

Specialty drugs requiring precertification

As of January 1, 2025, this list applies to Independence Blue Cross Medicare Advantage. All listed brands and their generic equivalents or biosimilars require precertification. This list is subject to change.

Alzheimer's disease agents

- Aduhelm™
- Kisunla™
- Leqembi®

Amyotrophic lateral sclerosis agents

- debamestrocel*

Antineoplastic agents

- Abraxane®
- Adcetris®
- Adstiladrin®
- Alymsys® §
- Avastin® † §
- Anktiva®
- Avzivi®
- Azedra® †
- Blinicyto®
- Columvi®
- Cyramza®
- Darzalex®
- Darzalex Faspro™
- datapotamab deruxtecan*
- Elahere™
- Enhertu
- epcoritamab*
- Epkinly®
- Erbitux®
- Herceptin® †
- Herceptin Hylecta™
- Hercessi™
- Herzuma®
- Imjudo®
- Kadcyca®
- Kimmtrak®
- Kyprolis®
- Lunsumio™
- Margenza™
- Monjuvi®
- odronextamab*
- Ogivri™
- Ontruzant®
- Opdualag™
- Padcev™
- patritumab deruxtecan*

- Pemfexy™
- Perjeta®
- Phesgo™
- Pluvicto™ †
- Polivy™
- Poteligeo™
- Provenge®
- Riabni™
- Rituxan® ‡
- Rituxan Hycela™
- Rybrevant™
- Rylaze™
- Sarclisa®
- Talvey™
- Taclantis*
- Tecvayli™
- Tivdak™
- trastuzumab duocarmazine*
- Trodelvy™
- Vegzelma® §
- Xofigo® †
- Yervoy™
- zanidatamab*
- zenocutuzumab*
- Zepzelca™
- Zevalin® † §
- zolbetuximab*
- Zynlonta™

Anti PD-1/PD-L1 human monoclonal antibodies**

- balstilimab*
- Bavencio®
- camrelizumab*
- cosibelimab*
- Imfinzi™
- Jemperli
- Keytruda™
- Libtayo®
- Loqtorzi®
- Opdivo®
- Opdivo Qvantig™
- penpulimab*
- Tecentriq™
- Tecentriq Hybreza™
- Tevimbra®
- Zynyz®

Bone-modifying agents

- Evenity®
- Jubbonti®
- Prolia®
- Wyost®
- Xgeva®

Botulinum toxin agents

- Botox®

Chemotherapy-induced nausea and vomiting (CINV) agents

Chimeric antigen receptor (CAR-T) therapies**

- Abecma™
- Breyanzi®
- Carvykti™
- Kymriah™
- obecabtagene autotemcel*
- Tecartus™
- Yescarta™

Endocrine/metabolic agents

- Acthar H.P.®
- cosyntropin depot*
- Lutathera® †
- Sandostatin® LAR
- Somatuline® depot

Enzyme replacement agents**

- Adzynma
- Aldurazyme®
- Brineura™
- Cerezyme®
- cipaglucosidase alfa*
- Elaprase®
- Elelyso®
- Elfabrio®
- Fabrazyme®
- Kanuma®
- Lamzede®
- Lumizyme®
- Mepsevii™
- Naglazyme®
- Nexviazyme®
- Pombiliti™
- Revcovi™
- Vimizim™
- VPRIV®
- Xenpozyme®

Gene replacement/gene editing therapies**

- Beqvez®
- Casgevy®
- Elevidys
- eladocagene exuparvovec*
- Hemgenix®
- Lenmeldy™
- Luxturna™
- Lyfgenia™
- marnetegrage autotemcel*
- Roctavian®
- Skysona™
- Vyjuvek®
- Zolgensma®
- Zynteglo®

Hemophilia/Coagulation factors**

Hyaluronate acid products

- Cingal*
- Durolane®
- Euflexxa™
- Gel-One®
- Gelsyn-3™
- GenVisc 850®
- Hyalgan®
- Hymovis®
- Supartz®
- Synojoynt™
- Trilonon™
- TriVisc™
- VISCO-3®

Immunological agents

- Actemra® IV
- Avsola™
- Benlysta® IV
- Cosentyx® IV
- Entyvio™ IV
- Ilumya™
- Inflectra™
- Infliximab (unbranded)
- Ixifi™
- Omvoh™ IV
- Orenia® IV
- Pyzchiva®
- Remicade® ‡
- Renflexis™
- Saphnelo™
- Selarsdi™
- Simponi® Aria
- Skyrizi® IV
- Spevigo®
- Stelara® IV ‡
- Tofidence™
- Tremfya® IV
- Tyenne® IV
- Wezlana™

Intravenous immune globulin/subcutaneous immune globulin (IVIG/SCIG)**

Multiple sclerosis agents**

- Briumvi™
- Lemtrada®
- Ocrevus™
- Tyruko
- Tysabri®

Myasthenia gravis agents**

- Rystiggo®
- Vyvgart®
- Vyvgart® Hytrulo

Neutropenia agents

- Fulphila™
- Fylnetra™
- Granix*
- Lapelga*
- Neupogen® ‡
- Nypozi™
- Releuko™
- Rolvedon™
- Stimufend®
- Udenyca®
- Udenyca® OnBody
- Ziextenzo®

Ophthalmic agents

- Ahzantive®
- Beovu®
- bevacizumab-vikg*
- Bmab-100*
- Byooviz™
- Cimerli™
- Enzeevu®
- Eylea® ‡
- Eylea HD
- Lucentis® ‡
- Opuviz*
- PavBlu™
- revakinagene taroretcel*
- Susvimo™
- Tepezza™
- Vabysmo®
- Yesafili™

Pulmonary arterial hypertension agents**

- Flolan®
- Remodulin®
- Revatio®
- Trevyent*
- Tyvaso®
- Uptravi IV
- Veletri®
- Ventavis®

Respiratory agents

- Cinqair®
- Synagis®
- Xolair®

Respiratory enzymes (Alpha-1 antitrypsin)**

- Aralast
- Glassia™
- Prolastin®
- Zemaira®

Tumor-infiltrating lymphocyte (TIL) and T-cell therapies**

- Amtagvi™
- Imdelltra™
- livoseltamab*
- Tecelra®

Miscellaneous therapeutic agents

- Adakveo®
- Amvuttra™
- Bkerv™
- Cosela®
- Crysvita®
- Enjaymo™
- elamipretide*
- Epysqli®
- Evkeeza™
- Gamifant®
- Givlaari®
- Ilaris®
- Injectafer®
- Krystexxa®
- Lequio®
- Monoferric®
- narsoplimab*
- Niktimvo™
- olezarsen*
- Onpattro™
- Oxlumo®
- Panhemitin®
- PiaSky®
- pozelimab*
- Reblozyl®
- Rethymic™
- Rytelo™
- Soliris® ‡
- Spinraza™
- tabelecleucel*
- Tzield™
- Ultomiris™ IV
- Uplizna™
- Vyepiti™
- Xiaflex®

* Pending FDA approval.

** All drugs that can be classified under this header require precertification. This includes any unlisted brand or generic names or biosimilars, as well as new drugs that are approved by the FDA in that class during the course of the benefit year.

† Precertification review for this drug is provided by CareCore National, LLC d/b/a eviCore healthcare.

‡ Precertification requirements apply to all FDA-approved biosimilars to this reference product.

§ Except for ophthalmological conditions.

This is not a complete list of drugs covered by our plan. For a complete listing, please call the Keystone 65 Member Help Team at 1-800-645-3965 or the Personal Choice 65SM Member Help Team at 1-888-718-3333 (TTY/TDD: 711), 8 a.m. - 8 p.m., seven days a week, or visit ibxmedicare.com. Please note that on weekends and holidays from April 1 to September 30, your call may be sent to voicemail.

Independence Blue Cross offers PPO, HMO-POS, and HMO Medicare Advantage plans with a Medicare contract. Enrollment in Independence Blue Cross PPO, HMO-POS, and HMO Medicare Advantage plans depends on contract renewal.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company— independent licensees of the Blue Cross and Blue Shield Association. Limitations, copayments, and restrictions may apply. Benefits, premium, and/or copayments/ coinsurance may change on January 1 of each year.



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