

2022 Prior Authorization List and Professional Administered Medications



APPLE HEALTH (MEDICAID) MEDICARE ADVANTAGE

CASCADE SELECT

Effective: January 1, 2022

Services for a specific program may not be a covered benefit or may be carved out and covered by the HCA; 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)
- Advate (factor VIII [antihemophilic factor, recombinant]) CHNW and MA
- Adynovate (factor VIII [antihemophilic factor, recombinant], pegylated) CHNW and MA
- Afamelanotide (Scenesse)
- Afstyla (factor VIII [antihemophilic factor, recombinant]) CHNW and MA
- Agalsidase (such as Fabrazyme) CHNW and MA
- Alemtuzumab (such as Lemtrada)
- Alglucosidase alfa (such as Lumizyme) CHNW and MA
- Alpha-1 Proteinase Inhibitor human (such as Glassia)
- Alphanate (antihemophilic factor VIII/von Willebrand factor complex [human]) CHNW and MA
- Alphanine (factor IX [antihemophilic factor, purified, non-recombinant]) CHNW and MA
- Aprepitant (such as Cinvanti)
- Alprolix (factor IX, fc fusion protein [recombinant]) CHNW and MA
- 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
- Bebulin (factor IX, complex) CHNW and MA
- Belantamab Mafodotin (such as Blenrep)
- Beleodaq (belinostat)
- Belimumab (such as Benlysta)
- BeneFIX (factor IX [antihemophilic factor, recombinant]) CHNW and MA
- Benralizumab (such as Fasenra)
- Botulinum toxins (such as Botox, Myobloc, Dysport, Xeomin)
- Brentuximab vedotin (such as Adcetris)
- Brexanolone (Zulresso)
- Buprenorphine injectables (such as Probuphine, Sublocade)
- Burosumab-twza (such as Crysvisa) CHNW and MA
- C1 esterase inhibitor (human) (such as Berinert, Cinryze, Haegarda, Ruconest) CHNW and MA
- Cabazitaxel (such as Jevtana)
- Caplacizumab (Cablivi)
- Canakinumab (such as Ilaris)
- CEMPLIMAB-RWLC (such as Libtayo)
- Cerliponase alfa (such as Brineura) CHNW and MA
- Certolizumab pegol (such as Cimzia)
- Cetuximab (such as Erbitux)
- Coagadex (factor X [human]) CHNW and MA
- Collagenase - Clostridium Histolyticum (such as Xiaflex)
- Copanlisib (such as Aliqopa)
- Corifact (factor XIII [antihemophilic factor, human]) CHNW and MA
- Corticotropin repository (such as Acthar)
- Crizanlizumab-tmca (such as Adakveo) CHNW and MA
- Darbeoetin alfa (such as Aranesp)
- Darzalex (daratumumab)
- Daunorubicin and Cytarabine Liposome (such as Vyxeos)
- Denosumab (such as Prolia, Xgeva)
- Durvalumab (such as Imfinzi)
- Durysta (bimatoprost)
- Ecallantide (such as Kalbitor) CHNW and MA
- Eculizumab (Soliris) CHNW and MA
- Edavarone (such as Radicava) CHNW and MA
- Eloctate (factor VIII, fc fusion protein [recombinant]) CHNW and MA
- Elosulfase (such as Vimizim) CHNW and MA
- 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 (Vyeptri)
- Eterplirsen (such as Exondys 51) CHNW and MA

Line of Business (LOB) Legend:

WAH	CHNW	MA
Washington Apple Health IMC	Cascade Select	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.

PROFESSIONALLY-ADMINISTERED MEDICATIONS REQUIRING PRIOR AUTHORIZATION (CONTINUED)

- Factor VIII (antihemophilic factor, porcine) CHNW and MA
- Fam-trastuzumab deruxtecan (Enhertu)
- Feiba NF (anti-inhibitor coagulant complex) CHNW and MA
- Filgrastim (such as Neupogen, Zarxio, Nivestym)
- Fosnetupitant and Palonosetron (such as Akynzeo)
- Fremanezumab-vrfm (such as Ajovy)
- Fulvestrant (such as Faslodex)
- Galsulfase (such as Naglazyme) CHNW and MA
- 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)
- Helixate FS (factor VIII [antihemophilic factor, recombinant]) CHNW and MA
- Hemlibra (emicizumab) CHNW and MA
- Hemofil M (factor VIII [antihemophilic factor, human]) CHNW and MA
- Histrelin Acetate (such as Supprelin LA, Vantas)
- Humate-P (von Willebrand factor complex) CHNW and MA
- 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) CHNW and MA
- Idelvion (factor IX, fc fusion protein [recombinant]) CHNW and MA
- Idursulfase (such as Elaprase) CHNW and MA
- Iluvien (fluocinolone acetonide)
- 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, Gammalex, Gamunex-C, Octagam, Privigen Liquid)
- Immune globulin subcutaneous (such as Cuvitru, Hizentra)
- Inebilizumab (such as Uplizna) CHNW and MA
- Infliximab products for IV infusion (such as Remicade, Inflectra, Renflexis, Ixifi)
- Inotuzumab ozogam (such as Besponsa)
- Ipilimumab (such as Yervoy)
- Isatuximab (Sarclisa)
- Ixinity (factor IX [antihemophilic factor, recombinant]) CHNW and MA
- Jivi (factor VIII [antihemophilic factor, recombinant], pegylated-aucl) CHNW and MA
- Koate (factor VIII [antihemophilic factor, human]) CHNW and MA
- Koate-DVI (factor VIII [antihemophilic factor, human]) CHNW and MA
- Kogenate (factor VIII [antihemophilic factor, recombinant]) CHNW and MA
- Kovaltry (factor VIII [antihemophilic factor, recombinant]) CHNW and MA
- Lanadelumab (such as Takhzyro) CHNW and MA
- Lanreotide (such as Somatuline Depot)
- Laronidase (such as Aldurazyme) CHNW and MA
- 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)
- Mononine (factor IX [antihemophilic factor, purified, non-recombinant]) CHNW and MA
- Natalizumab (such as Tysabri)
- Nelarabine (such as Arranon)
- Nivolumab (such as Opdivo)
- Novoeight (factor VIII [antihemophilic factor, recombinant]) CHNW and MA
- NovoSeven RT (factor VIIa [antihemophilic factor, recombinant]) CHNW and MA
- Nusinersen (such as Spinraza) CHNW and MA
- Nuwiq (factor VIII [antihemophilic factor, recombinant]) CHNW and MA
- Obinutuzumab (such as Gazyva)
- Obizur (factor VIII [antihemophilic factor, recombinant]) CHNW and MA
- Ocrelizumab (such as Ocrevus)
- Octreotide-Depot Form For Intramuscular Injection (such as Sandostatin)
- Omalizumab (such as Xolair)
- Oncaspar (pegaspargase)
- Ozurdex (dexamethasone)
- 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)
- Profilnine SD (factor IX, complex) CHNW and MA
- Provenge (sipuleucel-T)
- Ramucirumab (such as Cyramza)
- Ravulizumab (such as Ultomiris) CHNW and MA
- Rebinyin (factor IX [antihemophilic factor, recombinant], glycopegylated) CHNW and MA
- Recombinante (factor VIII [antihemophilic factor, recombinant]) CHNW and MA
- Reslizumab (such as Cinqair)
- Retisert (fluocinolone acetonide)
- Rilonacept (such as Arcalyst)
- Rituximab products (such as Rituxan, Rituxan hycela)
- Rixubis (factor IX [antihemophilic factor, recombinant]) CHNW and MA
- Rolapitant (such as Varubi)
- Romidepsin (such as Istodax)
- Romiplostim (such as Nplate)
- Sacituzumab govitecan (Trodelvy)
- Sargramostim (such as Leukine)
- Sebelipase (such as Kanuma) CHNW and MA
- Somatotropin (such as Genotropin, Humatrope, Norditropin, Serostim, Zorbive)
- Tafasitamab (such as Monjuvi)
- Taliglucerase (such as Elelyso)
- Tbo-filgrastim (such as Granix)
- Teprotumumab (Tepezza) CHNW and MA
- Tildrakizumab (such as Ilumya)
- Tisagenlecleucel-t (such as Kymriah) CHNW and MA
- Tocilizumab (such as Actemra)
- Trastuzumab (such as Herceptin)
- Treprostinil (such as Remodulin)
- Tretten (factor XIII a-subunit [recombinant]) CHNW and MA
- 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)
- Vonvendi (von Willebrand factor [recombinant]) CHNW and MA
- Voretigene neparvovec-rzyl (such as Luxterna) CHNW and MA
- Wilate (von Willebrand factor complex [human]) CHNW and MA
- Xyntha (factor VIII [antihemophilic factor, recombinant]) CHNW and MA
- Yutiq (fluocinolone acetonide)
- Ziv-aflibercept (such as Zaltrap)