

# Specialty drugs requiring precertification

All listed brands and their generic equivalents or biosimilars require precertification. This list is subject to change.

## Alzheimer's disease agents

- Aduhelm™
- donanemab\*
- lecanemab\*

## Amiotrophic lateral sclerosis agents

- debamastrocel\*

## Antineoplastic agents

- Abraxane®
- Adcetris®
- Adstiladrin®
- Alymysys®§
- Avastin®‡§
- Azedra®†
- Blincyto®
- Columvi®
- Cyramza®
- Darzalex®
- Darzalex Faspro™
- Elahere™
- Enhertu
- epcoritamab\*
- Epkinly®
- Erbitux®
- Erwinaze®
- glofitamab\*
- Herceptin®‡
- Herceptin Hylecta™
- Herzuma®
- Imjudo®
- Kadcyca®
- Kimmtrak®
- Kyprolis®
- Lunsumio™
- Margenza™
- Monjuvi®
- nogapendekin alfa inbakicept\*
- Ogivri™
- Ontruzant®
- Opdualag™
- oportuzumab monatox\*
- Padcev™

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

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

- camrelizumab\*
- cosibelimab\*
- balstilimab\*
- Bavencio®
- Imfinzi™
- Jemperli
- Keytruda™
- Libtayo®
- Opdivo®
- penpulimab\*
- sintilimab\*
- Synzy®
- Tecentriq™
- tislelizumab\*
- toripalimab\*

## Bone-modifying agents

- Evenity®
- Prolia®
- Xgeva®

## Botulinum toxin agents

- Botox®

## Chemotherapy-induced nausea and vomiting (CINV) agents

## Chimeric antigen receptor (CAR-T) therapies\*\*

- Abecma™
- Breyanzi®
- Carvykti™
- Kymriah™
- Tecartus™
- Yescarta™

## Endocrine/metabolic agents

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

## Enzyme replacement agents\*\*

- Aldurazyme®
- apadamase alfa/cinaxadamase alfa\*
- Brineura™
- Cerezyme®
- cipagucosidase alfa\*
- Elaprase®
- Elelyso®
- Elfabrio®
- Fabrazyme®
- Kanuma®
- Lamzede®
- Lumizyme®
- Mepsevii™
- Naglazyme®
- Nexvazyme®
- Revcovi™

- Vimizim™
- VPRIV®
- Xenpozyme®

## Gene replacement/gene editing therapies\*\*

- atidarsagene autotemcel\*
- Elevidys
- exagamglogene autotemcel\*
- fidanacogee elaparvovec\*
- Hemgenix®
- lovotibeglgene autotemcel\*
- Luxturna™
- marnetegragegene autotemcel\*
- Roctavian®
- Skysona™
- Vyjuvek®
- Zolgensma®
- Zynteglo®

## Hemophilia/Coagulation factors\*\*

## Hyaluronate acid products

- Durolane®
- Euflexxa™
- Gel-One®
- Gelsyn-3™
- GenVisc 850®
- Hyalgan®
- Hymovis®
- Supartz®
- Synojoynt™
- Trilon™
- TriVisc™
- VISCOS-3®

## Immunological agents

- Actemra<sup>®</sup> IV
- Avsola<sup>™</sup>
- Benlysta<sup>®</sup> IV
- Entyvio<sup>™</sup>
- Ilumya<sup>™</sup>
- Inflectra<sup>™</sup>
- Infliximab (unbranded)
- Ixifi<sup>™</sup>
- mirikizumab\*
- Orencia<sup>®</sup> IV
- Remicade<sup>®</sup> ‡
- Renflexis<sup>™</sup>
- Saphnelo<sup>™</sup>
- Simponi<sup>®</sup> Aria
- Skyrizi<sup>®</sup> IV
- Spevigo<sup>®</sup>
- Stelara<sup>®</sup>

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

## Myasthenia gravis agents\*\*

- Rystiggo<sup>®</sup>
- Vyvgart<sup>®</sup> Hytrulo

## Multiple sclerosis agents\*\*

- Briumvi<sup>™</sup>
- Lemtrada<sup>®</sup>
- Ocrevus<sup>™</sup>
- Tyruko
- Tysabri<sup>®</sup>

## Neutropenia agents

- efbemalenograstim alfa\*
- Fulphila<sup>™</sup>
- Fylnetra<sup>™</sup>
- Lapelga\* ‡
- Neulasta Onpro<sup>™</sup>
- Neupogen<sup>®</sup>
- plinabulin\*
- Releuko<sup>™</sup>
- Rolvedon<sup>™</sup>
- Stimufend<sup>®</sup>
- Udenyca<sup>™</sup>
- Ziextenzo<sup>®</sup>

## Ophthalmic agents

- abicipar\*
- aflibercept (high-dose)\*
- Beovu<sup>®</sup>
- bevacizumab-vikg\*
- Byooviz<sup>™</sup>
- Cimerli<sup>™</sup>
- Eylea<sup>®</sup> ‡

- Eylea HD
- Lucentis<sup>®</sup> ‡
- Susvimo<sup>™</sup>
- Tepezza<sup>™</sup>
- Vabysmo<sup>®</sup>

## Pulmonary arterial hypertension agents\*\*

- Flolan<sup>®</sup>
- Remodulin<sup>®</sup>
- Revatio<sup>®</sup>
- Trevyent\*
- Tyvaso<sup>®</sup>
- Upravi IV
- Veletri<sup>®</sup>
- Ventavis<sup>®</sup>

## Respiratory agents

- Cinqair<sup>®</sup>
- Synagis<sup>®</sup>
- Xolair<sup>®</sup>

## Respiratory enzymes (Alpha-1 antitrypsin)\*\*

- Aralast
- Glassia<sup>™</sup>
- Prolastin<sup>®</sup>
- Zemaira<sup>®</sup>

## Tumor-infiltrating lymphocyte (TIL) therapy

- lifileucel\*

## Miscellaneous therapeutic agents

- Adakveo<sup>®</sup>
- Amvuttra<sup>™</sup>
- Cosela<sup>®</sup>
- Crysvita<sup>®</sup>
- Enjaymo<sup>™</sup>
- Evkeeza<sup>™</sup>
- Gamifant<sup>®</sup>
- Givlaari<sup>®</sup>
- Ilaris<sup>®</sup>
- Krystexxa<sup>®</sup>
- Leqvio<sup>®</sup>
- narsoplimab\*
- Onpattro<sup>™</sup>
- Oxlumo<sup>®</sup>
- pozelimab\*
- Reblozyl<sup>®</sup>
- Rethymic<sup>™</sup>
- Soliris<sup>®</sup> ‡
- Spinraza<sup>™</sup>
- Tzield<sup>™</sup>
- Ultomiris<sup>™</sup>
- Uplizna<sup>™</sup>
- Vyepti<sup>™</sup>
- Vyvgart<sup>™</sup>
- Xiaflex<sup>®</sup>

\* 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 65<sup>SM</sup> Member Help Team at 1-888-718-3333 (TTY/TDD: 711) or visit [ibxmedicare.com](http://ibxmedicare.com).

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 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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