

2021 Prior Authorization List and Professional Adminstered Medications



APPLE HEALTH (MEDICAID) MEDICARE ADVANTAGE

CASCADE SELECT

Effective: January 1, 2021

Services for a specific program may not be a covered benefit; please call Customer Service to verify benefits and coverage or verify online at mychpw.chpw.org/en/provider

PROFESSIONALLY-ADMINISTERED MEDICATIONS REQUIRING PRIOR AUTHORIZATION

- Abatacept (such as Orencia)
- Adalimumab (such as Humira)
- Ado-trastuzumab emtansine (such as Kadcyla)
- Afamelanotide (Scenesse)
- Aflibercept (such as Eylea)
- Agalsidase (such as Fabrazyme)
- Alemtuzumab (such as Lemtrada)
- Alglucosidase alfa (such as Lumizyme)
- Alpha-1 Proteinase Inhibitor human (such as Glassia)
- Aprepitant (such as Cinvanti)
- Aripiprazole lauroxil (such as Aristada)
- Asparaginase (such as Erwinaze)
- Atezolizumab (such as Tecentriq)
- Avelumab (such as Bavencio)
- AVXS-101/ Onasemnogene abeparvovec (such as Zolgensma) **CHNW and MA**
- Axicabtagene ciloleucel (such as Yescarta) **CHNW and MA**
- Belantamab Mafodotin (such as Blenrep)
- Belimumab (such as Benlysta)
- Benralizumab (such as Fasenra)
- Botulinum toxins (such as Botox, Myobloc, Dysport, Xeomin)
- Brentuximab vedotin (such as Adcetris)
- Brexanolone (Zulresso)
- Brolucizumab–dbll (such as Beovu)
- Buprenorphine injectables (such as Probuphine, Sublocade)
- Burosumab-twza (such as Crysvita) **CHNW and MA**
- C1 esterase inhibitor (human) (such as Berinert, Cinryze, Haegarda, Ruconest)
- Cabazitaxel (such as Jevtana)
- Caplacizumab (Cablivi)
- Canakinumab (such as Ilaris)
- CEMIPIMAB-RWLC (such as Libtayo)
- Cerliponase alfa (such as Brineura) **CHNW and MA**
- Certolizumab pegol (such as Cimzia)
- Cetuximab (such as Erbitux)
- Collagenase - Clostridium Histolyticum (such as Xiaflex)
- Copanlisib (such as Aliqopa)
- Corticotropin repository (such as Acthar)
- Crizanlizumab-tmca (such as Adakveo) **CHNW and MA**
- Daratumumab (such as Darzalex)
- Darbeoetin alfa (such as Aranesp)
- Daunorubicin and Cytarabine Liposome (such as Vyxeos)
- Denosumab (such as Prolia, Xgeva)
- Durvalumab (such as Imfinzi)
- Ecallantide (such as Kalbitor)
- Eculizumab (Soliris)
- Edavarone (such as Radicava) **CHNW and MA**
- Elosulfase (such as Vimizim)
- Emapalumab-lzsg (such as Gamifant) **CHNW and MA**
- Enfortumab vedotin (Padcev)
- Epoetin alfa (such as Epogen, Procrit, Retacrit)
- Epoetin beta (such as Mircera)
- Esketamine (Spravato)
- Epoprostenol (such as Flolan, Veletri, generics)
- Eptinezumab (Vyepiti)
- Eterplirsen (such as Exondys 51) **CHNW and MA**
- Fam-trastuzumab deruxtecan (Enhertu)
- Filgrastim (such as Neupogen, Zarxio, Nivestym)
- Fosnetupitant and Palonosetron (such as Akynzeo)
- Fremanezumab-vrfm (such as Ajovy)
- Fulvestrant (such as Faslodex)

Line of Business (LOB) Legend:

WAH = Washington Apple Health IMC

CHNW = Cascade Select

MA = Medicare Advantage

*If no LOB is highlighted next to the service, then Notification or Authorization applies across all LOBs for that service.

DOCUMENTATION REQUIRED TO SUPPORT DECISION-MAKING

Please provide documentation with the request to support medical necessity. Examples of appropriate documents include:

- Current (within 6 months, or more recent depending on condition) history and/or physician examination notes that address the problem and need for services requested
- Relevant medication history, lab, and/or radiology results
- Relevant specialty consultation notes
- Other pertinent information

REFERRAL POLICY

PCP to PCP Referrals:

For All Plans - If you are the member's assigned PCP or group, an authorization to provide primary care is required from the Plan if your member needs to see a PCP outside of your group.

CHNW-Cascade Select: Any service provided by a non-networked provider for a Cascade Select member requires prior authorization. Cascade Select members will be redirected to networked providers whenever possible. Any request for authorization to a non-network provider should include rationale why the member cannot receive those services with a networked provider.

BENEFIT and COVERAGE

This PA list is not all-inclusive. Please refer to the coverage guidelines for each unique line of business.

Washington Apple Health IMC = HCA Provider Billing Guidelines Manual and/or Fee Schedule

Medicare Advantage = National Coverage Guidelines and/or Local Coverage Guidelines

Cascade Care – Cascade Select = CHNW - Cascade Select Explanation of Coverage (EOC)

Failure to obtain the required prior authorization may result in a denied claim. Services are subject to benefit coverage, limitations and exclusions as described in plan coverage guidelines.

Please refer to the PA Code Lookup Tool for additional details on services listed. <https://forms.chpw.org/pclt>

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PROFESSIONALLY-ADMINISTERED MEDICATIONS REQUIRING PRIOR AUTHORIZATION (*CONTINUED*)

- Galsulfase (such as Naglazyme)
- Gemtuzumab Ozogamicin (such as Mylotarg)
- Givosiran (such as Givlaari) **CHNW** and **MA**
- Golimumab (such as Simponi Aria)
- Golodirsen (such as Vyondys 53) **CHNW** and **MA**
- Goserelin Acetate (such as Zoladex)
- Granisetron extended release (such as Sustol)
- Guselkumab (such as Tremfya)
- Histrelin Acetate (such as Supprelin LA, Vantas)
- Hyaluronic acid derivatives (such as Euflexxa, Gel-One, Synvisc)
- Hydroxyprogesterone caproate (such as Makena)
- Ibalizumab (such as Trogarzo)
- Ibandronate (such as Boniva)
- Icatibant (such as Firazyr)
- Idursulfase (such as Elaprase)
- Imiglucerase (such as Cerezyme)
- Immune Globulin Intravenous (IVIG) (such as Bivigam, Carimune NF Nanofiltered, Flebogamma DIF, Gammagard Liquid, Gammagard S/D < 1 mcg/dL in 5% solution, Gammaked, Gammaplex, Gamunex-C, Octagam, Privigen Liquid)
- Immune globulin subcutaneous (such as Cuvitru, Hizentra)
- Infliximab products for IV infusion (such as Remicade, Inflectra, Renflexis, Ixifi)
- Inotuzumab ozogam (such as Besponsa)
- Ipilimumab (such as Yervoy)
- Isatuximab (Sarclisa)
- Lanadelumab (such as Takhzyro)
- Lanreotide (such as Somatuline Depot)
- Laronidase (such as Aldurazyme)
- Leuprolide Acetate (such as Eligard, Fensolvi, Lupron Deopt, Lupron Depot-Ped)
- Luspatercept-aamt (such as Reblozyl) **CHNW** and **MA**
- Lutetium Lu 177 dotatate (such as Lutathera) **CHNW** and **MA**
- Mepolizumab (such as Nucala)
- Mogamulizumab (such as Poteligeo)
- Natalizumab (such as Tysabri)
- Nelarabine (such as Arranon)
- Nivolumab (such as Opdivo)
- Nusinersen (such as Spinraza) **CHNW** and **MA**
- Obinutuzumab (such as Gazyva)
- Ocrelizumab (such as Ocrevus)
- Octreotide-Depot Form For Intramuscular Injection (such as Sandostatin)
- Omalizumab (such as Xolair)
- Paclitaxel protein-bound (such as Abraxane)
- Paliperidone palmitate (such as Invega Trinza, Invega Sustenna)
- Palivizumab (such as Synagis)
- Panitumumab (such as Vectibix)
- Patisiran (Onpattro)
- Pegfilgrastim (all products)
- Pegloticase (such as Krystexxa)
- Pembrolizumab (such as Keytruda)
- Pemetrexed (such as Alimta)
- Pertuzumab (such as Perjeta)
- Pertuzumab/Trastuzumab/Hyaluronidase (Phesgo)
- Polatuzumab Vedotin-piiq (such as Polivy)
- Ramucirumab (such as Cyramza)
- Ranibizumab (such as Lucentis)
- Ravulizumab (such as Ultomiris)
- Reslizumab (such as Cinqair)
- Rilonacept (such as Arcalyst)
- Rituximab products (such as Rituxan, Rituxan hycela)
- Rolapitant (such as Varubi)
- Romidepsin (such as Istodax)
- Romiplostim (such as Nplate)
- Sacituzumab govitecan (Trodelvy)
- Sargramostim (such as Leukine)
- Sebelipase (such as Kanuma)
- Somatotropin (such as Genotropin, Humatrope, Norditropin, Serostim, Zorbtive)
- Tafasitamab (such as Monjuvi)
- Taliglucerase (such as Elelyso)
- Tbo-filgrastim (such as Granix)
- Teprotumumab (Tepezza)
- Tildrakizumab (such as Ilumya)
- Tisagenlecleucel-t (such as Kymriah) **CHNW** and **MA**
- Tocilizumab (such as Actemra)
- Trastuzumab (such as Herceptin)
- Treprostinil (such as Remodulin)
- Triamcinolone ace xr 1mg (such as Zilretta)
- Triptorelin Pamoate (such as Trelstar, Triptodur)
- Ustekinumab (such as Stelara)
- Vedolizumab (such as Entyvio)
- Velaglucerase (such as Vpriv)
- Vestronidase (such as Mepsevii)
- Voretigene neparvovec-rzyl (such as Luxterna) **CHNW** and **MA**
- Ziv-aflibercept (such as Zaltrap)
- Zoledronic acid (such as Reclast, Zometa)

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