



Managed Health Services (MHS) works with AcariaHealth to provide biopharmaceuticals and injectables through the Biopharmaceutical Program. As mentioned in the Biopharmaceutical Program, most biopharmaceuticals and injectables billed for more than \$250 require a prior authorization (PA) to be approved for payment by MHS. The prior authorization requirements for the AcariaHealth supplied products are programmed specific to the drug and indicated in the table below.

Since the list of drugs requiring prior authorization changes over time, due to new drug arrivals and other market conditions, the \$250 amount is used as a reference gauge to help in determining whether to apply for prior authorization.

A variety of biopharmaceuticals and injectables can be supplied by AcariaHealth using the following guidelines.

1. Use the AcariaHealth enrollment forms located on the website at [mhsindiana.com/for-providers/pharmacy](http://mhsindiana.com/for-providers/pharmacy).
2. Call AcariaHealth at 1-855-772-7125 or fax the Prior Authorization form to 1-855-678-6976. Physicians can request that AcariaHealth deliver the biopharmaceutical product or specialty injectable to their office or to the member's home.
3. If approved, AcariaHealth will contact the physician or member for delivery confirmation.

While the MHS Medical Director and Director of Pharmacy Services oversee the clinical review, AcariaHealth is responsible for procuring the prior authorization process.

Actemra	Aptivus	Benlysta*	Copaxone
Actimmune**	Aralast**	Berinert**	Corifact*
Adcetris*	Aranesp	Betaseron	Cortrosyn
Adcirca	Arcalyst**	Bethkis*	Cosentyx
Adefovir	Arixtra	Bexarotene	Cuvitru
Adempas**	Aromasin	Boniva	Cyclosporine
Advate	Arzerra*	Bosulif*	Cystadane**
Adynovate INJ	Atgam	Botox	Cystagon**
Afinitor	Aubagio*	Buphenyl POW	Cytarabine INJ
Aldurazyme*	Avastin*	Capecitabine	Cytogam
Alferon N INJ	Aveed**	Carbaglu**	Dacogen*
Alimta	Avonex	Cellcept/IV	Darzalex
Alkeran	Azacitidine	Ceprotin**	DDAVP
Alphanate	Banzel	Cerdelga	Deferoxamine Mesylate
AlphaNine SD	Baraclude	Cerezyme*	Dysport*
Alprolix*	Bebulin VH	Cimzia	Egrifta*
Ampyra**	Bendeka	Cinqair	Elaprase*
Apokyn**	BeneFIX	Cladribine INJ	Eligard

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Members with speech or hearing disabilities call 1-800-743-3333 for TTY/TDD.

*MHS is a health insurance provider that has been proudly serving Indiana residents for two decades through Hoosier Healthwise, the Healthy Indiana Plan and Hoosier Care Connect. MHS also offers a qualified health plan through the Health Insurance Marketplace called Ambetter from MHS. MHS is your choice for affordable health insurance. Learn more at [mhsindiana.com](http://mhsindiana.com).*



Ellence	Hemofil M	Letairis**	Obizur
Eloctate*	Hepagam B	Leukine	Ocaliva**
Emcyt	Herceptin*	Lopin/Riton	Ocreotide
Enbrel	Hetlioz	Lucentis*	Odomzo
Entyvio*	Humira	Lumizyme*	Oncaspar
Epogen	Hycamtin	Lupaneta Kit	Opsumit**
Epoprostenol*	Hyqvia	Lupron Depot	Oralair**
Erbix	Ibandronate INJ	Lysodren	Orencia
Erivedge*	Ibrance*	Macugen*	Orenitram**
Esbriet**	Idelvion	Makena*	Orkambi**
Exjade**	Ilaris	Matulane**	Orthovisc
Eylea**	Incivek	Mekinist*	Otezla
Fabrazyme*	Increlex*	Mesna	Otrexup
Farydak**	Inlyta*	Mircera	Pamidronate INJ
Feiba NF	Intron	Mirena**	Paricalcitol
Feiba VH Immuno	Intron A	Mitoxantrone	Perjeta*
Firazyr*	Invanz	Monovisc	PH 12 Steril Sol
Firmagon	Iressa**	Mozobil*	Plegridy
Forteo	Istodax	Myalept**	Pomalyst**
Fragmin	Ixempra	Myobloc	Praluent*
Fusilev	Jakafi**	Naglazyme*	Prialt**
Gamastan S/D	Jevtana	NatPara**	Prograf
Gattex**	Kadcyla*	Neulasta	Proleukin
Gazyva*	Kalbitor**	Neumega	Prolia
Gel-One	Kalydeco**	Neupogen	Promacta*
Gilenya*	Keytruda	Nexavar*	Pulmozyme**
Gilotrif**	Kineret**	Nexplanon**	Ravicti**
Gleevec	Krystexxa*	Nothera**	Reclast
Granix	Kuvan**	NovoSeven*	Remicade
H.P. Acthar	Kynamro**	Nplate*	Remodulin**
Halaven	Kyprolis*	Nucala*	Repatha
Helixate FS	Lemtrada**	Nulojix	Revatio



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Revlimid**	Sutent*	Tracleer**	Xeljanz
RiaStap*	Sylatron*	Trelstar Depot	Xeomin*
Rituxan*	Synagis*	Trelstar LA	Xolair*
Ruconest**	Synarel	Tretinoin	Xtandi*
Sabril**	Synvisc	Tretten**	Xyntha
Saizen	Syprine	Tykerb**	Xyrem**
Samsca	Tabloid	Tysabri*	Yervoy*
Sensipar	Tafinlar*	Tyvaso**	Yondelis
Signifor**	Tarceva*	Valstar*	Zaltrap**
Simponi	Targretin	Vantas*	Zarxio
Solaris*	Tasigna*	Vecamyl*	Zavesca**
Somatuline*	Tecfidera*	Vectibix	Zecuity**
Somavert**	Tetrabenazin	Velcade*	Zelboraf*
Sprycel	Thalomid*	Ventavis**	Zinbryta*
Stavudine	Thiotepa	Vimizim**	Zoladex
Stelara	Thrombat III INJ	Visudyne*	Zolinza*
Stivarga*	Thymoglobulin	Votrient*	Zykadia**
Stribild*	Thyrogen*	Vpriv*	Zytiga*
Supprelin LA	Torisel	Xalkori*	

Please note that medications denoted with asterisks are LDD agents. Those with one asterisks (\*) can only be filled at AcariaHealth. Those with two asterisks (\*\*) are not accessible to AcariaHealth. However, we continue to aggressively and strategically seek access to additional Limited Distribution products.

All MHS preferred products are listed in the Preferred Drug List (PDL). For the most current MHS PDL you may call Member Services at 1-877-647-4848 (TTY/TTD 1-800-743-3333) or visit the MHS website at [mhsindiana.com](http://mhsindiana.com).



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