

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		
ADO-TRASTUZUMAB EMTANSINE	Prior authorization required	
AFLIBERCEPT	Prior authorization required	
AGALSIDASE BETA	Prior authorization required	Must be given in a non-hospital setting
ALDESLEUKIN		
ALEMTUZUMAB	Prior authorization required	
ALGLUCOSIDASE ALFA	Prior authorization required	Must be given in a non-hospital setting
ALLOPURINOL		
ALPHA1-PROTEINASE INHIBITOR	Prior authorization required	Must be given in a non-hospital setting
ALPROSTADIL (PEDIATRIC)		
ALTEPLASE		
AMIFOSTINE		
AMIKACIN		
AMINOCAPROIC ACID		
AMINOPHYLLINE		
AMPHOTERICIN B		
AMPICILLIN		
AMPICILLIN-SULBACTAM		
ANIDULAFUNGIN		

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
ANTIHEMOPHILIC FACTOR	Prior authorization required	
ANTITHYMOCYTE GLOBULIN		
ARIPIRAZOLE		
ARSENIC TRIOXIDE		
ASPARAGINASE		
ATEZOLIZUMAB	Prior authorization required	
AVELUMAB	Prior authorization required	
AXICABTAGENE CILOLEUCEL	Prior authorization required	
AZACITIDINE		
AZATHIOPRINE		
AZITHROMYCIN		
AZTREONAM		
BACLOFEN		
BASILIXIMAB		
BELATACEPT	Prior authorization required	
BELIMUMAB	Prior authorization required	Must be given in a non-hospital setting
BELINOSTAT	Prior authorization required	
BENDAMUSTINE	Prior authorization required	
BENRALIZUMAB	Prior authorization required	
BENZTROPINE		
BETAMETHASONE		
BEVACIZUMAB		
BEZLOTOXUMAB	Prior authorization required	
BIVALIRUDIN		
BLEOMYCIN		
BLINATUMOMAB		
BORTEZOMIB		
BRENTUXIMAB	Prior authorization required	
BRIVARACETAM		
BUMETANIDE		
BUPRENORPHINE HCL		
BUSULFAN		
BUTORPHANOL		
C1 ESTERASE INHIBITOR	Prior authorization required	Must be given in a non-hospital setting
CABAZITAXEL	Prior authorization required	
CALCITRIOL		
CALCIUM FOLINATE		
CANAKINUMAB	Prior authorization required	
CAPLACIZUMAB-YHDP	Prior authorization required	
CAPREOMYCIN		
CARBIDOPA AND LEVODOPA	Prior authorization required	
CARBOPLATIN		
CARBOPROST		
CARFILZOMIB	Prior authorization required	

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
CARMUSTINE		
CASPOFUNGIN		
CEFAZOLIN		
CEFEPIME		
CEFOTAXIME		
CEFOTETAN		
CEFOXITIN		
CEFTAZIDIME		
CEFTAZIDIME AND AVIBACTAM		
CEFTAROLINE		
CEFTOLOZANE AND TAZOBACTAM		
CEFTRIAZONE		
CEFUROXIME		
CERLIPONASE ALFA	Prior authorization required	
CETUXIMAB		
CHLORAMPHENICOL		
CIDOFOVIR		
CIPROFLOXACIN		
CISPLATIN		
CLADRIBINE		
CLINDAMYCIN		
CLOFARABINE		
CLONIDINE		
COLISTIMETHATE		
COLLAGENASE	Prior authorization required	
COPANLISIB	Prior authorization required	
COPPER IUD		
CYANOCOBALAMIN		
CYCLOPHOSPHAMIDE		
CYCLOSPORINE		
CYTARABINE		
CYTOMEGALOVIRUS IMMUNE GLOBULIN	Prior authorization required	Must be given in a non-hospital setting
DACARBAZINE		
DACTINOMYCIN		
DALBAVANCIN		
DOLASETRON		
DAPTOMYCIN		
DARATUMUMAB	Prior authorization required	
DARBEPOETIN ALFA	Prior authorization required	
DAUNORUBICIN		
DAUNORUBICIN/CYTARABINE	Prior authorization required	
DECITABINE		
DEFEROXAMINE		
DEFIBROTIDE		

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
DEGARELIX	Prior authorization required	
DELAFLORACIN		
DENOSUMAB	Prior authorization required	
DEPO-TESTOSTERONE	Prior authorization required	
DEXAMETHASONE		
DEXRAZOXANE		
DIAZEPAM		
DICLOFENAC		
DICYCLOMINE		
DIGOXIN		
DIMENHYDRINATE		
DINUTUXIMAB		
DIPHThERIA AND TETANUS TOXOIDS VACCINE		
DIPHThERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE		
DOCETAXEL		
DORIPENEM		
DOXERCALCIFEROL		
DOXORUBICIN		
DOXYCYCLINE HYCLATE		
DROPERIDOL		
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	
ELAPEGADEMASE-LVLR	Prior authorization required	
ELOSULFASE ALFA	Prior authorization required	Must be given in a non-hospital setting
ELOTUZUMAB	Prior authorization required	
EMAPALUMAB-LZSG	Prior authorization required	
EPINEPHRINE		
EPIRUBICIN		
EPOETIN ALFA	Prior authorization required	
EPOPROSTENOL	Prior authorization required	
ERIBULIN	Prior authorization required	
ERTAPENEM		
ERYTHROMYCIN		
ESKETAMINE	Prior authorization required	
ESTRADIOL		
ETELCALCETIDE	Prior authorization required	
ETEPLIRSEN	Prior authorization required	
ETHACRYNIC ACID		
ETHANOLAMINE OLEATE		
ETONOGESTREL		

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
ETOPOSIDE PHOSPHATE		
FERRIC CARBOXYMALTOSE		
FERUMOXYTOL		
FIBRINOGEN		
FLOXURIDINE		
FLUCONAZOLE		
FLUDARABINE		
FLUOCINOLONE		
FLUOROURACIL		
FLUPHENAZINE		
FOLIC ACID		
FOSAPREPITANT		
FOSCARNET		
FOSPHENYTOIN		
FULVESTRANT		
FUROSEMIDE		
GALSULFASE	Prior authorization required	Must be given in a non-hospital setting
GANCICLOVIR		
GEMCITABINE		
GEMTUZUMAB OZOGAMICIN	Prior authorization required	
GENTAMICIN		
GLUCARPIDASE		
GOLIMUMAB	Prior authorization required	Must be given in a non-hospital setting
GOSERELIN	Prior authorization required	
GRANISETRON		
HAEMOPHILUS B CONJUGATE VACCINE		
HALOPERIDOL		
HEPARIN		
HEPATITIS A VACCINE		
HEPATITIS B IMMUNE GLOBULIN		
HEPATITIS B VACCINE		
HISTRELIN	Prior authorization required	
HYALURONATE	Prior authorization required	
HYDROCORTISONE		
HYDROMORPHONE		
HYDROXYPROGESTERONE CAPROATE	Prior authorization required	
HYDROXYZINE		
IBALIZUMAB-UIYK	Prior authorization required	
IBANDRONATE	Prior authorization required	
IBRITUMOMAB		
IBUPROFEN		
ICATIBANT	Prior authorization required	
IDARUBICIN		

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
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
INCOBOTULINUMTOXINA	Prior authorization required	
INDOMETHACIN		
INFLIXIMAB	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-ABDA	Prior authorization required	
INFLUENZA VACCINE		
INOTUZUMAB	Prior authorization required	
INTERFERON ALFA-2B		
INTERFERON ALFA-N3		
IPILIMUMAB	Prior authorization required	
IRINOTECAN		
IRON SUCROSE		
IRON DEXTRAN		
ISAVUCONAZONIUM		
ISONIAZID		
ITRACONAZOLE		
IXABEPILONE		
KETOROLAC		
LETERMOVIR		
LARONIDASE	Prior authorization required	Must be given in a non-hospital setting
LEUCOVORIN CALCIUM		
LEUPROLIDE		
LEVETIRACETAM		
LEVOCARNITINE		
LEVOFLOXACIN		
LEVOLEUCOVORIN		
LEVONORGESTREL (IUD)		
LINEZOLID		
LINCOMYCIN		
LORAZEPAM		
MEASLES VACCINE		
MEASLES, MUMPS, AND RUBELLA VACCINES		
MEASLES, MUMPS, RUBELLA, AND VARICELLA VIRUS VACCINE		
MECHLORETHAMINE		
MEDROXYPROGESTERONE ACETATE		
MELPHALAN		
MENINGOCOCCAL DIPHTHERIA CONJUGATE VACCINE		

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
MENINGOCOCCAL GROUP B VACCINE		
MENINGOCOCCAL POLYSACCHARIDE AND HAEMOPHILUS B TETANUS TOXOID CONJUGATE VACCINE		
MEPERIDINE		
MEPOLIZUMAB	Prior authorization required	
MEROPENEM		
MESNA		
METHOCARBAMOL		
METHOXSALLEN		
METHOTREXATE		
METHYLPREDNISOLONE		
METOCLOPRAMIDE		
METRONIDAZOLE		
MICAFUNGIN		
MILRINONE		
MINOCYCLINE		
MITOMYCIN		
MITOXANTRONE		
MOMETASONE FUROATE IMPLANT	Prior authorization required	
MORPHINE SULFATE		
MOXIFLOXACIN		
MUMPS VACCINE		
MYCOPHENOLATE		
NAFCILLIN		
NALBUPHINE		
NATALIZUMAB	Prior authorization required	
NECITUMUMAB	Prior authorization required	
NELARABINE		
NEOSTIGMINE		
NESIRITIDE		
NIVOLUMAB	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	
OMACETAXINE	Prior authorization required	
OMALIZUMAB	Prior authorization required	
ONABOTULINUMTOXINA	Prior authorization required	
ONDANSETRON		

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
ORITAVANCIN		
ORPHENADRINE		
OXACILLIN		
OXALIPLATIN		
OXYMORPHONE		
PACLITAXEL		
PALIFERMIN		
PALIPERIDONE		
PALIVIZUMAB	Prior authorization required	
PALONOSETRON		
PAMIDRONATE		
PANITUMUMAB	Prior authorization required	
PAPILLOMAVIRUS VACCINE		
PARICALCITOL		
PATISIRAN	Prior authorization required	
PASIREOTIDE		
PEGADEMASE BOVINE		
PEGAPTANIB		
PEGASPARGASE		
PEGFILGRASTIM	Prior authorization required	
PEGLOTICASE	Prior authorization required	Must be given in a non-hospital setting
PEMBROLIZUMAB	Prior authorization required	
PEMETREXED		
PENICILLIN G		
PENICILLIN G AND PROCAINE		
PENTOSTATIN		
PERAMIVIR		
PERTUZUMAB	Prior authorization required	
PHENYTOIN		
PIPERACILLIN-TAZOBACTAM		
PLERIXAFOR	Prior authorization required	
PNEUMOCOCCAL VACCINE		
POLYMYXIN B		
PORFIMER		
POSACONAZOLE		
PRALATREXATE		
PROCHLORPERAZINE		
PROGESTERONE		
PROMETHAZINE		
PROTEIN C CONCENTRATE		
PROTHROMBIN COMPLEX		
QUINUPRISTIN AND DALFOPRISTIN		
RABIES IMMUNE GLOBULIN		
RADIUM-223 DICHLORIDE	Prior authorization required	

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
RAMUCIRUMAB	Prior authorization required	
RANIBIZUMAB	Prior authorization required	
RASBURICASE		
RAVULIZUMAB-CWVZ	Prior authorization required	
RESLIZUMAB	Prior authorization required	
RHO(D) IMMUNE GLOBULIN		
RIFAMPIN		
RILONACEPT	Prior authorization required	
RIMABOTULINUMTOXINB	Prior authorization required	
RISPERIDONE		
RITUXIMAB	Prior authorization required	
ROLAPITANT		
ROMIDEPSIN		
ROMIPLOSTIM	Prior authorization required	
RUBELLA VACCINE		
SARGRAMOSTIM		
SEBELIPASE ALFA		Must be given in a non-hospital setting
SILDENAFIL		
SILTUXIMAB	Prior authorization required	
SIPULEUCEL-T	Prior authorization required	
SODIUM FERRIC GLUCONATE		
STREPTOMYCIN		
STREPTOZOCIN		
SULFAMETHOXAZOLE- TRIMETHOPRIM		
TACROLIMUS		
TAGRAXOFUSP-ERZS	Prior authorization required	
TALIGLUCERASE ALFA	Prior authorization required	Must be given in a non-hospital setting
TALIMOGENE LAHERPAREPVEC	Prior authorization required	
TEDIZOLID		
TELAVANCIN		
TEMSIROLIMUS		
TEMOZOLOMIDE		
TENECTEPLASE		
TENIPOSIDE		
TERBUTALINE		
TESTOSTERONE	Prior authorization required	
TETANUS IMMUNE GLOBULIN		
TETANUS TOXOIDS		
THEOPHYLLINE		
THIOTEPA		
TIDRAKIZUMAB-ASMN	Prior authorization required	
TIGECYCLINE		
TIROFIBAN		
TISAGENLECLEUCEL-T	Prior authorization required	

DRUG NAME	PRIOR AUTHORIZATION	CARE LOCATION
TOBRAMYCIN SULFATE		
TOCILIZUMAB	Prior authorization required	
TOPOTECAN		
TORSEMIDE		
TRABECTEDIN	Prior authorization required	
TRANEXAMIC ACID		
TISAGENLECLEUCEL-T	Prior authorization required	
TRASTUZUMAB		
TREPROSTINIL	Prior authorization required	
TRIAMCINOLONE		
TRIMETHOBENZAMIDE		
TRIPTORELIN		
TRIPTORELIN ER	Prior authorization required	
USTEKINUMAB	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
VESTRONIDASE ALFA-VJBK	Prior authorization required	
VERTEPORFIN		
VINBLASTINE		
VINCRISTINE		
VINORELBINE		
VORICONAZOLE		
ZICONOTIDE		
ZIDOVUDINE		
ZIPRASIDONE		
ZIV-AFLIBERCEPT	Prior authorization required	
ZOLEDRONIC ACID		
VORETIGENE NEPARVOVEC-RZYL	Prior authorization required	
ZOSTER VACCINE		