

List of medications that require Medical Necessity Prior Authorization (MNPA)

Blue Cross of Idaho reviews its covered drug lists so members can access new drugs and have safe, cost-effective care options.

The drugs listed below are not on the Blue Cross of Idaho covered drug list (formulary). Coverage of these drugs requires an approved MNPA request. The MNPA request must include documentation confirming there has been a trial and inadequate response, or an intolerance or contraindication, to at least two covered formulary alternative products for the requested condition.

This list applies to members of commercial health plans. This list does not apply to the Federal Employee Program, qualified health plan or Medicare Advantage members.

MNPA drugs
Actemra
Belsomra
Cimzia
Cosentyx
Dayvigo
Extavia
Fanapt
Granix
Ilumya
Kevzara
Kineret
Leukine
Mavyret
Neupogen
Nuzyra

MNPA drugs
Olumiant
Orencia
Quviviq
Releuko
Saizen
Serostim
Siliq
Simponi
Tyenne
Zepatier
Zorbtive