



October - December 2018

### Optima Health Injectable & Infusion Medication List\*

1. Drugs listed require prior authorization.
2. Coinsurance applies when medications are in a physician's office, an outpatient facility or in the member's home as part of Skilled Home Health Care Service Benefit.
3. Coinsurance is in addition to any applicable office visit or outpatient facility co-payment or Coinsurance.

Therapeutic Class	Drug Name
<b>Analgesic</b>	Prialt
<b>Anti-FGF23 Mono Antibody</b>	Crysvita
<b>Antigout</b>	Krystexxa
<b>Antineoplastic</b>	Kymriah Yescarta
<b>Antisense Oligonucleotide</b>	Exondys Spinraza
<b>Antitrypsin Deficiency</b>	Aralast NP Glassia Prolastin-C Zemaira
<b>Antiviral</b>	Prevydis
<b>Botulinum Toxin Type A</b>	Botox Dysport Xeomin Myobloc
<b>C1 Esterase Inhibitor</b>	Cinryze Berinet Haegarda Firazyr Kalbitor Ruconest
<b>Free Radical Scavenger</b>	Radicava
<b>Hyaluronic Acid</b>	Euflexxa Gel-Syn Genvisc Gel-One Hylagan or Supartz Hymovis Monovisc Orthovisc Synvisc or Synvisc-1
<b>IVIG Intraenous Immune Globulin</b>	Bivigam Cuvitru Flebogamma/Flebogamma dif Gammagard Gamunex-c/Gammaked

Therapeutic Class	Drug Name
<b>IVIG</b> <b>Intravenous</b> <b>Immune Globulin</b>	Hizentra Hyqvia Immune globulin Octagam Privigen
<b>Immune Modulator</b>	Orencia
<b>Interferon Gamma 1-b</b>	Actimmune
<b>Monoclonal Antibody</b>	Actemra Benlysta Entyvio Fasenra Ilaris Keytruda Ocrevus Tecentriq Rituxan Rituxan Hycela Cinqair Soliris Stelara Tysabri Amevive Lemtrada Nucala Xolair
<b>Enzyme</b>	Brineura Mepsevii Vimizim
<b>Pituitary Hormone</b>	Acthar H.P.
<b>Respiratory syncytial virus immune g</b>	Synagis
<b>Testosterone Injections</b>	Delatestryl Depo-Testosterone Testosterone Cypionate TestoPel Testosterone Enanthate Aveed
<b>Tumor Necrosis Factor Inhibitor</b>	Cimzia Remicade Inflectra Simponi Aria

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\* See Summary of Benefits to verify plan specific benefits.