



July - September 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
Antiviral	Prevymis
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 Hyalgan or Supartz Hymovis Monovisc Orthovisc Synvisc or Synvisc-1
IVIG Intravenous Immune Globulin	Bivigam Cuvitru Flebogamma/Flebogamma dif Gammagard Gamunex-c/Gammaked Hizentra

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