



April - June 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
	Prolastin-C
	Zemaira
Botulinum Toxin Type A	Botox
	Dysport
	Xeomin
	Myobloc
C1 Esterase Inhibitor	Cinryze
	Berinet
	Haegarda
	Firazyr
	Kalbitor
	Ruconest
Free Radical Scavenger	Radicava
Hyaluronic Acid	Euflexxa
	Gel-Syn
	Genvisc
	Gel-One
	Hyalagan or Supartz
	Hymovis
	Monovisc
	Orthovisc
	Synvisc or Synvisc-1
IVIG Intravenous Immune Globulin	Bivigam
	Cuvitru
	Flebogamma/Flebogamma dif
	Gammagard
	Gamunex-c/Gammaked
	Hizentra
	Hyqvia
	Immune globulin

Therapeutic Class	Drug Name
IVIG	Octagam
Intravenous Immune Globulin	Privigen
Immune Modulator	Orencia
Interferon Gamma 1-b	Actimmune
Monoclonal Antibody	Actemra
	Benlysta
	Entyvio
	Ilaris
	Keytruda
	Ocrevus
	Tecentriq
	Rituxan
	Rituxan Hycela
	Cinqair
	Stelara
	Tysabri
	Amevive
	Lemtrada
	Nucala
	Xolair
Enzyme	Brineura
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

© Sentara Health Care Pharmacy Services, April 1, 2018. No portion of this document may be reprinted without permission of the Sentara Health Plans, Inc. Director of Pharmacy.

* See Summary of Benefits to verify plan specific benefits.