AmeriHealth NEW JERSEY

Dosage and Frequency Program Drug List

Through the Dosage and Frequency Program, AmeriHealth New Jersey reviews the requested dosage and frequency of the specialty drugs listed below, which are eligible for coverage under the medical benefit. This list is subject to change.

This program helps AmeriHealth New Jersey verify that members meet coverage criteria in our medical policies and confirm that requested treatment regimens adhere to safe prescribing limits. Coverage of the drugs in the Dosage and Frequency Program is contingent upon review for medical necessity and appropriate dosage and frequency, and this review is conducted as part of the precertification process for all members enrolled in AmeriHealth New Jersey medical plans.

Drug	Date Added to Program
Adagen®	June 3, 2019
Aldurazyme®	June 3, 2019
Asceniv™	January 1, 2011*
Avastin® †‡	January 1, 2011
Bivigam®	January 1, 2011*
Blincyto®	October 8, 2018
Brineura™	June 3, 2019
Carimune® NF	January 1, 2011*
Cerezyme®	June 3, 2019
Cutaquig®	January 1, 2011*
Cuvitru™	January 1, 2011*
Elaprase®	June 3, 2019
Elelyso®	June 3, 2019
Entyvio®	May 5, 2017
Erbitux®	January 1, 2011
Fabrazyme®	June 3, 2019
Flebogamma®	January 1, 2011*
Flebogamma® DIF	January 1, 2011*
Flolan®	January 3, 2020
Gamastan® S/D	January 1, 2011*
Gamifant®	November 20, 2018
Gammagard® Liquid	January 1, 2011*
Gammagard® S/D	January 1, 2011*
Gammaked™	January 1, 2011*
Gammaplex®	January 1, 2011*
Gamunex®-C	January 1, 2011*
Herceptin®‡	January 1, 2011
Herceptin Hylecta™	February 28, 2019

Drug	Date Added to Program
Herzuma®	June 3, 2019
Hizentra®	January 1, 2011*
HyQvia®	January 1, 2011*
Ilaris®	January 1, 2019
Inflectra®	May 1, 2016
Ixifi™	October 8, 2018
Kanjinti™	January 3, 2020
Kanuma®	December 3, 2018
Krystexxa®	January 3, 2020
Lumizyme™	June 3, 2019
Mepsevii™	June 3, 2019
Mvasi™†	January 1, 2018
Naglazyme®	June 3, 2019
Octagam®	January 1, 2011*
Ogivri™	October 8, 2018
Onpattro™	December 3, 2018
Ontruzant®	June 3, 2019
Panzyga®	January 1, 2011*
Privigen®	January 1, 2011*
Remicade®‡	January 1, 2011
Remodulin®	January 3, 2020
Renflexis®	January 1, 2018
Revatio™	January 3, 2020
Revcovi™	June 3, 2019
Rituxan®‡	January 1, 2011
Rituxan Hycela™	January 1, 2018
Ruxience™	January 3, 2020
Sandostatin® LAR Depot	May 5, 2017

Drug	Date Added to Program
Soliris®	December 21, 2018
Spinraza®	December 3, 2018
Stelara®	May 5, 2017
Trazimera®	March 11, 2019
Truxima™	June 3, 2019
Tyvaso®	January 3, 2020
Ultomiris™	December 21, 2018
Veletri®	January 3, 2020
Ventavis®	January 3, 2020
Vimizim®	June 3, 2019
VPRIV®	June 3, 2019
Xembify®	January 1, 2011*
Xolair®	May 5, 2017
Yervoy®	July 5, 2016
Zirabev™ †	January 3, 2020

* The intravenous/subcutaneous immunoglobulin (IVIG/SCIG) class of drugs was added to the Dosage and Frequency Program on January 1, 2011. Some drugs in this class were approved by the U.S. Food and Drug Administration (FDA) after this date, but they reflect the January 1, 2011, date to indicate when program requirements went into effect for all drugs in that class.

† Bevacizumab (Avastin®, Mvasi™, Zirabev™) only requires precertification approval for dosage and frequency for oncologic indications. Coverage requests for intravitreal injection of bevacizumab (Avastin®, Mvasi™, Zirabev™) to treat the ophthalmologic conditions listed in this drug's policies do not require precertification.

‡ Dosage and frequency requirements apply to all FDA-approved biosimilars to this originator product. All biosimilars to an originator product in this program are subject to precertification review for medical necessity and dosage and frequency.

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