Dosage and Frequency Program Drug List

Through the Dosage and Frequency Program, Independence Administrators 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 Independence Administrators 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 Independence Administrators medical plans.

Drug	Date Added to Program
Adakveo®	September 1, 2022
Aldurazyme®	June 3, 2019
Alymsys®	September 1, 2022
Amvuttra™	September 1, 2022
Asceniv™	January 1, 2011*
Avastin® †‡	January 1, 2011
Avsola®	September 1, 2022
Bivigam®	January 1, 2011*
Blincyto®	October 8, 2018
Brineura™	June 3, 2019
Cerezyme®	June 3, 2019
Cutaquig®	January 1, 2011*
Cuvitru™	January 1, 2011*
Elaprase®	June 3, 2019
Elelyso®	June 3, 2019
Elfabrio®	April 21, 2024
Enhertu®	September 1, 2022
Entyvio®	May 5, 2017
Erbitux®	January 1, 2011
Evkeeza™	September 1, 2022
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*

Drug	Date Added to Program
Gamunex®-C	January 1, 2011*
Givlaari®	September 1, 2022
Herceptin®‡	January 1, 2011
Herceptin Hylecta™	February 28, 2019
Herzuma®	June 3, 2019
Hizentra®	January 1, 2011*
HyQvia®	January 1, 2011*
Ilaris®	January 1, 2019
Inflectra®	May 1, 2016
Infliximab	September 1, 2022
Ixifi™	October 8, 2018
Kanuma®	December 3, 2018
Krystexxa®	January 3, 2020
Lamzede®	April 21, 2024
Lumizyme™	June 3, 2019
Mepsevii™	June 3, 2019
Naglazyme®	June 3, 2019
Nexviazyme®	September 1, 2022
Octagam®	January 1, 2011*
Ogivri™	October 8, 2018
Onpattro™	December 3, 2018
Ontruzant®	June 3, 2019
Oxlumo®	September 1, 2022
Padcev®	September 1, 2022
Panzyga®	January 1, 2011*
Pombiliti™	April 21, 2024
Privigen®	January 1, 2011*
Reblozyl®	September 1, 2022
Remicade®‡	January 1, 2011
Remodulin®	January 3, 2020

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Drug	Date Added to Program
Renflexis®	January 1, 2018
Revatio™	January 3, 2020
Revcovi™	June 3, 2019
Sandostatin® LAR Depot	May 5, 2017
Soliris®	December 21, 2018
Spinraza®	December 3, 2018
Stelara® IV	May 5, 2017
Tepezza®	September 1, 2022
Trodelvy®	September 1, 2022
Tyvaso®	January 3, 2020
Ultomiris™	December 21, 2018
Uplizna®	September 1, 2022
Uptravi® IV	April 21, 2024
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
Zercepac	April 21, 2024

* 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 (Alymsys®, Avastin®, Mvasi™, Zirabev™) only requires precertification approval for dosage and frequency for oncologic indications. Coverage requests for intravitreal injection of bevacizumab (Alymsys®, 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 reference product. All biosimilars to a reference product in this program are subject to precertification review for medical necessity and dosage and frequency.

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