

Recent FDA-approved drugs requiring prior authorization

Professionally Administered Drugs Impacted Drug List

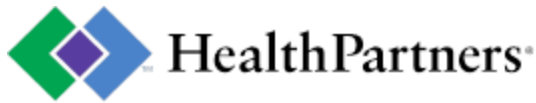
Last Update: 12/20/2022

Prior to review by the HealthPartners Drug Formulary Committee, recently FDA-approved medications require review and approval for payment. New medications that are professionally administered and requiring this review are listed below. All self-administered medications require review as indicated within the drug formulary information on www.healthpartners.com. Claims submitted without authorization may be denied to provider liability.

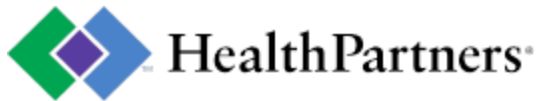
The list of drugs will be updated as they are approved by the FDA and are available for use. All drugs will continue to be reviewed by the Pharmacy & Therapeutics Committee for a determination of medical necessity and may be removed from the policy as determined by this review.

This list is subject to change without notice.

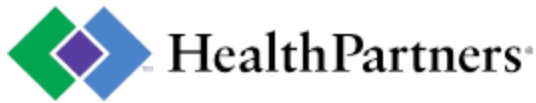
Drug	NDC(s)	Date Approved by FDA	Date Added to Policy	Date Removed from this Policy	Site of Care Applies	Resolution
Fecal microbiota, live – jslm (Rebyota)	55566980002, 55566980000	11/30/2022	12/22/2022	NA	NA	
Etranacogene dezaparvovec-drlb (Hemgenix)	53017017, 53028028, 53038038, 53045045, 53012012, 53014014, 53019019, 53021021, 53023023, 53033033, 53041041, 53043043, 53013013, 53027027, 53048048, 53015015, 53024024, 53025025, 53037037, 53042042 53009901, 53010010, 53011011, 53047047, 53020020, 53022022 53029029, 53031031, 53032032, 53035035, 53040040, 53046046 53016016, 53018018, 53026026, 53030030, 53034034, 53039039 53044044, 53036036	11/22/2022	12/20/2022	NA	No	
Teplizumab-mzww (Tzield)	73650031614, 73650031610, 73650031601	12/2/2022	12/2/2022	NA	No	
Terlipressin (Terlivaz)	43825020001	10/21/2022	12/1/2022	NA	No	
Elivaldogene autotemcel (Skysona)	7355421111	9/18/2022	10/12/2022	NA	No	
Spesolimab-sbzo (Spevigo)	597003510	9/1/2022	9/21/2022	1/1/2023	No	Spesolimab-sbzo (Spevigo)



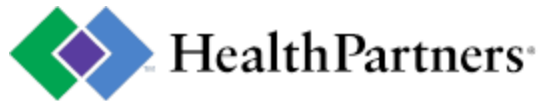
Olipudase alfa-rpcp (Xenpozyme)	58468005001	8/31/2022	9/21/2022	NA	No	
Betibeglogene autotemcel (Zynteglo)	73554311101	8/19/2022	9/21/2022	NA	No	
Vutrisiran (Amvuttra)	7133610031	6/13/2022	10/12/22	12/20/2022	Yes	hATTR Medications - Patisiran (Onpattro™) and Vutrisiran (Amvuttra™)
Ciltacabtagene autoleucel; cilta-cel (Carvykti)	57894011101 57894011102	2/28/2022	3/30/2022	5/9/2022	No	Oncology - chimeric antigen receptor/genetically engineered T-cell receptor (CAR-T) therapy
Suimlimab-jome (Enjaymo)	80203034701	2/4/2022	3/1/2022	9/1/2022	No	Sutimlimab-jome (Enjaymo™)
Faricimab-svoa (Vabysmo)	50242009601	1/28/2022	3/1/2022	5/9/2022	No	Aflibercept (Eylea®), brolicizumab-dbl (Beovu®), ranibizumab (Lucentis® and Susvimo™), and faricimab (Vabysmo®)
Tebentafusp-tebn (Kimmtrak)	80446040101	1/26/2022	3/1/2022	3/30/2022	No	Oncology drug coverage
Teduglutide (Gattex)	6887501031	12/21/2021	6/1/2022		No	
Tezepelumab-ekko (Tezspire)	5551310001 5551311201	12/22/2021	1/13/2022	7/1/2022	No	Tezepelumab (Tezspire)
Efgartigimod alfa-fcab (Vyvgart)	73475304105	12/20/2021	1/13/2022	10/1/2022	No	Efgartigimod alfa-fcab (Vyvgart®)
Allogeneic processed thymus tissue-agdc (Rethymic)	7235900101	10/8/2021	1/13/2022	9/1/2022	No	Allogeneic processed thymus tissue-agdc (RETHYMIC®)
Selexipag (Uptravi)	66215071801	07/30/21	08/26/2021	10/1/2021	no	Advanced Drug Therapy for Pulmonary Hypertension (PAH)
Avalglucosidase alfa-ngpt (Nexviazyme)	58468042601	8/6/2021	8/19/2021	12/1/2021	No	Pompe disease enzyme replacement therapy: alglucosidase alfa (Lumizyme®) and avalglucosidase alfa-ngpt (Nexviazyme®)
Anifrolumab (Saphnelo)	310304000	8/2/2021	8/19/2021	4/1/2022	No	Anifrolumab (Saphnelo®) and Belimumab (Benlysta®)
Aducanumab-avwa (Aduhelm)	64406010101 64406010202	6/7/2021	06/24/2021	9/7/2021	No	Aducanumab-avwa (Aduhelm™)
Amivantamab-vmjw (Rybrevant)	5789450101	5/21/2021	06/24/2021	7/28/2021	No	Oncology drug coverage policy
Evinacumab (Evkeeza)	61755001301 61755001001	2/11/2021	06/07/2021	7/1/2021	No	Evinacumab-dgnb (Evkeeza™)
Pegcetacoplan (Empaveli)	73606001001	3/14/2021	05/27/2021	1/1/2022	No	Complement Inhibitors (Soliris®, Ultomiris™, Empaveli™)



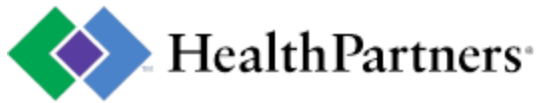
Idecabtagene vicleucel (Abecma)	59572051501	3/26/2021	4/9/2021	7/12/2021	No	CAR-T Therapy
Casimersen (Amondys-45)	60923022702	2/25/2021	4/1/2021	10/1/2021	Yes	Casimersen (Amondys 45™)
Fosdenopterin (Nulibry)	73129000101	2/28/2021	4/1/2021	7/12/2021	No	Fosdenopterin (Nulibry™)
Lumasiran (Oxlumo)	71336100201	11/24/2020	12/30/2020	7/1/2021	No	Lumasiran (Oxlumo™)
Viltolarsen (Viltepsa)	73292001101	8/12/2020	10/28/2020	10/1/2020	Yes	Viltolarsen (Viltepsa®)
Afamelanotide (Scenesse)	73372011601	10/8/2019	8/12/2020	10/1/2020	No	Afamelanotide (Scenesse®)
Brexucabtagene autoleucel (Tecartus)	71287021901 71287021902	7/24/2020	8/6/2020	1/1/2021	No	Chimeric antigen receptor/genetically engineered T-cell receptor (CAR-T) therapy
Inebilizumab-cdon (Uplizna)	72677055101	6/12/2020	7/3/2020	1/1/2021	Yes	Satralizumab-mwge (Enspryng) and Inebilizumab-cdon (Uplizna)
Leuprolide acetate (Fensolvi)	62935015350 62935015450	5/4/2020	5/15/2020	10/1/2020	No	MHCP GnRH agonists for pubertal suppression
Eptinezumab-jjmr (Vyepiti)	67386013051	2/21/2020	3/16/2020	10/1/2020	Yes	Eptinezumab-jjmr (Vyepiti™)
Isatuximab-irfc (Sarclisa)	00024065401	3/2/2020	3/16/2020	7/1/2020	No	Oncology drug coverage policy
Teprotumumab-trbw (Tepezza)	75987013015	1/21/2020	1/30/2020	7/1/2020	Yes	Teprotumumab-trbw (Tepezza®) Medical Policy
Fam-trastuzumab deruxtecan-nxki (Enhertu)	65597040601	12/20/2019	1/3/2020	7/1/2020	No	Ado-trastuzumab emtansine (Kadcyla®), fam-trastuzumab deruxtecan-nxki (Enhertu®), pertuzumab (Perjeta®), trastuzumab (Herceptin®, Kanjinti™, and Ogivri™), and trastuzumab and hyaluronidase-oysk (Herceptin Hylecta™) Medical Policy
Enfortumab vedotin-ejfv (Padcev)	51144002001 51144003001	12/18/2019	1/3/2020	7/1/2020	No	Oncology drug coverage policy
Golodirsen (Vyondys-53)	60923046502	12/12/2019	12/26/2019	7/1/2020	Yes	Golodirsen (Vyondys 53®) Medical Policy
Givosiran sodium (Givlaari)	71336100101	11/20/2019	12/5/2019	7/1/2020	Yes	Givosiran (Givlaari®) Medical Policy
Crizanlizumab-tmca (Adakveo)	78088361	11/15/2019	12/5/2019	7/1/2020	Yes	Crizanlizumab (Adakveo®) Medical Policy
Luspatercept-aamt (Reblozyl)	59572071101 59572077501	11/8/2019	11/21/2019	7/1/2020	Yes	Luspatercept-aamt (Reblozyl®) Medical Policy
Brolucizumab-dbil (Beovu)	78082761	10/8/2019	10/15/2019	4/1/2020	No	Aflibercept (Eylea®), Brolucizumab-dbil (Beovu®), and Ranibizumab



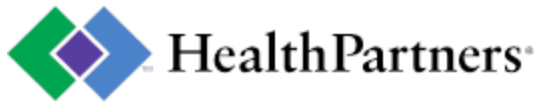
						(Lucentis®) Medical Policy
Calaspargase pegol-mknl (Asparlas)	72694051501	12/20/2018	10/15/2019	4/1/2020	No	Oncology Medication Coverage Policy
Onasemnogene abeparvovec-xioi (Zolgensma)	7189412002 7189412103 7189412203 7189412303 7189412404 7189412504 7189412604 7189412705 7189412805 7189412905 7189403006 7189413106 7189413206 7189413307 7189413407 7189413507 7189413608 7189413708 7189413808 7189413909 7189414009 7189414109	5/24/2019	5/24/2019	10/1/2019	Yes	Onasemnogene abeparvovec-xioi (Zolgensma) Medical Policy
Romosozumab-aqqg (Evenity)	55513088001 55513088002	4/9/2019	4/18/2019	10/1/2019	No	Romosozumab-aqqg (Evenity) Medical Policy
Trastuzumab hyaluronidase-oysk (Herceptin Hylecta)	50242007701	2/28/2019	4/18/2019	7/1/2019	No	Ado-trastuzumab emtansine (Kadcyla®), pertuzumab (Perjeta®), trastuzumab (Herceptin®), and trastuzumab and hyaluronidase-oysk (Herceptin Hylecta™) Medical Policy
Esketamine (Spravato)	50458002800 50458002802 50458002803	3/5/2019	4/1/2019	7/1/2019	No	Esketamine – Spravato Medical Policy
Tagraxofusp-ezrs (Elzonris)	72187040101	12/21/2018	4/1/2019	7/1/2019	No	Tagraxofusp-ezrs (Elzonris) Medical Policy
Caplacizumab-yhdp (Cablivi)	58468022501 58468022701	2/6/2019	3/7/2019	7/1/2019	No	Caplacizumab-yhdp (Cablivi) Medical Policy
Emapalumab-lzsg (Gamifant)	72171050101 72171050501	11/20/2018	1/10/2019	7/1/2019	No	Emapalumab-lzsg (Gamifant) Medical Policy
Ravulizumab-cwvz (Ultomiris)	25682002201	12/21/2018	1/10/2019	4/1/2019	Yes	Eculizumab (Soliris®) and Ravulizumab-cwvz (Ultomiris™) Medical Policy
Patisiran (Onpattro)	71336100001	8/10/2018	9/1/2018	4/1/2019	No	Patisiran (Onpattro™) Medical Policy
Lanadelumab-flyo (Takhzyro)	47783064401	8/23/2018	9/1/2018	11/30/2018	Yes	Hereditary Angioedema (HAE) Drug Therapy Policy
Mogamulizumab-kpkc (Poteligeo)	42747076101	8/8/2018	9/1/2018	11/30/2018	No	Oncology Medication Coverage Policy



Burosumab-twza (Crysvita)	69794010201 69794020301 69794030401	4/17/2018	5/1/2018	8/13/2018	No	Crysvita Medical Policy
Ibalizumab-uiyk (Trogarzo)	6206412202	3/7/2018	5/1/2018	8/13/2018	No	Trogarzo Medical Policy
Lutetium Lu 177 dotatate (Lutathera)	6948800301	1/26/2018	3/1/2018	7/1/2018	No	Oncology Medication Coverage Policy
Voretigene neparvovec-rzyl (Luxturna)	7139441501 7139406501	12/20/2017	3/1/2018	7/1/2018	No	Luxturna Medical Policy
Emicizumab (Hemlibra)	5024292001 5024292101 5024292201 5024292301	11/16/2017	12/1/2017	4/1/2018	No	Blood Factor Medical Policy
Vestronidase alfa-vjvk (Mepsevii)	6979400101	11/15/2017	12/1/2017	4/1/2018	No	Mucopolysaccharidoses (MPS) Medical Policy
Benralizumab (Fasenra)	0310173030	11/14/2017	12/1/2017	4/1/2018	No	Fasenra Medical Policy
Axicabtagene Ciloleucel (Yescarta)	71287011902 71287011901	10/18/2017	11/01/2017	4/1/2018	No	CAR-T Medical Policy
Gentuzumab ozogamicin (Mylotarg)	0008451001	9/1/2017	9/1/2017	4/1/2018	No	Oncology Medication Coverage Policy
Tisagenlecleucel (Kymriah)	0078084619	8/30/2017	9/1/2017	4/1/2018	No	CAR-T Medical Policy
Inotuzumab ozogamicin (Besponsa)	0008010001	8/17/2017	9/1/2017	4/1/2018	No	Oncology Medication Coverage Policy
Edaravone (Radicava)	70510217101 70510217102	5/5/2017	5/1/2017	1/1/2018	No	Radicava Medical Policy
Durvalumab (Imfinzi)	00310450012 00310461150	5/1/2017	5/1/2017	9/1/2017	No	Oncology Medication Coverage Policy
Cerliponase Alfa (Brineura)	68135081102	4/27/2017	5/1/2017	1/1/2018	No	Brineura Medical Policy
Ocrelizumab (Ocrevus)	50242015001	3/28/2017	5/1/2017	9/1/2017	No	Ocrelizumab (Ocrevus) Medical Policy
Avelumab (Bavencio)	44087353501	3/23/2017	5/1/2017	9/1/2017	No	Oncology Medication Coverage Policy
Nusinersen sodium (Spinraza)	64406005801	12/23/2016	1/20/2017	5/1/2017	No	Spinraza Medical Policy
Olaratumab (Lartruvo)	00002892601	10/19/2016	12/01/2016	4/1/2017	No	Oncology Medication Coverage Policy
Infliximab-dyyb (Inflectra)	00069080901	04/05/2016	11/01/2016	1/1/2017	No	Infliximab Policy
Eteplirsen (Exondys 51)	60923036302 60923028410	09/19/2016	10/01/2016	5/1/2017	No	Exondys Medical Policy
Atezolizumab (Tecentriq)	50242091701	05/18/2016	06/02/2016	11/01/2016	No	Atezolizumab (Tecentriq) policy
Reslizumab (Cinqair)	59310061031	03/23/2016	06/02/2016	11/01/2016	No	Reslizumab (Cinqair) policy
Bendamustine HCl (Bendeka)	63459034804	12/08/2015	12/24/2015	5/1/2016	No	No PA Required Bendeka has been assigned HCPC J9033
Necitumumab (Portrazza)	00002771601	11/24/2015	12/24/2015	5/1/2016	No	Necitumumab (Portrazza) policy



Sebelipase alfa (Kanuma)	25682000701	12/08/2015	12/17/2015	5/1/2016	No	Sebelipase alfa (Kanuma) policy
Elotuzumab (Empliciti)	00003452211 00003229111	11/30/2015	12/10/2015	5/1/2016	No	Elotuzumab (Empliciti) policy
Daratumumab (Darzalex)	57894050205 57894050220	11/16/2015	11/28/2015	5/1/2016	No	Daratumumab (Darzalex) policy
Mepolizumab (Nucala)	00173088101	11/04/2015	11/19/2015	5/1/2016	No	Mepolizumab (Nucala) policy
Talimogene (Imlygic)	55513007801 55513007901	10/27/2015	11/2/2015	5/1/2016	No	Talimogene (Imlygic) policy
Irinotecan liposomal (Onivyde)	69171039801	10/22/2015	11/2/2015	5/1/2016	No	Irinotecan liposomal (Onivyde) policy
Trabectedin (Yondelis)	59676061001	10/23/2015	11/2/2015	5/1/2016	No	Trabectedin (Yondelis) policy
Signifor LAR	0078064161 0078064181 0078064261 0078064281 0078064361 0078064381	12/15/2014	3/1/2015	1/1/2016	No	Somatostatin Analogues for Acromegaly Policy
Carbidopa/Levodopa enteral suspension (Duopa)	0074301207	1/9/2015	3/1/2015	11/1/2015	No	Duopa Policy
Nivolumab (Opdivo)	0003377211 0003377412	12/26/2014	1/1/2015	5/1/2015	No	Opdivo Policy
Blinatumomab (Blincyto)	55513016001	12/3/2014	1/1/2015	5/1/2015	No	Blincyto Policy
Alemtuzumab (Lemtrada)	5846802001	11/14/2014	1/1/2015	5/1/2015	No	Lemtrada Policy
HyQvia (immune globulin)	00944251002 00944251002 00944251102 00944251102 00944251202 00944251202 00944251302 00944251302 00944251402 00944251402	9/12/2014	11/1/2014	1/1/2016	No	Immune Globulin Policy
Pembrolizumab (Keytruda)	00006302902	9/4/2014	11/1/2014	3/1/2015	No	Keytruda Policy
Ruconest (C1 esterase inhibitor)	68012035001 68012035002	7/16/2014	10/1/2014	3/1/2015	No	Hereditary Angioedema Therapy
Teduglutide (Gattex)	68875010201 68875010301	12/21/2012	3/1/2013		No	
Vincristine Sulfate (Marqibo)	2053632201	8/9/2012	9/1/2012	5/1/2016	No	Vincristine liposomal (Marqibo) policy
Tedizolid (Sivextro)	67919004001 (oral tablets do not require review)	6/20/2014	9/1/2014	10/11/2014	No	No PA Required
Dalbavancin (Dalvance)	5797010001	5/23/2014	9/1/2014	10/11/2014	No	No PA Required
Oritavancin (Orbactiv)	6529300401 6529300403	8/6/2014	9/1/2014	10/11/2014	No	No PA Required
Vedolizumab (Entyvio)	6476430020	5/20/2014	9/1/2014	1/1/2015	No	Entyvio Policy
Beleodaq (Belinostat)	68152010809	7/3/2014	9/1/2014	1/1/2015	No	Belinostat Policy
Siltuximab (Sylvant)	5789442001 5789442101	4/22/2014	9/1/2014	1/1/2015	No	Sylvant Policy



Ramucirumab (Cyramza)	0002766901 0002767801	4/21/2014	9/1/2014	1/1/2015	No	Cyramza Policy
Elosulfase alfa (Vimizim)	6813510001	2/14/2014	5/1/2014	1/1/2015	No	Added to MPS Policy
Obinutuzumab (Gazyva)	5024207001 Payment will be provided for one 1000 mg vial per Day 1 and Day 2 loading doses.	11/1/2013	12/1/2013	9/1/2014	No	Gazyva Policy
Golimumab IV (Simponi ARIA)	5789435001	7/18/2013	8/1/2013	9/1/2014	No	Simponi ARIA Policy
Aripiprazole (Abilify Maintena)	5914801871 5914801971	2/28/2013	8/1/2013	9/1/2014	No	No PA required
Radium Ra-223 Dichloride (Xofigo)	5041920801	5/15/2013	8/1/2013	11/1/2013	No	Radium Ra-223 Dichloride (Xofigo) Policy
Aflibercept (Eylea)	61755000502	11/18/2011	1/1/2012	5/1/2012	No	Vascular Endothelial Growth Factors (VEGF) Inhibitors for Opth Use: Eylea, Lucentis Policy
Asparaginase <i>Erwinia chrysanthemi</i> (Erwinaze)	5790224905 5790224901	11/18/2011	1/1/2012	5/1/2012	No	Erwinaze Policy
Taliglucerase alfa (Elelyso)	0069010601	5/1/2012	5/23/2012	3/1/2013	No	Type I Gaucher Disease
Pertuzumab (Perjeta)	5024214501	6/8/2012	7/1/2012	11/1/2012	No	Perjeta Policy
Carfilzomib (Kyprolis)	76075010101	7/20/2012	8/1/2012	11/1/2012	No	Kyprolis Policy
Ziv-Aflibercept (Zaltrap)	0024584001 0024584003 0024584101	8/3/2012	9/1/2012	5/1/2013	No	Zaltrap Policy
Mipomersen sodium (Kynamro)	5846801901 5846801902 5846801911 5846801912	1/29/2013	3/1/2013	7/1/2013	No	Pharmacy benefit coverage only
Glycerol Phenylbutyrate (Ravicti)	7632510025 7632510004	2/1/2013	3/1/2013	7/1/2013	No	Pharmacy benefit coverage only
Ado-trastuzumab emtansine (Kadcyla)	5024208801 5024208701	2/22/2013	3/1/2013	9/1/2013	No	Kadcyla Policy