MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Pharmacy Medical Policy

Injectable Specialty Medication Coverage

Table of Contents

Policy Number: 071

BCBSA Reference Number: None

Related Policies

- Quality Care Dosing guidelines may apply to the following medications and can be found in Medical Policy #621A
- Medical Utilization Management (MED UM) Policy #033

Prior Authorization Information

☐ **Prior Authorization** ☐ **Step Therapy** ☐ **Quality Care Dosing** ☒ **Benefits**		**Pharmacy Operations:** Tel: 1-800-366-7778 Fax: 1-800-583-6289
		Policy last updated **1/2024**
Pharmacy (Rx) or Medical (MED) benefit coverage	☒ **Rx** ☐ **MED**	**To request for coverage:** Physicians may call, fax, or mail the attached form (Formulary Exception/Prior Authorization form) to the address below.
Policy applies to Commercial Members: • Managed Care (HMO and POS), • PPO and Indemnity • Managed Major Medical with Custom BCBSMA Formulary • Comprehensive Managed Major Medical with Custom BCBSMA Formulary • Managed Blue for Seniors with Custom BCBSMA Formulary		**Blue Cross Blue Shield of Massachusetts** **Pharmacy Operations Department** 25 Technology Place Hingham, MA 02043

This policy applies to all members, except:

- Medicare Advantage members
- Federal Employee Program members
- Members with Medicare Supplemental Plans

Injectable Specialty Medication Coverage Information
(As of January 1, 2020)

The medications included in this policy are covered under the member's pharmacy benefits only when filled through a specialty pharmacy in our network. Exceptions are noted where applicable in the medication list on the following pages. A valid prescription from a licensed health care provider is required to fill these medications.

Some medications may also be subject to other pharmacy management programs, such as Step Therapy, Prior Authorization, or Quality Care Dosing, or have other coverage requirements. For more information about these medications, use our Medication Lookup tool:

- Medication Lookup for Providers: **bluecrossma.com/provider**
- Medication Lookup for Members: **bluecrossma.com/medications**

Important: Providers can't buy and bill us for the medications listed in this policy using the member's medical benefits. (There are exceptions for providers in Massachusetts to buy and bill certain medications that are noted on the list.)

Additional Coverage Information

	Medications Self-Administered at Home	**Medications Administered in a Doctor's Office**	**Medications Administered by a Home Infusion Therapy Provider**
Ordering the Medication	The prescriber orders the medication through an in-network retail specialty pharmacy.	The prescriber orders the medication through an in-network retail specialty pharmacy for delivery to the prescriber's office or an outpatient clinic for administration.	The prescriber requests prior authorization for this service. They refer the member to a home infusion therapy provider who procures the medication and administers it in the member's home.
Paying for the Medication	The member is responsible for out-of-pocket prescription costs, such as a copay, deductible, or co-insurance.	The member is responsible for any prescription costs (such as a copay, deductible, or co-insurance) and the cost of the office visit (such as a copay,	The member is responsible for any applicable cost sharing outlined under the home care benefit (such as a copay, deductible, or co-insurance).

		deductible, or co-insurance).	

List of Medications Covered Only Under the Pharmacy Benefit[1]

This isn't a complete list of covered medications, and inclusion on the list doesn't guarantee coverage. Some members, depending on their pharmacy plan, may not be covered for these medications. Providers should check a member's eligibility and benefits.

Medication	Date added to this list	Medication	Date added to this list
Actimmune	Jan. 1, 2011	Follistim AQ	Jan. 1, 2011
Abrilada	Jan. 1, 2024	Forteo	Jan. 1, 2011
Adalimumab-adaz	Jan. 1, 2024	Fuzeon	Jan. 1, 2011
Adalimumab-adbm	Jan. 1, 2024	Gamastan SD[3]	Sept. 1, 2015
Adalimumab-fkjp	Jan. 1, 2024	Gammagard liquid[3]	Sept. 1, 2015
Amjevita	Feb. 8, 2023	Gammaplex[3]	Sept. 1, 2015
Aranesp	Jan. 1, 2011	Gamunex[3]	Sept. 1, 2015
Arcalyst	Jan. 1, 2011	Gamunex-C[3]	Sept. 1, 2015
Avonex	Jan. 1, 2011	Gammaked[3]	Sept. 1, 2015
Betaseron	Jan. 1, 2011	Ganirelix	Jan. 1, 2011
Bivigam[3]	Sept. 1, 2015	Gel-One[2]	Jan. 1, 2011
Botox[3]	Sept. 1, 2015	Gel-Syn[2]	Jan. 1, 2011
Bravelle	Jan. 1, 2011	GelSyn-3[2]	July 1, 2021
Bimzelx	Nov. 2, 2023	Genotropin	Jan. 1, 2011
Bynfezia	July 1, 2021	Genvisc	Jan. 1, 2011
Carimune[3]	Sept. 1, 2015	Glatiramer	Oct. 3,2017
Cetrotide	Jan. 1, 2011	Glatopa	Apr. 16,2015
Chorionic Gonadotropin	Jan. 1, 2011	Gonal F	Jan. 1, 2011
Cimzia	Jan. 1, 2011	Gonal F RFF	Jan. 1, 2011
Cyltezo	Jan. 1, 2024	Hizentra[3]	Sept. 1, 2015
Copaxone	Jan. 1, 2011	Humatrope	Jan. 1, 2011
Copegus	Jan. 1, 2011	Humira	Jan. 1, 2011
Cosentyx	July 1, 2021	Hyrimoz	Jan. 1, 2024
Daxxify	Jan. 1,2024	HyQvia	Sept 12, 2014
Dupixent	July 1, 2021	Idacio	Jan. 1, 2024
Durolane	Mar 5, 2018	Ilaris	Jan. 1, 2011
Dysport[3]	Sept. 1, 2015	Ilumya	July 1, 2023
Enbrel	Jan. 1, 2011	Increlex	Jan. 1, 2011
Enspryng	Sept. 1,2020	Infergen	Jan. 1, 2011
Epogen	Jan. 1, 2011	Kesimpta	Sept 1,2020
Euflexxa[2]	Jan. 1, 2011	Kevzara	July 1, 2021
Extavia	Jan. 1, 2011	Kineret	Jan. 1, 2011
Fasenra	July 1, 2021	Leuprolide (non-Depot form)	Jan. 1, 2011
Flebogamma[3]	Sept. 1, 2015	Leqvio	Jan. 1, 2023
Flebogamma Dif[3]	Sept. 1, 2015	Luveris	Jan. 1, 2011

Medication	Date added to this list	Medication	Date added to this list
Menopur	Jan. 1, 2011	Nutropin	Jan. 1, 2011
Monovisc[2]	July 1, 2021	Nutropin AQ	Jan. 1, 2011
Myobloc[3]	Sept. 1, 2015	Octagam[3]	Sept. 1, 2015
Nordiflex	Jan. 1, 2011	Serostim	Jan. 1, 2011
Nucala	July 1, 2021	Siliq	July 1, 2021
Norditropin	Jan. 1, 2011	Simponi	Jan. 1, 2011
Octreotide (not LAR)	Jan. 1, 2011	Simponi Aria	Jan 1, 2024
Omnitrope	Jan. 1, 2011	Skyrizi	July 1, 2023
Orfadin	Jan. 1, 2011	Skytrofa	Oct 21, 2021
Orthovisc[2]	Jan. 1, 2011	Sogroya	July 1, 2023
Ovidrel	Jan. 1, 2011	Somavert	Jan. 1, 2011
Panglobulin[3]	Sept. 1, 2015	Stelara	Jan. 1, 2011
Panretin	Jan. 1, 2011	Stelara ® IV	Jan 1, 2024
Panzyga	Jan. 1, 2021	Strensiq	July 1, 2021
Pegasys	Jan. 1, 2011	Supartz[2]	Jan. 1, 2011
PegIntron	Jan. 1, 2011	Synvisc[2] (all forms)	Jan. 1, 2011
PegIntron Redi Pen	Jan. 1, 2011	Tegsedi	July 1, 2021
Pregnyl	Jan. 1, 2011	Teriparatide	Mar 1, 2020
Privigen[3]	Sept. 1, 2015	Tev-Tropin	Jan. 1, 2011
Procrit	Jan. 1, 2011	Tezspire	Jan 13, 2022
Prolia[3]	Sept. 1, 2015	TOBI	Jan. 1, 2011
Pulmozyme	Jan. 1, 2011	Tremfya	July 1, 2021
Rebetol	Jan. 1, 2011	Triluron	July 1, 2021
Rebetron	Jan. 1, 2011	Trivisc	July 1, 2021
Rebif	Jan. 1, 2011	Tymlos	Jan. 1, 2011
Remicade[3]	Sept. 1, 2015	Visco-3[2]	Jan. 1, 2011
Repronex	Jan. 1, 2011	Xeomin[3]	Sept. 1, 2015
RibaPak	Jan. 1, 2011	Xgeva[3]	Sept. 1, 2015
Ribasphere	Jan. 1, 2011	Yuflyma	Jan 1, 2024
Ribavirin	Jan. 1, 2011	Zorbtive	Jan. 1, 2011
Saizen	Jan. 1, 2011		
Sandostatin (not LAR)	Jan. 1, 2011		

Footnotes

1. Does not apply when the medication is administered: in the emergency room; as an inpatient; at a surgical day care facility; in an ambulatory surgery center; or through home infusion therapy or dialysis.
2. This medication can be filled at any retail pharmacy. The member doesn't need to use a retail specialty pharmacy in our network for these medications only.
3. These medications are covered under the *pharmacy benefit* when filled at an in-network specialty pharmacy. However, they may be covered under the *medical benefit* by a doctor who practices in Massachusetts and administered based on the member's benefits.

Policy History

Date	Action
1/2024	Updated to add Stelara ® IV and Simponi Aria ® to the policy.
7/2023	Reformatted Policy and Added Sogroya ® to the policy
1/2023	Updated to add Leqvio ® to the policy.
1/2022	Updated to add Tezspire to the policy.
10/2021	Updated to add Skytrofa to the policy.
7/1/2021	Updated to add 7/1 changes and for maintenance and clean up.
9/1/2020	Updated to add Kesimpta and Enspryng to the policy.
3/1/2020	Policy developed based on current process.

To request Prior Authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

http://www.bluecrossma.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf