

PROVIDER MEMO

TO: Santa Clara Family Health Plan Providers
FROM: Utilization Management
DATE: July 1, 2021
RE: Updated – 2021 Medical Benefit Drug Prior Authorization Grid

Dear Providers,

Santa Clara Family Health Plan (SCFHP) made some changes to our prior authorization requirements, effective for dates of service on or after July 1, 2021. Attached to this memo is the updated 2021 Medical Benefit Drug Prior Authorization Grid, indicating drugs that require prior authorization for all SCFHP members.

The following is a summary of prior authorization changes effective July 1, 2021:

- Added:
 - Abecma (idecabtagene vicleucel)
 - Breyanzi (lisocabtagene maraleucel)
 - Riabni (rituximab-arrx)
 - Aduhelm (aducanumab)
- Changed:
 - Step therapy requirements on Rituxan (rituximab) and Rituxan Hycela (rituximab/hyaluronidase)

The 2021 Medical Benefit Drug Prior Authorization Grid is also available on the SCFHP Provider Forms & Documents webpage, www.scfhp.com/for-providers/forms.

If you have any questions regarding this information, please contact the SCFHP Utilization Management department at 1-408-874-1821.

Thank you for your continued partnership in providing care to SCFHP members.

The following drugs require prior authorization for all Santa Clara Family Health Plan members. Additional required actions, restrictions, or limits on use are indicated in the right column.

Abbreviations used in this document include:

ST: Step Therapy

PA: Prior Authorization

Brand	Generic	Necessary Actions, Restrictions, or Limits on Use
ANTIEMETICS (ASSOCIATED WITH CANCER CHEMOTHERAPY)		
Cinvanti	Aprepitant	PA
Emend IV	Fosaprepitant	PA
Aloxi	Palonosetron	PA
Akynzeo IV	Fosnetupitant/Palonosetron	PA
ANTIHEMOPHILIC AGENTS		
Hemlibra	Emicizumab-kxwh	PA
CAR-T CELL IMMUNOTHERAPY		
Yescarta	Axicabtagene ciloleucel	PA
Tecartus	Brexucabtagene autoleucel	PA
Kymriah	Tisagenlecleucel	PA
Abecma	Idecabtagene vicleucel	PA
Breyanzi	Lisocabtagene maraleucel	PA
ERYTHROPOIESIS STIMULATING AGENTS		
Aranesp	Darbepoetin alfa	PA, ST: Retacrit
Epogen, Procrit	Epoetin alfa	PA, ST: Retacrit
Retacrit	Epoetin alfa-epbx	PA
Mircera	Methoxy polyethylene glycol-epoetin beta	PA, ST: Retacrit
COLONY STIMULATING FACTORS		
Neupogen	Filgrastim	PA, ST: Zarxio or Nivestym
Neulasta, Neulasta Onpro	Pegfilgrastim	PA, ST: Fulphila, Udenyca, Ziextenzo, or Nyvepria
Granix	Tbo-filgrastim	PA, ST: Zarxio or Nivestym
Leukine	Sargramostim	PA, ST: Zarxio, Nivestym, Fulphila, Udenyca, Ziextenzo, or Nyvepria
GAUCHER DISEASE		
Cerezyme	Imiglucerase	PA
ElELYso	Taliglucerase alfa	PA
Vpriv	Velaglucerase alfa	PA

Brand	Generic	Necessary Actions, Restrictions, or Limits on Use
HEREDITARY ANGIOEDEMA		
Berinert, Cinryze, Haegarda	C1 esterase inhibitor, human	PA
Ruconest	C1 esterase inhibitor, recombinant	PA
Kalbitor	Ecallantide	PA
Firazyr	Icatibant	PA
Takhzyro	Lanadelumab-flyo	PA
IV IMMUNOGLOBULIN (IVIG)		
Asceniv, Bivigam, Carimune NF, Cutaquig, Cuvitru, Flebogamma DIF, Gamastan, Gamastan S/D, Gammagard, Gammagard S/D, Gammaked, Gammplex, Gamunex-C, Hizentra, Hyqvia, Octagam, Panzyga, Privigen, Xembify	Immune globulin, Immune globulin lyophilized, Immune globulin non-lyophilized	PA
MULTIPLE SCLEROSIS		
Tysabri	Natalizumab	PA
Ocrevus	Ocrelizumab	PA
NEUROMUSCULAR BLOCKING AGENTS		
Dysport	AbobotulinumtoxinA	PA
Xeomin	IncobotulinumtoxinA	PA
Botox	OnabotulinumtoxinA	PA
Myobloc	RimabotulinumtoxinB	PA
OPHTHALMIC AGENTS		
Beovu	Brolucizumab-dbl	PA
Eylea	Aflibercept	PA
Lucentis	Ranibizumab	PA
Luxturna	Voretigene neparvovec-rzyl	PA
OSTEOPOROSIS OR BONE MODIFIERS		
Boniva IV	Ibandronate sodium	PA
Aredia	Pamidronate disodium	PA
Reclast, Zometa	Zoledronic acid	PA
PULMONARY HYPERTENSION		
Flolan, Veletri	Epoprostenol	PA
Remodulin IV	Treprostinil	PA

Brand	Generic	Necessary Actions, Restrictions, or Limits on Use
RESPIRATORY		
Aralast NP, Glassia, Prolastin-C, Zemaira	α-1 proteinase inhibitor	PA
Fasenra	Benralizumab	PA
Nucala	Mepolizumab	PA
Xolair	Omalizumab	PA
Synagis	Palivizumab	PA
Cinqair	Reslizumab	PA
RHEUMATOLOGY/IMMUNOSUPPRESSANTS		
Orencia IV	Abatacept	PA
Humira, Cyltezo, Abrilada, Amjevita, Hyrimoz, Hadlima, Hulio	Adalimumab, Adalimumab-adbm, Adalimumab-afzb, Adalimumab-atto, Adalimumab-adaz, Adalimumab-bwwd, Adalimumab-fkjp	Pharmacy Benefit Only
Cimzia	Certolizumab pegol	Pharmacy Benefit Only
Enbrel, Erelzi, Eticovo	Etanercept, Etanercept-szszs, Etanercept-ykro	Pharmacy Benefit Only
Simponi Aria	Golimumab	PA
Tremfya	Guselkumab	PA
Remicade	Infliximab	PA, ST: Inflectra, Renflexis, Ixifi, or Avsola
Inflectra, Renflexis, Ixifi, Avsola	Infliximab-dyyb, Infliximab-abda, Infliximab-qbtx, Infliximab-axxq	PA
Taltz	Ixekizumab	Pharmacy Benefit Only
Rituxan, Rituxan Hycela	Rituximab, Rituximab/hyaluronidase	PA, ST: Truxima, Ruxience, or Riabni
Truxima, Ruxience, Riabni	Rituximab-abbs, Rituximab-pvvr, Rituximab-arrx	PA
Actemra IV	Tocilizumab	PA
Stelara IV	Ustekinumab	PA
Entyvio	Vedolizumab	PA
MISCELLANEOUS		
Exondys 51	Eteplirsen	PA
Spinraza	Nusinersen	PA
Onpattro	Patisiran	PA
Krystexxa	Pegloticase	PA
Nplate	Romiplostim	PA
Radicava	Edaravone	PA

Brand	Generic	Necessary Actions, Restrictions, or Limits on Use
MISCELLANEOUS, CONTINUED		
Zolgensma	Onasemnogene abeparvovec-xioi	PA
Tepezza	Teprotumumab-trbw	PA
Vyepti	Eptinezumab-jjmr	PA
Aduhelm	Aducanumab	PA
UNCLASSIFIED		
Unclassified drugs and biologics		PA