

SERVICES REQUIRING PRIOR AUTHORIZATION

Policy Number: ADMINISTRATIVE 245.46

Effective Date: August 1, 2017

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

PURPOSE

A list of services requiring prior authorization is provided below for your reference; refer to the individual policy for complete details on applicable prior authorization guidelines.

Note: The appearance of an item or procedure on this list is not a guarantee of coverage. Prior authorization and payment of covered services are subject to the terms, conditions and limitations of the member's contract or certificate of coverage, eligibility at time of service, and approval by our Clinical Services Department. In addition, prior authorization requirements may differ by individual physician or other health care professional. If additional precertification requirements apply, the physician or other health care professional will be notified in advance of the prior authorization rules being applied.

In the event of an inconsistency or conflict between the information provided on this list and the posted policy, the provisions of the posted policy will prevail.

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J&K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W,X,Y,Z](#)

Policy Title	Policy Effective Date
17-Alpha-Hydroxyprogesterone Caproate (17P and Makena™)	07/01/2017
Ablative Treatment for Spinal Pain	06/01/2017
Abnormal Uterine Bleeding and Uterine Fibroids	07/01/2017
Abortions (Therapeutic and Elective)	10/01/2016
Accutane	02/01/2015
Acquired Rare Disease Drug Therapy Exception Process	01/01/2017
Actemra® (Tocilizumab) - Notification	06/01/2017
Actemra® (Tocilizumab) - Step Therapy	06/01/2017
Actemra® (Tocilizumab) Injection for Intravenous Infusion	05/01/2017

Actimmune® (Interferon Gamma-1b)	09/01/2016
Addyi (Flibanserin)	08/01/2017
Advate (Antihemophilic Factor [Recombinant])	01/01/2017
Adynovate (Antihemophilic Factor [Recombinant], Pegylated)	01/01/2017
Afinitor(Everolimus)	10/01/2016
Afrezza (Insulin Human)	08/01/2017
Afstyla (Antihemophilic Factor [Recombinant], Single Chain)	07/01/2017
Albenza (Albendazole), Emverm (Mebendazole), Vermox (Mebendazole)	06/01/2017
Alecensa® (Alectinib)	06/01/2017
Amitiza (Lubiprostone), Linzess™ (Linaclotide) and Movantik®	12/15/2016
Ampyra™ (Dalfampridine)	08/01/2017
Anemia Drugs: Darbepoetin Alfa, Epoetin Alfa, and Methoxy Polyethylene Glycol-Epoetin Beta	10/01/2016
Anticonvulsants: Banzel (Rufinamide), Onfi (Clobazam), Potiga (Ezogabine), Sabril (Vigabatrin)	08/01/2017
Antidepressants: Brintellix/Trintellix (Vortioxetine) and Fetzima (Levomilnacipran)	08/01/2017
Apheresis	08/01/2016
Arcalyst (Rilonacept)	08/01/2017
Assisted Administration of Clotting Factors and Coagulant Blood Products	02/01/2017
Athletic Pubalgia Surgery	07/01/2017
Attended Polysomnography for Evaluation of Sleep Disorders	04/01/2017
Aubagio® (Teriflunomide)	08/01/2016
Autologous Chondrocyte Transplantation in the Knee	11/01/2016
Avodart (Dutasteride)	08/01/2017
Azilect (Rasagiline)	01/01/2017
B	
Balloon Sinus Ostial Dilation	12/01/2016
Bariatric Surgery	06/01/2017
Berinert® (C1 Esterase Inhibitor, Human)	10/01/2016
Blepharoplasty, Blepharoptosis and Brow Ptosis Repair	06/01/2017
Bone or Soft Tissue Healing and Fusion Enhancement Products	04/01/2017
Bosulif (Bosutinib) - Notification	03/01/2017
Bosulif (Bosutinib) - Step Therapy	03/01/2017
Botulinum Toxins A and B	01/01/2017
Breast Cancer Prevention(Medications) Copay Reduction - Tamoxifen (20 mg), Soltamox (tamoxifen) solution, Evista (raloxifene)	10/01/2016
Breast Imaging for Screening and Diagnosing	08/01/2017

Cancer	
Breast Reconstruction Post Mastectomy	01/01/2017
Breast Reduction Surgery	07/01/2017
Breast Repair/Reconstruction (Not Following Mastectomy)	01/01/2017
Brilinta (Ticagrelor)	11/01/2015
Bronchial Thermoplasty	08/01/2017
Buprenorphine/Naloxone and Buprenorphine HCL Products: Bunavail™, Suboxone Film® (Buprenorphine HCL and Naloxone), Zubsolv®, Buprenorphine/Naloxone and Buprenorphine HCL	06/01/2017
Buprenorphine Products (Pain Indications) - Belbuca (Buprenorphine Hydrochloride Film) and Butrans (Buprenorphine Patch, Extended-Release)	05/01/2017

C

Cabometyx™ (Cabozantinib)	09/01/2016
California and New York Regulatory Program - Weight Loss (Xenical (Orlistat), Benzphetamine, Diethylpropion, Phendimetrazine, Phentermine, Belviq (Lorcaserin), Contrave (Naltrexone and Bupropion), and Qsymia (Phentermine and Topiramate Extended-Release), Saxenda (Liraglutide))	12/01/2016
Cardiovascular Disease Risk Tests	01/01/2016
Caprelsa® (Vandetanib)	10/01/2016
Cardiology Procedures Requiring Precertification for eviCore healthcare Arrangement	02/01/2017
Cardiovascular Disease Risk Tests	01/01/2017
Cayston® (Aztreonam for Inhalation Solution)	05/01/2017
Cerdelga™ (Eliqlustat)	12/01/2016
Chelation Therapy for Non-Overload Conditions	05/01/2017
Chemosensitivity and Chemoresistance Assays in Cancer	12/01/2016
Cholbam® (Cholic Acid)	12/01/2016
Chromosome Microarray Testing	06/01/2017
Cimzia (Certolizumab Pegol)	06/01/2017
Ciprodex (Ciprofloxacin HCl/Dexamethasone)	01/01/2017
Clinical Trials	07/01/2017
Clotting Factors and Coagulant Blood Products	07/01/2017
CNS Stimulants: Adderall (amphetamine-dextroamphetamine mixed salts), Adderall XR (amphetamine-dextroamphetamine mixed salts extended-release), Aptensio XR (methylphenidate extended-release), Concerta (methylphenidate extended-release), Daytrana (methylphenidate transdermal), Desoxyn (methamphetamine), Dexedrine (dextroamphetamine), Dyanavel XR (amphetamine extended-release), Focalin	06/01/2017

(dexamethylphenidate), Evekeo (amphetamine sulfate), Focalin XR (dexamethylphenidate extended-release), Metadate (methylphenidate), Metadate CD (methylphenidate extended-release), Methylin (methylphenidate), Methylin ER (methylphenidate extended-release), Procentra (dextroamphetamine), QuilliChew ER (methylphenidate extended-release), Quillivant XR (methylphenidate extended-release), Ritalin (methylphenidate), Ritalin SR (methylphenidate extended-release), Ritalin LA (methylphenidate extended-release), Vyvanse (lisdexamfetamine)	
Cochlear Implants	07/01/2017
Colchicine Tablet (Colcrys Authorized Generic)	08/01/2017
Collagen Crosslinks and Biochemical Markers of Bone Turnover	04/01/2017
Cometriq (Cabozantinib)	09/01/2016
Compounds and Bulk Powders	01/01/2017
Computerized Dynamic Posturography	06/01/2017
Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes	04/01/2017
Core Decompression for Avascular Necrosis	11/01/2016
Corlanor® (Ivabradine)	12/01/2016
Corneal Hysteresis and Intraocular Pressure Measurement	07/01/2017
Cosentyx™ (Secukinumab) Prefilled Syringe or Sensoready Pen - Notification	06/01/2017
Cosentyx™ (Secukinumab) Prefilled Syringe or Sensoready Pen - Step Therapy	08/01/2017
Cosmetic and Reconstructive Procedures	08/01/2017
Cotellic® (Cobimetinib)	03/01/2017
Cystaran™ (Cysteamine) Ophthalmic Solution	09/01/2016
Cytological Examination of Breast Fluids for Cancer Screening	04/01/2017

D

Daklinza® (Daclatasvir) - CT/NJ	03/01/2017
Daklinza® (Daclatasvir) - State of New York Fully Insured	09/12/2016
Daliresp® (Roflumilast)	02/01/2017
Daraprim® (Pyrimethamine)	02/01/2017
Deep Brain and Cortical Stimulation	08/01/2017
Dental and Oral Surgical Procedures	01/01/2017
Diabetes Medications - DPP4 Inhibitors (CT/NY)	02/01/2017
Diabetes Medications - DPP4 Inhibitors (NJ)	02/01/2017
Diabetes Medications - GLP1 Inhibitors (CT/NY)	02/01/2017
Diabetes Medications - GLP1 Inhibitors (NJ)	02/01/2017
Diabetes Medications - GLP2 Inhibitors (CT/NY)	02/01/2017

Diabetes Medications – GLP2 Inhibitors (NJ)	02/01/2017
Diabetes Supply Coverage for Commercial Plans (Including New Jersey Small Group Plans)	03/01/2017
Dialysis Services	01/01/2017
Diclegis (Doxylamine/Pyridoxine)	08/01/2017
Dihydroergotamine Nasal Spray (Migranal)	07/01/2017
Discoqenic Pain Treatment	01/01/2017
Doxepin Cream: Prudoxin (Doxepin), Zonalon (Doxepin)	07/01/2017
Drug Coverage Criteria - New and Therapeutic Equivalent Medications	08/01/2017
Drug Coverage Guidelines	08/01/2017
Dulera (Mometasone Furoate/Formoterol Fumarate)	05/01/2017
Duopa (Carbidopa/Levodopa)	12/01/2016
Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies, and Repairs/Replacements	07/01/2017
Dupixent (Dupilumab)	08/01/2017
E	
Egrifta (Tesamorelin for Injection)	05/01/2017
Elbow Replacement Surgery (Arthroplasty)	04/01/2017
Electric Tumor Treatment Field Therapy	01/01/2017
Electrical and Ultrasound Bone Growth Stimulators	04/01/2017
Electrical Bioimpedance for Cardiac Output Measurement	09/01/2016
Electrical Stimulation and Electromagnetic Therapy for Wounds	02/01/2017
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation	08/01/2017
Elidel® (pimecrolimus) and Protopic® (tacrolimus)	12/01/2016
Eloctate™ (Antihemophilic Factor (Recombinant), FC Fusion Protein) for Connecticut Lines of Business	02/01/2017
Eloctate [Antihemophilic Factor (Recombinant), FC Fusion Protein]	03/01/2017
Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome	05/01/2017
Emflaza™ (Deflazacort)	08/01/2017
Entresto (Valsartan-Sacubitril)	04/01/2016
Enbrel® (Etanercept)- Notification	06/01/2017
Enbrel® (Etanercept) - Step Therapy	06/01/2017
Entresto (Valsartan-Sacubitril)	05/01/2017
Entyvio® (Vedolizumab)	07/01/2017
Epaned (enalapril), Nexium suspension (esomeprazole), Prevacid SoluTab (lansoprazole), Purixan (mercaptopurine)	06/01/2016

Epclusa (Sofosbuvir/Velpatasvir) - CT/NJ	03/01/2017
Epclusa (Sofosbuvir/Velpatasvir) - State of New York Fully Insured	09/12/2016
Epidural Steroid and Facet Joint Injections for Spinal Pain	04/01/2017
Epiduroscopy, Epidural Lysis of Adhesions and Functional Anesthetic Discography	01/01/2017
Erectile Dysfunction Agents: Caverject® (alprostadil), Cialis® (tadalafil), Edex® (alprostadil), Levitra® (vardenafil HCl), Muse® (alprostadil), Staxyn™ (vardenafil HCl), Stendra™ (avanafil), Viagra® (sildenafil citrate)	07/01/2017
Erivedge (Vismodegib)	12/01/2016
Esbriet® (pirfenidone) and Ofev® (nintedanib) for Idiopathic Pulmonary Fibrosis	12/01/2016
Evzio (Naloxone Hydrochloride)	03/01/2017
Exjade (Deferasirox) and Ferriprox (Deferiprone)	12/01/2016
Exondys 51™ (Eteplirsen)	04/01/2017
Experimental/Investigational Treatment	02/01/2017
Experimental/Investigational Treatment for NJ Plans	02/01/2017
Extavia® (Interferon β-1b) - Step Therapy	08/01/2016
Extracorporeal Shock Wave Therapy (ESWT)	07/01/2017

F

Farydak (Panobinostat)	06/01/2017
Fecal Calprotectin Testing	03/01/2017
Femoroacetabular Impingement Syndrome Treatment	01/01/2017
Fentanyl Products - Abstral (fentanyl sublingual tablets), Actiq (fentanyl transmucosal lozenge), Fentora (fentanyl buccal tablet), Lazanda (fentanyl nasal spray), Subsys (fentanyl sublingual spray), and fentanyl citrate	12/01/2016
Fetal Aneuploidy Testing Using Cell-Free Fetal Nucleic Acids in Maternal Blood	01/01/2017
Firazyr® (Icatibant)	11/01/2015
Follicle Stimulating Hormone (FSH) Gonadotropins	11/01/2016
Fortamet (Metformin Extended-Release, Brand and Generic), Glucophage XR (Metformin Extended-Release, Brand Only) and Glumetza (Metformin Extended-Release, Brand and Generic)	08/01/2017
Forteo (Teriparatide)	12/01/2016
Functional Endoscopic Sinus Surgery (FESS)	11/01/2016
Fulyzaq (Crofelemer)	05/01/2016

G

Gait Analysis	06/01/2017
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Gastrointestinal Motility Disorders, Diagnosis and Treatment	07/01/2017
Gattex (Teduqlutide [Rdna Origin]), for Injection, for Subcutaneous Use	12/01/2016
Gender Dysphoria Treatment	01/01/2017
Gene Expression Tests	08/01/2017
Genetic Testing	05/01/2017
Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome (HBOC)	04/01/2017
Genvoya® (Elvitegravir/Cobicistat/ Emtricitabine/Tenofovi Ralafenamide)	11/01/2016
Gilotrif™ (Afatinib)	09/01/2016
Glaucoma Agents: Travoprost (Generic Travatan), Rescula (Unoprostone), Zioptan (Tafluprost)	06/01/2017
Glaucoma Surgical Treatments	07/01/2017
Gleevec® (Imatinib Mesylate)	03/01/2017
Gonadotropin Releasing Hormone Analogs	02/01/2017
Gynecomastia Treatment	07/01/2017

H

Harvoni™ (Ledipasvir/Sofosbuvir) - CT/NJ	03/01/2017
Harvoni™ (Ledipasvir/Sofosbuvir) - State of New York Fully Insured	09/12/2016
Hearing Aids And Devices Including Wearable, Bone-Anchored and Semi-Implantable	08/01/2017
Helixate FS (Antihemophilic Factor [Recombinant])	01/01/2017
Hetlioz® (tasimelteon)	08/01/2017
High Frequency Chest Wall Compression Devices	11/01/2016
Hip Replacement Surgery (Arthroplasty)	04/01/2017
Hip Resurfacing Arthroplasty	12/01/2016
Home Health Care	03/01/2017
Home Hemodialysis	04/01/2017
Home Traction Therapy	08/01/2017
Hospice Care	01/01/2017
Human Growth Hormone: Somatropin (Genotropin®, Humatrope®, Norditropin®, NordiFlex®, Nutropin®, Nutropin AQ®, Nutropin AQ® NuSpin™, Omnitrope®, Saizen®, Zomacton®, Zorbtive®, and Serostim®) and Growth Stimulating Products : Mecasermin (Increlex®)	03/01/2017
Human Menopausal Gonadotropins (hMG)	11/01/2016
Humira® (adalimumab)	11/01/2016
Hycamtin® (Topotecan Hydrochloride)	03/01/2017
Hysterectomy for Benign Conditions	04/01/2017

I

Ibrance (Palbociclib)	08/01/2017
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Iclusig (Ponatinib)	03/01/2017
Imbruvica (Ibrutinib)	06/01/2017
Immune Globulin (IVIG and SCIG)	02/01/2017
Immune Globulin Site of Care Review Guidelines for Medical Necessity of Hospital Outpatient Facility Infusion	04/01/2017
Impavido (Miltefosine)	02/01/2017
Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors	01/01/2017
Implanted Electrical Stimulator for Spinal Cord	08/01/2017
Impavido (Miltefosine)	09/01/2016
Incivek™ (Telaprevir)	05/01/2014
Infertility Diagnosis and Treatment	02/01/2017
Infliximab (Remicade® and Inflectra™)	04/01/2017
Injectable Chemotherapy Drugs: Application of NCCN Clinical Practice Guidelines	06/01/2017
Inlyta (Axitinib)	11/01/2015
In-Network Exceptions for Breast Reconstruction Surgery Following Mastectomy	02/01/2017
Insulin - CT/NY	02/01/2017
Interim New Product Coverage Criteria	11/01/2016
Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	08/01/2017
Intrauterine Fetal Surgery	06/01/2017
Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease	02/01/2017
Intron® A (Interferon Alfa-2b), Pegasys® (Peginterferon Alfa-2a), PegIntron® and Sylatron™ (Peginterferon Alfa-2b)	02/01/2017
Invokana (canagliflozin), Farxiga (dapagliflozin)	01/01/2016
Iressa® (gefitinib)	12/01/2016
Isotretinoin Oral Products - Absorica (isotretinoin), Myorisan (isotretinoin), Claravis (isotretinoin), Amnesteem (isotretinoin), Zenatane (isotretinoin)	10/01/2016
Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease	10/01/2016
Ixinity [Coagulation Factor IX (Recombinant)]	01/01/2017

J & K

Jakafi™ (Ruxolitinib)	08/01/2017
Juxtapid (Lomitapide)	12/01/2016
Kalydeco (Ivacaftor)	02/01/2017
Keveyis™ (Dichlorphenamide)	05/01/2017
Kineret® (Anakinra)	06/01/2017
Kisqali® (Ribociclib)	08/01/2017
Korlym (Mifepristone)	06/01/2017
Kuvan (Sapropterin Dihydrochloride)	12/01/2016
Kynamro	12/01/2016

L

Latuda (Lurasidone)	01/01/2017
Lazanda (Fentanyl Nasal Spray)	12/01/2016
Lemtrada (Alemtuzumab)	06/01/2017
Lenvima™ (Lenvatinib)	08/01/2016
Lescol XL (Fluvastatin Extended-Release) and Livalo (Pitavastatin)	11/01/2016
Leuprolide Acetate (Bulk Powder, 1 mg/0.2 mL Injection, Eliqard®)	09/01/2016
Lidocaine Patch (Lidoderm)	07/01/2017
Light and Laser Therapy for Cutaneous Lesions and Pilonidal Disease	08/01/2017
Lithotripsy for Salivary Stones	10/01/2016
Long-Acting Opioid Pain Medications - Arymo ER, Avinza (Morphine Sulfate Extended-Release Capsules), Embeda (Morphine Sulfate And Naltrexone), Exalgo (Hydromorphone Extended-Release), Fentanyl Transdermal+, Hysingla ER (Hydrocodone Extended-Release), Kadian (Morphine Sulfate Sustained-Release Capsules), Morphine Sulfate (Generic MS Contin)+, MS Contin, Nucynta ER (Tapentadol Extended-Release), Opana ER (Oxymorphone Extended-Release), Oxycontin (Oxycodone Controlled-Release), Xtampza ER (Oxycodone Extended-Release), Zohydro ER (Hydrocodone Extended-Release)	08/01/2017
Lonsurf (Trifluridine/Tipiracil)	12/01/2016
Lotronex (Alosteron)	08/01/2016
Lovaza® (Omega-3-Acid Ethyl Esters), Epanova® (Omega-3-Carboxylic Acids), Omtryg™ (Omega-3-Acid Ethyl Esters A), Vascepa® (Icosapent Ethyl)	10/01/2016
Lyme Disease	11/01/2016
Lynparza™ (Olaparib)	03/01/2017
Lyrica (Pregabalin)	05/01/2017

M

Macular Degeneration Treatment Procedures	08/01/2017
Magnetic Resonance Spectroscopy (MRS)	09/01/2016
Magnetoencephalography and Magnetic Source Imaging for Specific Neurological Applications	07/01/2017
Manipulation Under Anesthesia	04/01/2017
Manipulative Therapy	06/01/2017
Mechanical Stretching Devices	03/01/2017
Mekinist (Trametinib)	06/01/2017
Meniscus Implant and Allograft	08/01/2017
Methotrexate Injection: Rasuvo™ (methotrexate injection), Otrexup™ (methotrexate injection)	12/01/2016
Mifeprex® (Mifepristone, RU-486)	07/01/2017
Minimally Invasive Procedures for	01/01/2017

Gastroesophageal Reflux Disease (GERD)	
Modafinil (Provigil) and Armodafinil (Nuvigil)	03/01/2017
Molecular Profiling to Guide Cancer Treatment	08/01/2016
Motorized Spinal Traction	08/01/2017
Multaq (dronedarone)	09/01/2016
Multiple Sclerosis - Aubagio® (teriflunomide), Avonex® (interferon β-1a), Betaseron® (interferon β-1b), opaxone® (glatiramer acetate), Extavia® (interferon β-1b)*, Gilenya® (fingolimod), Glatopa™ (glatiramer cetate)*, Plegridy™ (peginterferon β-1a)*, Rebif® (interferon β-1a), Tecfidera™ (dimethyl fumarate)	01/01/2016
Multisource Brand/Modified Release Anticonvulsants - Depakote, Depakote ER, Felbatol, Keppra, Keppra XR, Lamictal, Lamictal XR (Brand and Generic), Lamictal ODT (Brand and Generic), Mysoline, Neurontin, Oxtellar XR, Qudexy XR (Brand and Authorized Generic), Spritam, Topamax, Trokendi XR, Trileptal, Zonegran	12/01/2016
Myalept (Metreleptin)	08/01/2017
Mytesi™ (Crofelemer)	05/01/2017
N	
Natpara™ (parathyroid hormone analog)	12/01/2016
Nerve Graft to Restore Erectile Function During Radical Prostatectomy	10/01/2016
Neurophysiologic Testing	06/01/2017
Neuropsychological Testing Under the Medical Benefit	10/01/2016
Nexavar® (Sorafenib Tosylate)	11/01/2015
Ninlaro (Ixazomib)	06/01/2017
Non-Solid Oral Dosage Forms: Epaned (enalapril), Nexium for suspension (esomeprazole), Prevacid SoluTab (lansoprazole), Purixan (mercaptopurine), Qbrelis (lisinopril), Sotylize (sotalol), Zegerid for suspension (omeprazole and sodium bicarbonate)	05/01/2017
Northera (Droxidopa)	08/01/2017
Nuplazid (Pimavanserin Tartrate)	10/01/2016
O	
Obredon (Hydrocodone/Quaifenesin)	06/01/2017
Obstetrical Ultrasonography	02/01/2017
Obstructive Sleep Apnea Treatment	04/01/2017
Ocaliva (Obeticholic Acid)	06/27/2016
Occipital Neuralgia and Headaches	06/01/2017
Ocrevus® (Ocrelizumab)	01/01/2017
Odomzo® (Sonidegib)	12/01/2016
Off-Label / Unproven Specialty Drug Treatment	08/01/2017
Olysio® (Simeprevir)	03/01/2017

Olysio® (Simeprevir) - State of New York Fully Insured	09/12/2016
Omnibus Codes	07/01/2017
Oral and Nasal Fentanyl Medications	01/01/2015
Orencia® (Abatacept) - Notification	06/01/2017
Orencia® (Abatacept) - Step Therapy	06/01/2017
Orencia® (Abatacept) Injection for Intravenous Infusion	05/01/2017
Orfadin® (Nitisinone)	08/01/2017
Orkambi™ (Lumacaftor/Ivacaftor)	02/01/2017
Orthognathic/Jaw Surgery	04/01/2017
Orthopedic Services	04/01/2017
Osteochondral Grafting of Knee	11/01/2016
Otezla (Apremilast)	08/01/2017
Otoacoustic Emissions Testing	05/01/2017
Outpatient Cardiovascular Telemetry	03/01/2017
Outpatient Physical & Occupational Therapy for Self Funded Groups	02/01/2017
Outpatient Physical and Occupational Therapy (OptumHealth Care Solutions Arrangement)	02/01/2017
Oxistat (Oxiconazole) Cream	10/01/2016

P

PAH Agents: Adcirca® (Tadalafil), Adempas® (Riociquat), Letairis® (Ambrisentan), Opsumit® (Macitentan), Orenitram™ (Treprostinil), Revatio®* (Sildenafil Citrate), Sildenafil Citrate Tablets (Generic Revatio), Tracleer® (Bosentan), Tyvaso® (Treprostinil), Uptravi® (Selexipag), Ventavis® (Iloprost)	03/01/2017
Pancreaze, Pertzye, Ultresa, Viokace	10/01/2016
Panniculectomy and Body Contouring Procedures	04/01/2017
Pectus Deformity Repair	08/01/2017
Percutaneous Vertebroplasty and Kyphoplasty	12/01/2016
Physical, Occupational (OptumHealth Care Solutions Arrangement) and Speech Therapy including Cognitive/ Neuropsychological Rehabilitation for New Jersey Small Group Members	02/01/2017
Plagiocephaly and Craniosynostosis Treatment	10/01/2016
Platelet Derived Growth Factors for Treatment of Wounds	04/01/2017
Pneumatic Compression Devices	04/01/2017
Pomalyst (Pomalidomide)	08/01/2017
Praluent™ (Alirocumab)	03/01/2017
Preterm Labor Management	07/01/2017
Preventive Care Services	07/01/2017
Pristiq (Desvenlafaxine)	01/01/2017
Private Duty Nursing Services (PDN)	09/01/2016

Probuphine® (Buprenorphine)	02/01/2017
Procysbi™ (Cysteamine Bitartrate)	09/01/2016
Prolotherapy for Musculoskeletal Indications	06/01/2017
Promacta (Eltrombopag)	03/01/2017
Prostaglandin Ophthalmic Agents	06/01/2016
Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs	02/01/2017
Pulmicort Flexhaler (Budesonide Inhalation Powder)	02/01/2017
Pulmozyme® (Dornase Alfa)	05/01/2017

R

Radiation Therapy Procedures Requiring Precertification for eviCore healthcare Arrangement	03/01/2017
Radiology Procedures Requiring Precertification for eviCore healthcare Arrangement	08/01/2017
Radiopharmaceuticals and Contrast Media	01/01/2017
Ravicti™ (Glycerol Phenylbutyrate Oral Liquid)	03/01/2017
Rebetol (Ribavirin)	05/01/2015
Rebif® (Interferon β-1a) - Step Therapy	01/01/2017
Recombinate (Antihemophilic Factor [Recombinant])	01/01/2017
Rectiv (Nitroglycerin Ointment)	12/01/2016
Refractive Surgeries	03/01/2017
Regranex (Becaplermin)	10/01/2016
Relistor (Methylnaltrexone Bromide)	03/01/2017
Repatha™ (Evolocumab)	03/01/2017
Repository Corticotropin Injection (H.P. Acthar Gel®)	02/01/2017
Respiratory Interleukins (IL) Policy	02/01/2017
Restasis® (Cyclosporine Ophthalmic Emulsion 0.05%), Xiidra™ (Lifitegrast 5% Ophthalmic Solution)	04/01/2017
Revlimid® (Lenalidomide)	08/01/2017
Rexulti (Brexpiprazole)	07/01/2017
Rhinoplasty and Other Nasal Surgeries	08/01/2017
Rituximab (Rituxan)	07/01/2017
Routine Foot Care	06/01/2017
Rubraca™ (Rucaparib)	05/01/2017
Ruconest® (C1 esterase inhibitor [recombinant])	10/01/2016

S

Sandostatin LAR Depot (Octreotide Acetate)	01/01/2017
Sandostatin Subcutaneous Formulation (Octreotide Acetate)	12/01/2016
Sedative Hypnotic Agents: Zolpimist (zolpidem tartrate), Rozerem (ramelteon), Belsomra	06/01/2017
Select Brand Medications	01/01/2017

Selzentry (Maraviroc)	05/01/2017
Sensipar (Cinacalcet)	11/01/2016
Sensory Integration Therapy and Auditory Integration Training	11/01/2016
Seroquel XR (Quetiapine)	01/01/2017
Shoulder Replacement Surgery (Arthroplasty)	04/01/2017
Signifor (Pasireotide Diaspartate)	12/01/2016
Siliq (Brodalumab)	08/01/2017
Simponi® (Golimumab)	06/01/2017
Simponi® Aria™ (Golimumab) Injection for Intravenous Infusion	06/01/2017
Single Source Brand Anticonvulsants – Aptiom (eslicarbazepine), Fycompa (perampanel) and Vimpat (lacosamide)	09/01/2016
Site of Service Guidelines for Certain Outpatient Surgical Procedures	07/01/2017
Sodium Hyaluronate	06/01/2017
Solaraze (Diclofenac 3% Gel)	10/01/2016
Soliqua (Insulin Glargine/Lixisenatide)	07/01/2017
Soliris® (Eculizumab)	02/01/2017
Solodyn (Minocycline Extended-Release)	07/01/2017
Somavert® (Pegvisomant)	10/01/2016
Soolantra (Ivermectin Cream)	10/01/2016
Sovaldi (Sofosbuvir) – CT/NJ	03/01/2017
Sovaldi (Sofosbuvir) - State of New York Fully Insured	03/01/2017
Specialty Medication Administration - Site of Care Review Guidelines	07/01/2017
Speech Therapy and Early Intervention Programs/Birth to Three	02/01/2017
Spinraza™ (Nusinersen)	05/01/2017
Sprycel® (Dasatinib)	01/01/2017
Standing Systems and Gait Trainers	12/01/2016
Stelara™ (Ustekinumab) (for Subcutaneous Formulation of Ustekinumab)	02/01/2017
Stelara® (Ustekinumab)	07/01/2017
Stivarga® (Regorafenib)	09/01/2016
Strensig™ (asfotase alfa)	03/01/2017
Stribild® (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate), Genvoya® (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)	08/01/2017
Sublingual Immunotherapy (SLIT) - Grastek, Oralair, Raqwitek	08/01/2017
Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins	07/01/2017
Surgical Treatment for Spine Pain	04/01/2017
Sutent® (Sunitinib Malate)	10/01/2016

Synagis (palivizumab)	12/01/2016
Syprine® (Trientine Hydrochloride)	09/01/2016
T	
Tafinlar (Dabrafenib)	06/01/2017
Tagrisso™ (Osimertinib)	03/01/2017
Taltz™ (Ixekizumab)	08/01/2017
Tarceva® (Erlotinib)	03/01/2017
Tasigna® (Nilotinib) - Notification	05/01/2016
Tasigna® (Nilotinib) - Step Therapy	05/01/2016
Technivie™ (Ombitasvir, Paritaprevir, and Ritonavir Tablets) – CT/NJ	03/01/2017
Technivie™ (Ombitasvir, Paritaprevir, and Ritonavir Tablets) – State of New York Fully Insured	09/12/2016
Temodar® (Temozolomide)	12/01/2016
Temporomandibular Joint Disorders	04/01/2017
Test Strips	02/01/2017
Thalomid® (Thalidomide)	08/01/2017
Thermal Capsulorrhaphy/Thermal Shrinkage Therapy	04/01/2017
Thermography	05/01/2017
Tobacco Cessation - Health Care Reform: Bupropion (generic Zyban), Chantix® (varenicline), Habitrol OTC (nicotine patch), Nicoderm CQ OTC (nicotine transdermal system), Nicorette gum OTC (nicotine gum), Nicorette lozenge OTC (nicotine lozenge), Nicorette mini-lozenge OTC (nicotine lozenge), Nicotrol® NS (nicotine nasal spray), Nicotrol® Inhaler (nicotine inhalation system), Thrive gum OTC (nicotine gum) or Thrive lozenge OTC (nicotine lozenge)	08/01/2017
Tobramycin inhalation solution/powder: Bethkis®, Kitabis™ Pak, TOBI™ Nebulizer Solution and TOBI®	05/01/2017
Topical Androgens: Axiron, Androderm, Androgel, Fortesta, Natesto, Testim, Striant, Vogelxo	12/15/2016
Topical Antifungals: Jublia, Kerydin	08/01/2017
Topical Retinoids (Pharmaceutical Treatment of Acne): Avita® (tretinoin), Atralin™ (tretinoin), Retin-A® (tretinoin), Retin-A Micro® (tretinoin microspheres), Tretin-X™ (tretinoin/cleanser), Differin® (adapalene), Fabior™ (tazarotene), and Tazorac® (tazarotene)	05/01/2017
Topical Steroids: Cordran (Flurandrenolide) Cream 0.05%, Cordran (Flurandrenolide) Lotion 0.05%, Cordran (Flurandrenolide) Ointment 0.05%, Cloderm (Clocortolone Pivalate) Cream 0.1%, Haloq (Halcinonide) Cream 0.1%, Haloq (Halcinonide) Ointment 0.1%, Desonate (Desonide Gel) Gel 0.05% Cultivate Lotion (Fluticasone Propionate 0.05% Lotion)	01/01/2017

Total Artificial Disc Replacement for Spine	06/01/2017
Total Artificial Heart	11/01/2016
Total Knee Replacement Surgery (Arthroplasty)	04/01/2017
Transcatheter Heart Valve Procedures	01/01/2017
Transcranial Magnetic Stimulation	03/01/2017
Transportation Services	11/01/2015
Transpupillary Thermotherapy	07/01/2017
Tresiba (Insulin Degludec)	02/01/2017
Triptans - Agents for Migraine	08/01/2017
Truvada® (emtricitabine/tenofovir disoproxil fumarate)	07/01/2017
Tykerb® (Lapatinib)	12/01/2016

U

Uloric (Febuxostat)	10/01/2016
Ultravate (Halobetasol Propionate) Lotion	07/01/2017
Umbilical Cord Blood Harvesting and Storage for Future Use	08/01/2017
Unicondylar Spacer Devices for Treatment of Pain or Disability	10/01/2016

V

Vaqus Nerve Stimulation	01/01/2017
Valchlor Gel for Topical Use (Mechlorethamine)	12/01/2016
Vecamyl (Mecamylamine)	08/01/2017
Veltassa (Patiomer)	09/01/2016
Venclexta™ (Venetoclax)	08/01/2017
Viberzi (Eluxadoline)	06/01/2017
Vidtrelis™ (Boceprevir)	05/01/2014
Viekira Pak™ (Ombitasvir, Paritaprevir, and Ritonavir Tablets; Dasabuvir Tablets) – CT/NJ	03/01/2017
Viekira Pak™ (Ombitasvir, Paritaprevir, and Ritonavir Tablets; Dasabuvir Tablets) – State of New York Fully Insured	09/12/2016
Virtual Upper Gastrointestinal Endoscopy	11/01/2016
Votrient™ (Pazopanib)	10/01/2016
Vraylar (Cariprazine)	08/01/2017

W, X, Y, Z

Warming Therapy and Ultrasound Therapy for Wounds	11/01/2016
Wearable Cardioverter-Defibrillators	04/01/2017
Xalkori® (Crizotinib)	03/01/2017
Xeljanz (Tofacitinib)	06/01/2016
Xolair (Omalizumab)	10/01/2016
Xifaxan (Rifaximin)	02/01/2017
Xtandi® (Enzalutamide): Notification	12/01/2016
Xtandi® (Enzalutamide): Step Therapy	12/01/2016
Xuriden™ (Uridine Triacetate)	09/01/2016

Xyntha (Antihemophilic Factor [Recombinant])	03/01/2017
Xyrem (Sodium Oxybate)	10/01/2016
Zejula™ (Niraparib)	08/01/2017
Zelboraf™ (Vemurafenib)	06/01/2017
Zepatier™ (Elbasvir/Grazoprevir) - CT/NJ	03/01/2017
Zepatier™ (Elbasvir/Grazoprevir) - State of New York Fully Insured	04/26/2016
Zinbryta™ (Daclizumab)	10/01/2016
Zovirax (Acyclovir Ointment)	12/01/2016
Zurampic® (Lesinurad)	08/01/2017
Zydeliq® (Idelalisib)	12/01/2016
Zyflo (Zileuton), Zyflo CR (Zileuton Extended-Release)	05/01/2017
Zykadia™ (Ceritinib)	09/01/2016
Zytiga (Abiraterone Acetate)	12/01/2016