		
PEGCETACOPLAN	Prior authorization required	
PEGFILGRASTIM	Prior authorization required	
PEGFILGRASTIM-APGF	Prior authorization required	
PEGFILGRASTIM-BMEZ	Prior authorization required	
PEGFILGRASTIM-CBQV	Prior authorization required	
PEGFILGRASTIM-FPGK	Prior authorization required	
PEGFILGRASTIM-JMDB	Prior authorization required	
PEGFILGRASTIM-PBBK	Prior authorization required	
PEGINTERFERON BETA-1A	Prior authorization required	
PEGLOTICASE	Prior authorization required	Must be given in a non-hospital setting
PEGUNIGALISIDASE ALFA-IWXJ	Prior authorization required	
PEGVISOMANT	Prior authorization required	
PEMBROLIZUMAB	Prior authorization required	Must be given in a non-hospital setting
PEMETREXED		
PENICILLIN G		
PENICILLIN G AND PROCAINE		
PENTOSTATIN		
PERAMIVIR		
PERTUZUMAB	Prior authorization required	Must be given in a non-hospital setting
PERTUZUMAB/TRASTUZUMAB/HYAL URONIDASE-ZZXF	Prior authorization required	
PHENYTOIN		
PIPERACILLIN-TAZOBACTAM		
PLASMINOGEN	Prior authorization required	
PLERIXAFOR	Prior authorization required	
PNEUMOCOCCAL VACCINE		
POLATUZUMAB VEDOTIN-PIIQ	Prior authorization required	
POLYMYXIN B		
PORFIMER		
POSACONAZOLE		
POZELIMAB-BBFG	Prior authorization required	
PRALATREXATE	Prior authorization required	
PROCHLORPERAZINE		
PROGESTERONE		
PROMETHAZINE		
PROTEIN C CONCENTRATE		
PROTHROMBIN COMPLEX		

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
QUINUPRISTIN AND DALFOPRISTIN		
RABIES IMMUNE GLOBULIN		
RADIUM-223 DICHLORIDE	Prior authorization required	
RAMUCIRUMAB	Prior authorization required	
RANIBIZUMAB	Prior authorization required	
RANIBIZUMAB-NUNA	Prior authorization required	
RANIBIZUMAB-EQRN	Prior authorization required	
RASBURICASE		
RAVULIZUMAB-CWVZ	Prior authorization required	Must be given in a non-hospital setting
RESLIZUMAB	Prior authorization required	
RETIFANIMAB-DLWR	Prior authorization required	
RHO(D) IMMUNE GLOBULIN		
RIFAMPIN		
RILONACEPT	Prior authorization required	
RIMABOTULINUMTOXINB	Prior authorization required	
RISANKIZUMAB-RZAA INTRAVENOUS	Prior authorization required	
RISPERIDONE		
RITUXIMAB	Prior authorization required	Must be given in a non-hospital setting
RITUXIMAB-ABBS	Prior authorization required	Must be given in a non-hospital setting
RITUXIMAB-ARRX	Prior authorization required	Must be given in a non-hospital setting
RITUXIMAB-PVVR	Prior authorization required	Must be given in a non-hospital setting
ROLAPITANT		
ROMIDEPSIN	Prior authorization required	
ROMIPLOSTIM	Prior authorization required	Must be given in a non-hospital setting
ROMOSOZUMAB-AQQG	Prior authorization required	
ROPEGINTERFERON ALFA 2B-NJFT	Prior authorization required	
ROZANOLIXIZUMAN-NOLI	Prior authorization required	
RUBELLA VACCINE		
SACITUZUMAB GOVITECAN-HZIY	Prior authorization required	
SARGRAMOSTIM		
SARILUMAB	Prior authorization required	
SATRALIZUMAB	Prior authorization required	
SEBELIPASE ALFA		Must be given in a non-hospital setting
SECUKINUMAB	Prior authorization required	
SELEXIPAG	Prior authorization required	
SEMAGLUTIDE	Prior authorization required	
SETMELANOTIDE	Prior authorization required	
SILDENAFIL		
SILTUXIMAB	Prior authorization required	
SIPULEUCEL-T	Prior authorization required	

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
SIROLIMUS PROTEIN BOUND PARTICLES	Prior authorization required	
SODIUM FERRIC GLUCONATE		
SODIUM THIOSULFATE 12.5%	Prior authorization required	
SOMATROPIN	Prior authorization required	
SPESOLIMAB-SBZO	Prior authorization required	
STREPTOMYCIN		
STREPTOZOCIN		
SULFAMETHOXAZOLE-TRIMETHOPRIM		
SUTIMLIMAB-JOME	Prior authorization required	
TACROLIMUS		
TAGRAXOFUSP-ERZS	Prior authorization required	
TALIGLUCERASE ALFA	Prior authorization required	Must be given in a non-hospital setting
TALIMOGENE LAHERPAREPVEC	Prior authorization required	
TALIMOGENE LAHERPAREPVEC INTRALESIONAL	Prior authorization required	
TALQUETAMAB-TGVS	Prior authorization required	
TBO-FILGRASTIM	Prior authorization required	
TEBENTAFUSP-TEBN	Prior authorization required	
TECLISTAMAB-CQYV	Prior authorization required	
TEDIZOLID		
TEDUGLUTIDE	Prior authorization required	
TELAVANCIN		
TEMOZOLOMIDE		
TEMSIROLIMUS		
TENECTEPLASE		
TENIPOSIDE		
TEPLIZUMAB-MZWV	Prior authorization required	
TEPROTUMUMAB-TRBW	Prior authorization required	Must be given in a non-hospital setting
TERBUTALINE		
TERIPARATIDE	Prior authorization required	
TERLIPRESSIN ACETATE	Prior authorization required	
TESTOSTERONE	Prior authorization required	
TESTOSTERONE PELLETT	Prior authorization required	
TESTOSTERONE UNDECANOATE	Prior authorization required	
TETANUS IMMUNE GLOBULIN		
TETANUS TOXOIDS		
TEZEPELUMAB-EKKO	Prior authorization required	
THEOPHYLLINE		
THIOTEPA		
TIDRAKIZUMAB-ASMN	Prior authorization required	

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
TIGECYCLINE		
TILDRAKIZUMAB-ASMN	Prior authorization required	Must be given in a non-hospital setting
TIROFIBAN		
TIRZEPATIDE	Prior authorization required	
TISAGENLECLEUCEL	Prior authorization required	
TISAGENLECLEUCEL-T	Prior authorization required	
TISOTUMAB VENDOTIN-TFTV	Prior authorization required	
TOBRAMYCIN SULFATE		
TOCILIZUMAB	Prior authorization required	Must be given in a non-hospital setting
TOFENSEN	Prior authorization required	
TOPOTECAN		
TORIPALIMAB-TPZI	Prior authorization required	
TORSEMIDE		
TRABECTEDIN	Prior authorization required	
TRALOKINUMAB-LDRM	Prior authorization required	
TRANEXAMIC ACID		
TRASTUZUMAB	Prior authorization required	Must be given in a non-hospital setting
TRASTUZUMAB-ANNS	Prior authorization required	Must be given in a non-hospital setting
TRASTUZUMAB-DKST	Prior authorization required	Must be given in a non-hospital setting
TRASTUZUMAB-DTTB	Prior authorization required	Must be given in a non-hospital setting
TRASTUZUMAB-PKRB	Prior authorization required	Must be given in a non-hospital setting
TRASTUZUMAB-QYYP	Prior authorization required	Must be given in a non-hospital setting
TRAVOPROST INTRACAMERAL IMPLANT	Prior authorization required	
TREMELIMUMAB-ACTL	Prior authorization required	
TREPROSTINIL	Prior authorization required	
TRIAMCINOLONE		
TRILACICLIB DIHYDROCHLORIDE	Prior authorization required	
TRIMETHOBENZAMIDE		
TRIPTORELIN		
TRIPTORELIN ER	Prior authorization required	
UBLITUXIMAB-XIIY	Prior authorization required	
USTEKINUMAB	Prior authorization required	
VALOCTOCOGENE ROXAPARVOVEC	Prior authorization required	
VALRUBICIN		
VANCOMYCIN		
VARICELLA VIRUS VACCINE		
VARICELLA-ZOSTER IMMUNE GLOBULIN		
VEDOLIZUMAB	Prior authorization required	Must be given in a non-hospital setting
VELAGLUCERASE ALFA	Prior authorization required	Must be given in a non-hospital setting



DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
VELMANASE ALFA-TYCV	Prior authorization required	
VERTEPORFIN		
VESTRONIDASE ALFA-VJBK	Prior authorization required	Must be given in a non-hospital setting
VILTOLARSEN	Prior authorization required	Must be given in a non-hospital setting
VINBLASTINE		
VINCRISTINE		
VINORELBINE		
VON WILLEBRAND FACTOR	Prior authorization required	
VORETIGENE NEPARVOVEC-RZYL	Prior authorization required	
VORICONAZOLE		
VOSORITIDE	Prior authorization required	
VUTRISIRAN SODIUM	Prior authorization required	
ZICONOTIDE		
ZIDOVUDINE		
ZIPRASIDONE		
ZIV-AFLIBERCEPT	Prior authorization required	
ZOLEDRONIC ACID		
ZOSTER VACCINE		