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Requests may be submitted by calling Care Management at 1-877-399-1671 or by faxing the Medical Benefit Drug Request Form along with supporting documentation to 1-855-342-9648. To facilitate the process, consult this guide and follow the required clinical criteria and information guidelines outlined here when submitting your request.

Requested service	Required clinical criteria and information
Adagen® (pegademase bovine) J2504	Please submit the following: <ul style="list-style-type: none"> • Diagnosis of adenosine deaminase (ADA) deficiency in a member with severe combined immunodeficiency disease (SCID) • Evidence that the member failed bone marrow transplantation or is not a suitable candidate • Clinical documentation supporting the diagnosis • Any additional pertinent medical information
Aldurazyme® (aronidase) J1931	Please submit the following: <ul style="list-style-type: none"> • Diagnosis of one of the following: Hurler mucopolysaccharidosis (MPS) I with moderate to severe symptoms or Hurler-Scheie MPS I with moderate to severe symptoms • Clinical documentation supporting the diagnosis such as serum assays showing enzyme deficiency of alpha-L-iduronidase and urinary glycosaminoglycans (GAGs), dermatan sulfate or heparan sulfate • Any additional pertinent medical information
Aralast NP (alpha-1 proteinase inhibitor) J0256	Please submit the following: <ul style="list-style-type: none"> • Evidence that member is 18 years of age or older • Clinical documentation supporting congenital deficiency of alpha₁-proteinase inhibitor such as serum levels of alpha-1 antitrypsin • Diagnosis of symptomatic emphysema • Any additional pertinent medical information

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Aranesp® (darbepoetin alfa) J0881	Please submit the following: <ul style="list-style-type: none"> • Diagnosis • Clinical documentation supporting the diagnosis • Location at which the requested drug will be administered (e.g., clinic, home, office) • Any additional pertinent medical information
Beleodaq® (belinostat) J9032	Please submit the following: <ul style="list-style-type: none"> • Diagnosis of relapsed or refractory peripheral T-cell lymphoma (PTCL) • Evidence of intolerance to or progression of disease on at least one prior therapy • Names of medications previously used to treat this condition, including dosage, dates of therapy, and response to treatment • Any additional pertinent clinical information
Boniva® (ibandronate) J1740	Please submit the following: <ul style="list-style-type: none"> • Diagnostic evidence of osteoporosis • Previous treatments and interventions to improve bone mineral density • Any additional pertinent medical information
Botox® (botulinum toxin type A) injections J0585	Please submit the following: <ul style="list-style-type: none"> • Diagnosis • Previous treatment • Response to previous treatment

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Cerezyme® (imiglucerase) J1786	Please submit the following: <ul style="list-style-type: none"> • Clinical documentation supporting a confirmed diagnosis of Type 1 Gaucher disease such as: <ul style="list-style-type: none"> ○ Biochemical assay of glucocerebrosidase activity in WBCs or skin fibroblasts ≤30 percent normal activity ○ Genotyping revealing two pathogenic mutations of the glucocerebrosidase gene • Evidence that symptomatic manifestations of the disease are present, such as anemia, thrombocytopenia, bone disease, hepatomegaly, or splenomegaly • Any additional pertinent medical information
Cyramza® (ramucirumab) J9308	Please submit the following: <ul style="list-style-type: none"> • Diagnosis • Any pertinent lab results or genetic testing to confirm diagnosis • Names of medications previously used to treat this condition, including dates of therapy and reason for discontinuation • Dosage of drug and frequency of administration
Dysport® (abo- botulinumtoxinA) J0586	Please submit the following: <ul style="list-style-type: none"> • Diagnosis • Previous treatment • Response to previous treatment
Elaprase® (idursulfase) J1743	Please submit the following: <ul style="list-style-type: none"> • Diagnosis of Hunter syndrome (MPS II) • Clinical documentation supporting the diagnosis such as deficiency of iduronate sulfatase and urine GAGs, dermatan sulfate or heparan sulfate • Any additional pertinent medical information

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Ellyso™ (taliglucerase alfa) J3060	Please submit the following: <ul style="list-style-type: none"> • Clinical documentation supporting a diagnosis of Type 1 Gaucher disease such as: <ul style="list-style-type: none"> ○ Biochemical assay of glucocerebrosidase activity in WBCs or skin fibroblasts ≤30 percent of normal activity ○ Genotyping revealing two pathogenic mutations of the glucocerebrosidase gene • Any additional pertinent medical information
Epogen® (epoetin alfa) J0885	Please submit the following: <ul style="list-style-type: none"> • Diagnosis • Clinical documentation supporting the diagnosis • Location at which the requested drug will be administered (e.g., clinic, home, office) • Any additional pertinent medical information
Euflexxa® (1% sodium hyaluronate) J7323	Please submit the following: <ul style="list-style-type: none"> • Diagnosis of osteoarthritis of the knee supported by radiological evidence • Documentation that conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen have been ineffective • Any additional pertinent medical information
Eylea® (aflibercept injection) J0178	Please submit the following: <ul style="list-style-type: none"> • Diagnosis • Dosage of and frequency of administration • Any additional pertinent medical information

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Requested service	Required clinical criteria and information
Fabrazyme® (agalsidase beta) J0180	Please submit the following: <ul style="list-style-type: none"> • Diagnosis of Fabry disease • Clinical documentation showing other conditions, such as cardioembolic stroke or dissection syndromes, have been ruled out • Clinical documentation supporting the diagnosis such as deficient activity of α-galactosidase and molecular testing for GLA mutation • Any additional pertinent medical information
Flolan® (epoprostenol sodium) J1325	Please submit the following: <ul style="list-style-type: none"> • Clinical documentation supporting a diagnosis of pulmonary hypertension therapy (PAH) (WHO Group I) • Place of patient residence (e.g., home, long-term care facility, skilled nursing facility) • Whether the drug will be administered with durable medical equipment (e.g., nebulizer or infusion pump) • Any additional pertinent medical information
Gel-One® (cross-linked hyaluronate) J7326	Please submit the following: <ul style="list-style-type: none"> • Diagnosis of osteoarthritis of the knee supported by radiological evidence • Documentation that conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen have been ineffective • Any additional pertinent medical information
Gel-Syn™ (hyaluronic acid) J7328	Please submit the following: <ul style="list-style-type: none"> • Diagnosis of osteoarthritis of the knee supported by radiological evidence • Documentation that conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen have been ineffective • Any additional pertinent medical information

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Requested service	Required clinical criteria and information
GenVisc® 850 (sodium hyaluronate) Q9980	Please submit the following: <ul style="list-style-type: none"> • Diagnosis of osteoarthritis of the knee supported by radiological evidence • Documentation that conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen have been ineffective • Any additional pertinent medical information
Glassia® (alpha 1-proteinase inhibitor) J0257	Please submit the following: <ul style="list-style-type: none"> • Evidence that member is 18 years of age or older • Clinical documentation supporting congenital deficiency of alpha₁-proteinase inhibitor such as serum levels of alpha-1 antitrypsin • Diagnosis of symptomatic emphysema • Any additional pertinent medical information
Hyalgan® (sodium hyaluronate) J7321	Please submit the following: <ul style="list-style-type: none"> • Diagnosis of osteoarthritis of the knee supported by radiological evidence • Documentation that conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen have been ineffective • Any additional pertinent medical information
Immune globulin (intravenous and subcutaneous) J1459, J1556, J1557, J1559, J1561, J1566, J1568, J1569, J1572, J1575	Please submit the following: <ul style="list-style-type: none"> • Clinical documentation supporting the diagnosis immune globulin will be used to treat such as disease-associated symptoms and any pertinent laboratory results or testing used to confirm diagnosis • Names of medications previously used to treat this condition, including regimens, dates of therapy, and response to treatment • Any additional pertinent medical information

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Keytruda® (pembrolizumab) J9271	Please submit the following: <ul style="list-style-type: none"> • Diagnosis • Names of medications previously used to treat the condition, including dosage, dates of therapy, and response to treatment • Any additional pertinent medical information, including genetic testing if applicable
Lucentis® (ranibizumab injection) J2778	Please submit the following: <ul style="list-style-type: none"> • Diagnosis • Dosage and frequency of administration • Any additional pertinent medical information
Lumizyme® (alglucosidase alfa) J0221	Please submit the following: <ul style="list-style-type: none"> • Diagnosis of Pompe disease • Evidence that all other possible conditions have been ruled out • Clinical documentation supporting the diagnosis such as absence of acid alpha glucosidase (GAA) activity, through GAA mutation testing or GAA activity testing in fibroblasts or muscle; screening tests including chest X-ray, electrocardiogram (ECG), electromyogram (EMG) AND/OR creatine kinase (CK), among other laboratory tests • Any additional pertinent medical information
Monovisc® (cross-linked sodium hyaluronate) J7327	Please submit the following: <ul style="list-style-type: none"> • Diagnosis of osteoarthritis of the knee supported by radiological evidence • Documentation that conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen have been ineffective • Any additional pertinent medical information

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Requested service	Required clinical criteria and information
Myobloc® (rimabotulinumtoxinB) J0587	Please submit the following: <ul style="list-style-type: none"> • Diagnosis • Previous treatment • Response to previous treatment
Myozyme® (alglucosidase alfa) J0220	Please submit the following: <ul style="list-style-type: none"> • Diagnosis of infantile-onset Pompe disease • Evidence that all other possible conditions have been ruled out • Clinical documentation supporting the diagnosis such as absence of acid alpha glucosidase (GAA) activity, through GAA mutation testing or GAA activity testing in fibroblasts or muscle; screening tests including chest X-ray, electrocardiogram (ECG), electromyogram (EMG), AND/OR creatine kinase (CK), among other laboratory tests • Any additional pertinent medical information
Naglazyme® (galsulfase) J1458	Please submit the following: <ul style="list-style-type: none"> • Diagnosis of mucopolysaccharidosis (MPS) syndrome VI • Clinical documentation supporting the diagnosis such as enzyme deficiency of N-acetylgalactosamine-6-sulfate and urinary GAG - dermatan sulfate • Any additional pertinent medical information
Neulasta® (pegfilgrastim) J2505	Please submit the following: <ul style="list-style-type: none"> • Diagnosis • Clinical documentation supporting the diagnosis • Location at which the requested drug will be administered (clinic, home, office) • Any additional pertinent medical information

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Opdivo® (nivolumab) J9299	Please submit the following: <ul style="list-style-type: none"> • Diagnosis • Names of medications previously used to treat the condition, including dosage, dates of therapy, and response to treatment • Any additional pertinent medical information, including genetic testing if applicable
Procrit® (epoetin alfa) J0885	Please submit the following: <ul style="list-style-type: none"> • Diagnosis • Clinical documentation supporting the diagnosis • Location at which the requested drug will be administered (e.g., clinic, home, office) • Any additional pertinent medical information
Prolastin-C® (alpha-1 proteinase inhibitor) J0256	Please submit the following: <ul style="list-style-type: none"> • Evidence that member is 18 years of age or older • Clinical documentation supporting congenital deficiency of Alpha₁-Proteinase inhibitor such as serum levels of alpha-1 antitrypsin • Diagnosis of symptomatic emphysema • Any additional pertinent medical information
Prolia® (denosumab) J0897	Please submit the following: <ul style="list-style-type: none"> • Diagnosis • Any pertinent laboratory results or testing to confirm diagnosis such as a DEXA scan • Dosage and frequency of administration • Any additional pertinent medical information

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Reclast® (zoledronic acid) J3489	Please submit the following: <ul style="list-style-type: none"> • Diagnostic evidence of osteoporosis • Previous treatments and interventions to improve bone mineral density Any additional pertinent medical information
Remicade® (infliximab) J1745	Please submit the following: <ul style="list-style-type: none"> • Diagnosis • Any pertinent lab results or clinical documentation supporting the diagnosis • Names of medications previously used to treat this condition, including dates of therapy and reason for discontinuation • Dosage of drug and frequency of administration
Remodulin® (treprostinil) J3285	Please submit the following: <ul style="list-style-type: none"> • Clinical documentation supporting a diagnosis of pulmonary hypertension therapy (PAH) (WHO Group I) • Place of patient residence (e.g., home, long-term care facility, skilled nursing facility) • Whether the drug will be administered with durable medical equipment (e.g., nebulizer or infusion pump) Any additional pertinent medical information
Supartz FX™ (sodium hyaluronate) J7321	Please submit the following: <ul style="list-style-type: none"> • Diagnosis of osteoarthritis of the knee supported by radiological evidence • Documentation that conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen have been ineffective • Any additional pertinent medical information

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Synvisc® Synvisc-One® (hylan G-F 20) J7325	Please submit the following: <ul style="list-style-type: none"> • Diagnosis of osteoarthritis of the knee supported by radiological evidence • Documentation that conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen have been ineffective • Any additional pertinent medical information
Tyvaso® (treprostinil) J7686	Please submit the following: <ul style="list-style-type: none"> • Clinical documentation supporting a diagnosis of pulmonary hypertension therapy (PAH) (WHO Group I) • Place of patient residence (e.g., home, long-term care facility, skilled nursing facility) • Whether the drug will be administered with durable medical equipment (e.g., nebulizer or infusion pump) • Any additional pertinent medical information
Veletri® (epo-prostenol) J1325	Please submit the following: <ul style="list-style-type: none"> • Clinical documentation supporting a diagnosis of pulmonary hypertension therapy (PAH) (WHO Group I) • Place of patient residence (e.g., home, long-term care facility, skilled nursing facility) • Whether the drug will be administered with durable medical equipment (e.g., nebulizer or infusion pump) • Any additional pertinent medical information
Vimizim® (elosulfase alfa) J1322	Please submit the following: <ul style="list-style-type: none"> • Diagnosis of mucopolysaccharidosis type IVA (MPS IVA; Morquio A syndrome) • Clinical documentation supporting the diagnosis such as clinical examination, skeletal radiographs, urinary GAG, and enzymatic activity of GALNS in blood cells or fibroblasts • Any additional pertinent medical information

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Requested service	Required clinical criteria and information
VPRIV [®] (velaglucerase alfa) J3385	Please submit the following: <ul style="list-style-type: none"> • Clinical documentation supporting the diagnosis of Type 1 Gaucher disease such as: <ul style="list-style-type: none"> ○ Biochemical assay of glucocerebrosidase activity in WBCs or skin fibroblasts ≤30 percent of normal activity ○ Genotyping revealing two pathogenic mutations of the glucocerebrosidase gene • Any additional pertinent medical information
Xeomin [®] (inco- botulinumtoxinA) J0588	Please submit the following: <ul style="list-style-type: none"> • Diagnosis • Previous treatment • Response to previous treatment
Xgeva [™] (denosumab) J0897	Please submit the following: <ul style="list-style-type: none"> • Diagnosis • Any pertinent laboratory results or testing to confirm diagnosis • Dosage and frequency of administration • Any additional pertinent medical information
Xiaflex [®] (collagenase clostridium histolyticum) J0775	Please submit the following: <ul style="list-style-type: none"> • Evidence that member is 18 years of age or older • Diagnosis of Dupuytren's contracture with a palpable cord or Peyronie's disease with a palpable plaque and curvature deformity of at least 30 degrees at the start of therapy • Any additional pertinent medical information

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Zemaira® (alpha-1 proteinase inhibitor) J0256	Please submit the following: <ul style="list-style-type: none"> • Evidence that member is 18 years of age or older • Clinical documentation supporting congenital deficiency of alpha₁-proteinase inhibitor such as serum levels of alpha-1 antitrypsin • Diagnosis of symptomatic emphysema • Any additional pertinent medical information