

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
ANTIHEMOPHILIC AGENTS		
Hemlibra	Emicizumab-kxwh	PA
CAR-T CELL IMMUNOTHERAPY		
Yescarta	Axicabtagene ciloleucel	PA
Kymriah	Tisagenlecleucel	PA
ERYTHROPOIESIS STIMULATING AGENTS		
Aranesp	Darbepoetin alfa	PA, ST: Retacrit
Epogen, Procrit	Epoetin alfa	PA, ST: Retacrit
Retacrit	Epoetin alfa-epbx	PA
COLONY STIMULATING FACTORS		
Neupogen	Filgrastim	PA, ST: Zarxio or Nivestym
Neulasta, Neulasta Onpro	Pegfilgrastim	PA, ST: Fulphila or Udenyca
Granix	Tbo-filgrastim	PA, ST: Zarxio or Nivestym
Leukine	Sargramostim	PA, ST: Zarxio, Nivestym, Fulphila, or Udenyca
GAUCHER DISEASE		
Cerezyme	Imiglucerase	PA
ElELYso	Taliglucerase alfa	PA
Vpriv	Velaglucerase alfa	PA
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

Brand	Generic	Necessary Actions, Restrictions, or Limits on Use
IV IMMUNOGLOBULIN (IVIG)		
Bivigam, Carimune NF, Cuvitru, Flebogamma DIF, Gamastan, Gamastan S/D, Gammagard, Gammagard S/D, Gammaked, Gammaplex, 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		
Eylea	Aflibercept	PA
Lucentis	Ranibizumab	PA
Luxturna	Voretigene neparvovec-rzyl	PA
OSTEOPOROSIS OR BONE MODIFIERS		
Prolia, Xgeva	Denosumab	PA
Boniva	Ibandronate sodium (IV)	PA
Aredia	Pamidronate disodium	PA
Reclast, Zometa	Zoledronic acid	PA
PULMONARY HYPERTENSION		
Flolan, Veletri	Epoprostenol	PA
Remodulin	Treprostinil (injection)	PA
RESPIRATORY		
Aralast NP, Glassia, Prolastin-C, Zemaira	α-1 Proteinase inhibitor	PA
Nucala	Mepolizumab	PA
Xolair	Omalizumab	PA
Synagis	Palivizumab	PA
Cinqair	Reslizumab	PA

Brand	Generic	Necessary Actions, Restrictions, or Limits on Use
RHEUMATOLOGY/IMMUNOSUPPRESSANTS		
Orencia	Abatacept	PA
Humira, Cyltezo, Amjevita, Hyrimoz, Hadlima	Adalimumab, Adalimumab-adbm, Adalimumab-atto, Adalimumab-adaz, Adalimumab-bwwd	Pharmacy Benefit Only
Cimzia	Certolizumab pegol	Pharmacy Benefit Only
Enbrel, Erelzi	Etanercept, Etanercept-szss	Pharmacy Benefit Only
Simponi Aria	Golimumab	PA
Tremfya	Guselkumab	PA
Remicade	Infliximab	PA, ST: Inflectra, Renflexis, or Ixifi
Inflectra, Renflexis, Ixifi	Infliximab-dyyb, Infliximab-abda, Infliximab-qbtx	PA
Taltz	Ixekizumab	Pharmacy Benefit Only
Rituxan, Rituxan Hycela	Rituximab, Rituximab/hyaluronidase	PA, ST: Truxima or Ruxience
Truxima, Ruxience	Rituximab-abbs, Rituximab-pvvr	PA
Actemra	Tocilizumab IV	PA
Stelara	Ustekinumab IV	PA
Entyvio	Vedolizumab	PA
MISCELLANEOUS		
Exondys 51	Eteplirsen	PA
Spinraza	Nusinersen	PA
Onpattro	Patisiran	PA
Krystexxa	Pegloticase	PA
Nplate	Romiplostim	PA
Radicava	Edaravone	PA
Zolgensma	Onasemnogene abeparvovec-xioi	PA
UNCLASSIFIED		
Unclassified drugs and biologics		PA