

# Most Cost-Effective Setting Program Drug List

Established in 2012, the Most Cost-Effective Setting (MCES) Program requires that Independence Blue Cross (Independence) approve the treatment setting for certain medications eligible for coverage under the Independence medical benefit.

The main goal of the MCES Program is to manage the total cost of care by ensuring that plan members meet the coverage criteria in our medical policy, and that the requested treatment setting for these plan members is both safe and cost-effective. This review is conducted as part of the precertification process for plan members.

| Drug              | Date Added to Program |
|-------------------|-----------------------|
| Actemra® IV       | September 1, 2017     |
| Adakveo®          | February 1, 2020      |
| Amvuttra          | July 1, 2022          |
| Aralast NP®       | July 1, 2012          |
| Asceniv™          | January 1, 2012*      |
| Avsola™           | February 1, 2020      |
| Benlysta® IV      | June 1, 2018          |
| Bivigam®          | January 1, 2012*      |
| Cerezyme®         | January 1, 2012       |
| Cinqair®          | July 1, 2020          |
| Crysvita®         | October 1, 2018       |
| Cutaquig®         | January 1, 2012*      |
| Cuvitru™          | January 1, 2012*      |
| Elelyso™          | July 1, 2012          |
| Elfabio®          | January 28, 2024      |
| Enjaymo™          | July 1, 2022          |
| Entyvio®          | September 1, 2017     |
| Evenity®          | July 1, 2019          |
| Evkeeza®          | April 1, 2021         |
| Fabrazyme®        | July 1, 2012          |
| Flebogamma®       | January 1, 2012*      |
| Flebogamma® DIF   | January 1, 2012*      |
| Fulphila™         | June 25, 2018         |
| Fylnetra™         | July 1, 2022          |
| Gamastan® S/D     | January 1, 2012*      |
| Gamifant®         | November 20, 2018     |
| Gammagard® Liquid | January 1, 2012*      |
| Gammagard® S/D    | January 1, 2012*      |
| Gammaked™         | January 1, 2012*      |
| Gammaplex®        | January 1, 2012*      |
| Gamunex® C        | January 1, 2012*      |

| Drug                   | Date Added to Program |
|------------------------|-----------------------|
| Givlaari™              | February 1, 2020      |
| Glassia®               | July 1, 2012          |
| Hizentra®              | January 1, 2012*      |
| HyQvia®                | January 1, 2012*      |
| Ilaris®                | January 1, 2019       |
| Ilumya™                | November 1, 2018      |
| Inflectra®             | September 1, 2017     |
| infliximab (unbranded) | February 15, 2022     |
| Ixifi™                 | June 1, 2018          |
| Kanuma®                | November 1, 2018      |
| Lamzede                | January 28, 2024      |
| Lanreotide             | December 1, 2022      |
| Lapelga™               | January 28, 2024      |
| Leqvio®                | February 15, 2022     |
| Lumizyme®              | July 1, 2012          |
| Naglazyme®             | October 1, 2018       |
| Neupogen®              | January 1, 2022       |
| Nexviazyme™            | September 15, 2021    |
| Nivestym®              | December 1, 2022      |
| Ocrevus™               | January 1, 2018       |
| Octagam®               | January 1, 2012*      |
| Omvoh™                 | January 28, 2024      |
| Onpattro™              | August 10, 2018       |
| Orencia® IV            | September 1, 2017     |
| Oxlumo™                | January 1, 2021       |
| Panzyga®               | January 1, 2012*      |
| Phesgo™                | October 1, 2020       |
| Pombiliti™             | January 28, 2024      |
| Privigen®              | January 1, 2012*      |
| Prolastin®             | July 1, 2012          |
| Prolia®                | July 1, 2013          |

| Drug                   | Date Added to Program |
|------------------------|-----------------------|
| Radicava™              | January 1, 2018       |
| Reblozyl®              | February 1, 2020      |
| Releuko™               | July 1, 2022          |
| Remicade®              | September 1, 2017     |
| Renflexis®             | September 1, 2017     |
| Revcovi™               | November 1, 2018      |
| Rolvedon®              | December 1, 2022      |
| Rystiggo®              | January 28, 2024      |
| Ryzneuta™              | January 28, 2024      |
| Sandostatin® LAR depot | January 1, 2017       |
| Saphnelo™              | September 15, 2021    |
| Simponi Aria®          | September 1, 2017     |
| Skyrizi® IV            | December 1, 2022      |
| Soliris®               | January 1, 2012       |
| Somatuline® depot      | January 1, 2018       |
| Spevigo®               | December 1, 2022      |
| Stelara® IV            | July 1, 2013          |
| Stimufend®             | December 1, 2022      |
| Tepezza®               | April 1, 2021         |
| Tofidence              | January 28, 2024      |
| Tyruko®                | January 28, 2024      |
| Tysabri®               | September 1, 2019     |
| Tzield®                | December 1, 2022      |
| Udenyca™               | November 2, 2018      |
| Ultomiris™             | December 21, 2018     |
| Uplizna™               | October 1, 2020       |

| Drug       | Date Added to Program |
|------------|-----------------------|
| Vimizim®   | August 1, 2014        |
| VPRIV®     | January 1, 2012       |
| Vyepti™    | July 1, 2020          |
| Vyvgart™   | February 15, 2022     |
| Xembify®   | January 1, 2012*      |
| Wezlana™   | January 28, 2024      |
| Xenpozyme™ | December 1, 2022      |
| Xolair®    | July 1, 2013          |
| Zemaira®   | July 1, 2012          |
| Ziextenzo® | February 1, 2020      |

This list is subject to change. All generics and biosimilars to a reference product in this program are subject to precertification review for most cost-effective setting.

\* The intravenous/subcutaneous immunoglobulin (IVIG/SCIG) class of drugs was added to the Most Cost-Effective Setting Program on January 1, 2012. Some drugs in this class were approved by the U.S. Food and Drug Administration after this date, but they reflect the January 1, 2012 date to indicate when program requirements went into effect for all drugs in that class.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association.



UPDATED: 1/1/2024

22396 2766703 (12/23)