



January-March 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
Analgesic	Prialt
Antigout	Krystexxa
Antisense Oligonucleotide	Exondys
	Spinraza
Antitrypsin Deficiency	Aralast NP
	Glassia
Botulinum Toxin Type A	Prolastin-C
	Zemaira
C1 Esterase Inhibitor	Botox
	Dysport
Free Radical Scavenger	Xeomin
	Myobloc
Hyaluronic Acid	Cinryze
	Berinet
IVIG Intravenous Immune Globulin	Firazyr
	Kalbitor
	Ruconest
	Radicava
	Euflexxa
	Gel-Syn
	Genvisc
	Gel-One
	Hylagan or Supartz
	Hymovis
	Monovisc
	Orthovisc
	Synvisc or Synvisc-1
	Bivigam
	Cuvitru
	Flebogamma/Flebogamma dif
	Gammagard
	Gamunex-c/Gammaked
	Hizentra
	Hyqvia
	Immune globulin
	Octagam
	Privigen

Therapeutic Class	Drug Name
Immune Modulator	Orencia
Interferon Gamma 1-b	Actimmune
Monoclonal Antibody	Actemra
	Benlysta
	Entyvio
	Ilaris
	Keytruda
	Ocrevus
	Tecentriq
	Rituxan
	Cinqair
	Stelara
	Tysabri
	Amevive
	Lemtrada
	Nucala
Xolair	
Pituitary Hormone	Acthar H.P.
Respiratory syncytial virus immune g	Synagis
Testosterone Injections	Delatestryl
	Depo-Testosterone
	Testosterone Cypionate
	TestoPel
	Testosterone Enanthate
	Aveed
Tumor Necrosis Factor Inhibitor	Cimzia
	Remicade
	Inflectra
	Simponi Aria

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