

The following drugs require preauthorization through eviCore.

General Medical Drugs

5-fluorouracil
Aloxi[®]
BCG (TheraCys[®], Tice[®])
carboplatin
cisplatin
Emend IVTM
etoposide IV
gemcitabine
irinotecan
leucovorin Ca IV*
mitomycin
oxaliplatin
topotecan IV
vincristine sulfate

Specialty Medical Drugs

Abraxane[®]
Adecetris[®]
Alferon N[®]
Alimta[®]
ArranonTM
Arzerra[®]
Avastin[®]*
azacitadine (Vidaza[®])
Bavencio[®]
BeleodaqTM
BendekaTM
BiCNUTM
bleomycin (Blenoxane[®])
BlincytoTM
CampathTM
cladribine (Leustatin[®])
ClolarTM
Cosmegen[®]
cyclophosphamide IV (Cytosan[®], Procytox[®])
CyramzaTM
cytarabine (Ara-C[®])
dacarbazine (DTIC-Dome[®])
DarzalexTM
daunorubicin (Cerubidine[®])
DaunoXome[®]
decitabine (Dacogen[®])
DepoCyt[®]
Depot*
docetaxel (Taxotere[®])
doxorubicin (Adriamycin[®])
doxorubicin HCl liposomal (Doxil[®], Lipodox[®])
Eligard[®]
Empliciti[®]
epirubicin (Ellence[®])

Erbitux[®]
Erwinaze[®]
Faslodex[®]
Firmagon[®]
floxuridine (FUDR[®])
FolotyTM
GazyvaTM
Halaven[®]
Herceptin[®]
idarubicin HCl (Idamycin[®])
ifosfamide (Ifex[®], Mitoxana[®])
ImfinziTM
ImlygicTM
Intron A[®]*
Istodax[®]
Ixempra[®]
Jevtana[®]
Kadcyla[®]
Keytruda[®]
Kyprolis[®]
LartruvoTM
Lupron Depot[®]*
levoleucovorin (Fusilev[®])
Marqibo[®]
melphalan HCl IV (Alkeran[®])
MustargenTM
NipentTM
NovantroneTM*
Oncaspar[®]
Onivyde[®]
Opdivo[®]
paclitaxel (Nov-Onxol, Taxol[®])
PerjetaTM
Photofrin[®]
PortrazzaTM
Proleukin[®]
Prolia[®]*
Provenge[®]
Rituxan[®]*
Sandostatin LAR[®]*
Somatuline[®]
Sustol[®]
SylatronTM
SylvantTM
Tecentriq[®]
Temodar IV
teniposide (Vumon[®])
thiotepa (Thioplex[®], Tespa[®])
Torisel[®]
Treanda[®]
Trelstar[®]
Trisenox[®]
UnituxinTM

Valstar[®]
Vantas[®]
Vectibix[®]
Velcade[®]
vinblastine sulfate (Velban[®])
vinorelbine tartrate (Navelbine[®])
Xgeva[®]
Yervoy[®]
Yondelis[®]
ZaltrapTM
Zanosar[®]
Zoladex[®]*
zoledronic acid (Zometa[®])

Specialty Pharmacy Drugs

Actimmune[®]*
Afinitor[®]
Alecensa[®]
AlunbrigTM
AranespTM*
Bosulif[®]
CabometyxTM
capecitabine (Xeloda[®])
Caprelsa[®]
Cometriq[®]
CotellicTM
Epogen[®]*
ErivedgeTM
Farydak[®]
GilotrifTM
Gleostine[®]
Granix[®]*
Ibrance[®]
IclusigTM
imatinib (Gleevec[®])
ImbruvicaTM
Inlyta[®]
IressaTM
Jakafi[®]
Kisqali[®]
LenvimaTM
Leukine[®]*
Lonsurf[®]
LynparzaTM
Matulane[®]
MekinistTM
Nerlynx[®]
Neulasta[®]*
Neupogen[®]*
Nexavar[®]
Ninlaro[®]
octreotide (Sandostatin[®])*
Odomzo[®]

Pegasys[®]*
Peg-Intron[®]*
Pomalyst[®]
Procrit[®]*
Revlimid[®]
RubracaTM
Rydapt[®]
Sprycel[®]
Stivarga[®]
Sutent[®]
SynriboTM
Tafinlar[®]
TagrissoTM
Tarceva[®]
Targretin[®] Gel
Targretin[®] Oral
Tasigna[®]
temozolomide oral (Temodar[®])
Thalomid[®]
Tykerb[®]
ValchlorTM
VenclextaTM
VotrientTM
Xalkori[®]
Xtandi[®]
ZarxioTM*
ZejulaTM
Zelboraf[®]
Zolanza[®]
ZydeligTM
Zykadia[®]
Zytiga[®]

Pharmacy Drugs

Akynzeo[®]*
melphalan oral
cyclophosphamide oral
Emcyt[®]
EmendTM Oral*
Fareston[®]
flutamide
Hexalen[®]
Hycamtin OralTM
LeukeranTM
LysodrenTM
Mircera[®]*
etoposide oral
tretinoin
Varubi[®]*

*Oncology indications require preauthorization through eviCore. See Health Alliance formulary for drug coverage requirements for any other indication outside of oncology.

†eviCore will preauthorize medical and pharmacy medications for Commercial plans and medical drugs only (Part B) for Medicare Advantage. Pharmacy items covered under Medicare Part D will require preauthorization through Health Alliance.