



## Medication Benefit Management

Medical & Pharmacy Benefit

2024

Updated 7/1/2024



## Medication Coverage Guidelines

This guide provides an overview of medication management for both the medical and pharmacy benefit, including Prior Authorization requirements, through Health Options Medical Management and Express Scripts, Health Options Pharmacy Benefit Manager (PBM).

# Medical Benefit

## Prior Approval Requirements

The current Medication Prior Approval Form must be used for all medication-related requests. This guide includes a representative, but not all-inclusive, list of outpatient medications that require Prior Approval. If the medication falls within one of the following drug classes and there is any doubt if Prior Approval is required, submit an authorization request. Our Medical Management team will then provide additional guidance as needed.

Submit authorization requests via:

Provider Portal (preferred): [Provider.HeathOptions.org](https://Provider.HeathOptions.org)

Health Options (Medical Management):

Fax: (877) 314-5693

Phone: (855) 542-0880

## Medications – Recent Approvals

All medications require FDA approval.

Providers can inquire about a specific medication's coverage status by calling Members Services at (855) 624-6463.

Providers can submit Prior Approval requests for exception to coverage considerations for medications denoted as non-covered.

Note: New to market drugs and new FDA approved indications for existing drugs will be considered non-covered for up to 180 days after release onto the market pending internal clinical review.

## Temporary Codes

Temporary codes (S-codes) are a non-covered benefit once CMS assigns another code to the item/service. The provider is required to use a current year HCPCS reference guide for codes and modifiers for billing purposes.

## Medication Classifications that generally require Prior Approval

- Alpha-1 proteinase inhibitor (human)
- Botulinum toxins
- Blood clotting factors
- Enzyme replacement drugs
- Erythropoiesis-stimulating agents
- Gene Therapy
- Granulocyte-colony stimulating factors
- Growth Hormones
- Hepatitis C drugs
- Hereditary angioedema agents
- HER2 Receptor drugs
- Immunoglobulins
- Immunologic agents
- Lyme Disease (IV/Injectable antibiotics)
- Metabolic Disorders
- Miscellaneous High-Cost Infusions/Injections
- Newly approved/Temporary Codes
- Multiple sclerosis drugs
- Oncology agents (infusions, injections)
- Oral agents covered under the pharmacy benefit
- Ophthalmic injections
- Osteoporosis agents
- Pegylated interferons
- Pulmonary arterial hypertension drugs
- Unclassified biologics/drugs

**\*Per Community Health Options National Drug Code (NDC) Billing Requirements, providers are required to submit the NDC number for all hospital outpatient and professional medical drug claims.**

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### Prior Approval Required through Health Options

This list includes medications that require Prior Approval submission to Health Options. We have listed current Brand names, but due to new drugs coming to the market on a regular basis, it may not be all-inclusive and may be subject to change.

Coverage designations for all HCPCS codes are denoted in our provider portal online authorization platform located at [Provider.HealthOptions.org](http://Provider.HealthOptions.org) NOTE: some medications on this list may be eligible for distribution through our specialty Pharmacy or home infusion.

Health Options Medical Management team will contact Members and providers to discuss these options, when applicable.

### Medications Requiring Prior Approval Through Medical Benefit

Medications that are subject to voluntary Site of Care transition are denoted with an asterisk (\*).

BRAND NAME	Generic Name
ABECMA	<i>idecabtagene vicleucel</i>
ACTEMRA (IV-ONLY)*	<i>tocilizumab*</i>
ACTHAR GEL	<i>corticotropin</i>
ADAKVEO	<i>crizanlizumab-tmca</i>
ADCETRIS	<i>brentuximab</i>
ADSTILADRIN	<i>nadofaragene firadenovec-vncg</i>
ADVATE*	<i>antihemophilic factor*</i>
ADYNOVATE*	<i>antihemophilic factor*</i>
ADZYNMA	<i>ADAMTS13, recombinant-krhn</i>
AFSTYLA*	<i>antihemophilic factor*</i>
ALDURAZYME*	<i>laronidase*</i>
ALIQOPA	<i>Copanlisib</i>
ALPHANATE*	<i>antihemophilic factor*</i>
ALPHANINE SD*	<i>coagulation factor ix*</i>
ALPROLIX*	<i>coagulation factor ix*</i>
ALTUVIIIO	<i>antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-eh1</i>
ALYMSYS	<i>bevacizumab-maly</i>
AMJEVITA*	<i>adalimumab-atto*</i>
AMVUTTRA	<i>vutrisiran</i>
APHEXDA	<i>motixafortide</i>
APOKYN*	<i>apomorphine*</i>
ARALAST NP*	<i>alpha 1-poteinase*</i>
ARANESP*	<i>darbepoetin alfa*</i>
ARCALYST	<i>rilonacept</i>
ARTISS	<i>fibrinogen human, human thrombin solution</i>

BRAND NAME	Generic Name
ASCENIV*	<i>immune globulin*</i>
ASPARLAS	<i>calaspargase pegol</i>
ATGAM	<i>lymphocyte immune globulin, antithymocyte globulin, equine</i>
AVASTIN	<i>bevacizumab</i>
AVEED	<i>testosterone</i>
AVSOLA*	<i>infliximab-axxq*</i>
AZEDRA	<i>iodine i-131 iobenguane</i>
BAVENCIO	<i>avelumab</i>
BEBULIN*	<i>factor IX complex*</i>
BELEODAQ	<i>belinostat</i>
BENEFIX*	<i>coagulation factor ix*</i>
BENLYSTA*	<i>belimumab*</i>
BEOVU	<i>brolicizumab-bdll</i>
BERINERT*	<i>c1 esterase inhibitor*</i>
BESPONSIA	<i>inotuzumab ozogamicin</i>
BETHKIS	<i>tobramycin</i>
BIVIGAM*	<i>immune globulin*</i>
BLINCYTO	<i>blinatumomab</i>
BONIVA*	<i>ibandronate*</i>
BOTOX	<i>botulinum toxin</i>
BREYANZI	<i>lisocabtagene maraleucel</i>
BRINEURA	<i>cerliponase alfa</i>
BRIUMVI	<i>ublituximab-xiyy</i>
BYOOVIZ	<i>ranibizumab-nuna</i>
CABENUVA	<i>cabotegravir/rilpivirine</i>
CABLIVI	<i>caplacizumab</i>

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BRAND NAME	Generic Name
CAMCEVI*	<i>Leuprolide*</i>
CARDIOGEN-82	<i>rubidium rb-82, diagnostic</i>
CARIMUNE NF*	<i>immune globulin*</i>
CARVYKTI	<i>ciltacabtagene autoleucl</i>
CEPROTIN*	<i>protein c concentrate*</i>
CEREZYME*	<i>imiglucerase*</i>
CERIANNA	<i>fluoroestradiol f18</i>
CIMERLI	<i>ranibizumab-eqrn</i>
CIMZIA*	<i>certolizumab*</i>
CINQAIR*	<i>reslizumab*</i>
CINRYZE*	<i>c1 esterase inhibitor*</i>
COAGADEX	<i>coagulation factor x</i>
COLUMVI	<i>glofitamab-gxbm</i>
COPAXONE	<i>glatiramer acetate</i>
CORIFACT*	<i>factor xiii*</i>
COSELA	<i>trilaciclib</i>
COSENTYX	<i>secukinumab</i>
CRYSVITA*	<i>burosumab-twza*</i>
CUTAQUIG*	<i>immune globulin subcutaneous (human)-hipp*</i>
CUVITRU*	<i>immune globulin*</i>
CYLTEZO*	<i>adalimumab-adbm*</i>
CYRAMZA	<i>ramucirumab</i>
CRYSVIEW	<i>hexaminolevulinate hydrochloride</i>
CYTOGAM*	<i>cytomegalovirus immune globulin*</i>
DANYELZA	<i>naxitamab-ggqk</i>
DARZALEX	<i>daratumumab</i>
DARZALEX FASPRO	<i>daratumumab and hyaluronidase</i>
DATSCAN	<i>iodine 1-123 ioflupane, diagnostic</i>
DAXIFFY	<i>daxibotulinumtoxin-a-lanm</i>
DDAVP*	<i>desmopressin*</i>
DENGVAXIA	<i>dengue vaccine</i>
DOTATOC GA 68	<i>gallium ga-68</i>
DURYSTA	<i>bimatoprost implant</i>
DYSPORT	<i>botulinum toxin</i>
ELAHERE	<i>mirvetuximab soravtansine-gynx</i>
ELAPRASE*	<i>idursulfase*</i>
ELELYSO*	<i>taliglucerase alfa*</i>

BRAND NAME	Generic Name
ELEVIDYS	<i>delandistrogene moxeparvec-rokl</i>
ELFABRIO	<i>pegunigalsidase alfa-iwxj</i>
ELIGARD*	<i>Leuprolide*</i>
ELOCTATE*	<i>antihemophilic factor*</i>
ELUCIREM	<i>gadopiclenol</i>
ELZONRIS	<i>tagrazofusp</i>
EMPAVELI	<i>pegcetacoplan</i>
EMPLICITI	<i>elotuzumab</i>
ENBREL	<i>etanercept</i>
ENHERTU	<i>fam-trastuzumab</i>
ENJAYMO	<i>sutimlimab-jome</i>
ENTYVIO*	<i>vedolizumab*</i>
EPKINLY	<i>epcoritamab-bysp</i>
EPOGEN*	<i>epoetin alfa*</i>
ERBITUX	<i>cetuximab</i>
ESPEROCT*	<i>factor viii (recombinant)*</i>
EVENITY*	<i>romosozumab*</i>
EVKEEZA	<i>evinacumab-dgnb</i>
EYLEA	<i>afibercept</i>
FABRAZYME*	<i>agalsidase beta*</i>
FASENRA	<i>benralizumab</i>
FASLODEX	<i>fulvestrant</i>
FEIBA NF*	<i>anti-inhibitor coagulant*</i>
FENSOLVI*	<i>leuprolide acetate*</i>
FIBRYGA	<i>fibrinogen concentrate (human)</i>
FIRAZYR*	<i>icatibant*</i>
FLEBOGAMMA*	<i>immune globulin*</i>
FOLAN*	<i>epoprostenol*</i>
FLUORODOPA F18	<i>n/a</i>
FOLOTYN	<i>pralatrexate</i>
FORTEO	<i>teriparatide</i>
FULPHILA*	<i>pegfilgrastim-jmbd*</i>
FYARRO	<i>sirolimus protein-bound particles</i>
FYLNETRA*	<i>pegfilgrastim-pbbk*</i>
GALLIUM Ga-68 PSMA-11	<i>n/a</i>
GAMIFANT	<i>emapalumab</i>
GAMMAGARD LIQUID*	<i>immune globulin*</i>
GAMMAGARD S-D*	<i>immune globulin*</i>

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BRAND NAME	Generic Name
GAMMAKED*	<i>immune globulin*</i>
GAMMAPLEX*	<i>immune globulin*</i>
GAMMUNEX-C*	<i>immune globulin*</i>
GAZYVA	<i>oinutuzumab</i>
GENTROPIN	<i>somatropin</i>
GIVLAARI*	<i>givosiran*</i>
GLASSIA*	<i>alpha 1-proteinase inhibitor*</i>
GLATOPA	<i>glatiramer acetate</i>
GLEOLAN	<i>aminolevulinic acid hydrochloride</i>
GRANIX*	<i>tbo-filgrastim*</i>
HADLIMA*	<i>adalimumab-bwwd*</i>
HAEGARDA*	<i>c1 esterase inhibitor*</i>
HELIXATE FS*	<i>antihemophilic factor*</i>
HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>
HEMLIBRA*	<i>emicizumab-kxwh*</i>
HEMOFIL M*	<i>antihemophilic factor*</i>
HEPZATO	<i>melphalan</i>
HERCEPTIN	<i>trastuzumab</i>
HERCEPTIN HYLECTA	<i>trastuzumab and hyaluronidase</i>
HERZUMA	<i>trastuzumab-pkrb</i>
HIZENTRA*	<i>immune globulin*</i>
HULIO*	<i>adalimumab-fkjp*</i>
HUMATE-P*	<i>antihemophilic factor*</i>
HUMATROPE	<i>somatropin</i>
HUMIRA*	<i>adalimumab*</i>
HYQVIA*	<i>immune globulin hyaluronidase*</i>
HYRIMOZ*	<i>adalimumab-adaz*</i>
IDACIO*	<i>adalimumab-aacf*</i>
IDELVION*	<i>coagulation factor IX*</i>
IDOSE TR	<i>travoprost intracameral implant</i>
ILARIS*	<i>canakinumab*</i>
ILLUCCIX	<i>gallium ga-68 gozetotide</i>
ILUMYA*	<i>tildrakizumab*</i>
ILUVIEN	<i>fluocinolone acetonide implant</i>
IMFINZI	<i>durvalumab</i>
IMJUDO	<i>tremelimumab-actl</i>
IMLYGIC	<i>imlygic</i>
INCRELEX	<i>mecasermin</i>
INFLECTRA*	<i>infliximab*</i>

BRAND NAME	Generic Name
INFUGEM	<i>gemcitabine</i>
ISTODAX	<i>romidepsin</i>
IXIFI*	<i>infliximab-qbtx*</i>
IXINITY*	<i>coagulation factor IX*</i>
JELMYTO	<i>mitomycin</i>
JEMPERLI	<i>dostarlimab-gxly</i>
JEVTANA	<i>cabazitaxel</i>
JIVI*	<i>factor viii (antihemophilic factor, recombinant, pegylated-aucl)*</i>
KADCYLA	<i>ado-trastuzumab</i>
KALBITOR	<i>ecallantide</i>
KANJINTI	<i>trastuzumab-anns</i>
KANUMA*	<i>sebelipsae alfa*</i>
KEPIVANCE	<i>palifermin</i>
KESIMPTA	<i>ofatumumab</i>
KEYTRUDA	<i>pembrolizumab</i>
KHAPZORY	<i>levoleucovorin</i>
KIMMTRAK	<i>tebentafusp-tebn</i>
KITABIS	<i>tobramycin</i>
KOATE*	<i>antihemophilic factor*</i>
KOATE-DVI*	<i>antihemophilic factor*</i>
KOGENATE FS*	<i>antihemophilic factor*</i>
KORSUVA	<i>difelikefalin</i>
KOVALTRY*	<i>antihemophilic factor*</i>
KRYSTEXXA*	<i>pegloticase*</i>
KYMRIAH	<i>tisagenlecleucel</i>
KYPROLIS	<i>carilzomib</i>
LAMZEDE	<i>velmanase alfa-tycv</i>
LEMTRADA*	<i>alemtuzumab*</i>
LEQEMBI	<i>lecanemab-irmb</i>
LEQVIO	<i>inclisiran</i>
LEUKINE*	<i>sargramostim*</i>
LIBTAYO	<i>cemiplimab</i>
LOCAMETZ	<i>gallium ga 68 gozetotide (psma-11)</i>
LOKTORZI	<i>toripalimab-tpzi</i>
LUCENTIS	<i>ranibizumab</i>
LUMIZYME*	<i>alglucosidase alfa*</i>
LUMOXITI	<i>moxetumomab pasidotox</i>
LUNSUMIO	<i>mosunetuzumab-axgb</i>

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BRAND NAME	Generic Name
LUPRON DEPOT*	<i>leuprolide*</i>
LUXTURNA	<i>voretigene neprarvovec</i>
LYFGENIA	<i>lovotibeglogene autotemcel</i>
MARGENZA	<i>margetuximab-cmkb</i>
MEPSEVII*	<i>vestronidase alfa*</i>
MIRCERA	<i>epoetin beta</i>
MONJUVI	<i>tafasitamab-cxix</i>
MONONINE*	<i>coagulation factor ix*</i>
MOZOBIL*	<i>plerixafor*</i>
MVASI	<i>bevacizumab-awwb</i>
MYLOTARG	<i>gemtuzumab ozogamicin</i>
MYOBLOC	<i>botulinum toxin</i>
NAGLAZYME*	<i>galsufase*</i>
NEULASTA*	<i>pegfilgrastim*</i>
NEUPOGEN*	<i>filgrastim*</i>
NEUROLITE	<i>technetium tc-99m bicatese, diagnostic</i>
NEXVIAZYME*	<i>avalglucosidase alfa-ngpt*</i>
NITRIC OXIDE	<i>inhaled nitric oxide</i>
NIVESTYM*	<i>filgrastim g-csf*</i>
NORDITROPIN	<i>somatropin</i>
NOVOEIGHT*	<i>antihemophilic factor*</i>
NOVOSEVEN RT*	<i>coagulation factor viia*</i>
NPLATE*	<i>romiplostim*</i>
NUCALA*	<i>mepolizumab*</i>
NULIBRY	<i>fosdenopterin</i>
NULOJIX*	<i>belatacept*</i>
NUTROPIN	<i>somatropin</i>
NUWIQ*	<i>antihemophilic factor*</i>
NYVEPRIA*	<i>pegfilgrastim-apgf*</i>
OBIZUR	<i>antihemophilic factor</i>
OCREVUS*	<i>ocrelizumab*</i>
OCTAGAM*	<i>immune globulin*</i>
OGIVRI	<i>trastuzumab-dkst</i>
OMISIRGE	<i>omidubicel-onlv</i>
OMNITROPE	<i>somatropin</i>
OMVOH	<i>mirikizumab-mrkz</i>
ONCASPAR	<i>pegaspargase</i>
ONIVYDE	<i>irinotecan</i>
ONPATTRO	<i>patisiran</i>

BRAND NAME	Generic Name
ONTRUZANT	<i>trastuzumab-dttb</i>
OPDIVO	<i>nivolumab</i>
OPDUALAG	<i>nivolumab and relatlimab-rmbw</i>
ORENCIA*	<i>abatacept*</i>
OTIPRIO	<i>ciprofloxacin</i>
OXLUMO	<i>lumasiran</i>
PADCEV	<i>enfortumab vedotin-ejfv</i>
PANZYGA*	<i>immune globulin*</i>
PARAPLATIN	<i>carboplatin</i>
PEDMARK	<i>sodium thiosulfate</i>
PEMFEXY	<i>pemetrexed</i>
PERJETA	<i>pertuzumab</i>
PHESGO	<i>pertuzumab, trastuzumab, hyaluronidase</i>
PHOTREXA	<i>riboflavin 5'-phosphate ophth</i>
PLUVICTO	<i>lutetium Lu 177 vipivotide tetraxetan</i>
POLIVY	<i>polatuzumab vedotin-piiq</i>
POMBILITI	<i>cipaglucoisidase alfa-atga</i>
POSLUMA	<i>flotufolastat f 18, diagnostic, 1 millicurie</i>
POTELIGEO	<i>mogamulizumab-kpkc</i>
PRECEDEX	<i>dexmedetomidine</i>
PRIVIGEN*	<i>immune globulin*</i>
PROCRI*	<i>epoetin alfa*</i>
PROFILNINE*	<i>factor ix complex*</i>
PROLASTIN-C*	<i>alpha 1-poteinase inhib*</i>
PROLEUKIN	<i>aldesleukin</i>
PROLIA*	<i>denosumab*</i>
PROPEL	<i>mometasone furoate sinus implant</i>
PROVENGE	<i>sipuleucel-t</i>
PYLARIFY	<i>piflufolastat f18</i>
QALSODY	<i>tofersen</i>
RADICAVA	<i>edaravone</i>
REBINYN*	<i>coagulation factor ix*</i>
REBLOZYL	<i>luspatercept-aamt</i>
REBYOTA	<i>fecal microbiota</i>
RECARBRIO	<i>imipenem, cilastatin, relebactam</i>
RECLAST*	<i>zoledronic acid*</i>
RECOMBINATE*	<i>antihemophilic factor*</i>

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BRAND NAME	Generic Name
RELEUKO*	<i>filgrastim-ayow*</i>
REMICADE*	<i>infliximab*</i>
REMODULIN*	<i>treprostinil*</i>
RENFLEXIS*	<i>infliximab*</i>
RETACRIT*	<i>epoetin alfa*</i>
RETHYMIC	<i>allogeneic processed thymus tissue-agdc</i>
RETISERT	<i>fluocinolone acetonide implant</i>
RIABNI*	<i>rituximab-arrx*</i>
RIASTAP*	<i>fibrinogen concentrate*</i>
RITUXAN*	<i>rituximab*</i>
RITUXAN HYCELA	<i>rituximab and hyaluronidase</i>
RIXUBIS*	<i>coagulation factor ix*</i>
ROCTAVIAN	<i>valoctocogene roxaparvovec-rvox</i>
ROLVEDON	<i>eflapegrastim-xnst</i>
RUCONEST*	<i>c1 esterase inhibitor*</i>
RUXIENCE*	<i>rituximab-pvvr*</i>
RYBREVANT	<i>amivantamab-vmjw</i>
RYLAZE	<i>recombinant erwinia asparaginase</i>
RYPLAZIM	<i>plasminogen, human-tvmh</i>
RYSTIGGO	<i>rozanolixizumab-noli</i>
RYZNEUTA	<i>efbemalenograstim alfa-vuxw</i>
SAIZEN	<i>somatropin</i>
SANDOSTATIN	<i>octreotide, non-depot</i>
SANDOSTATIN LAR DEPOT	<i>octreotide, depot</i>
SAPHNELO	<i>anifrolumab</i>
SARCLISA	<i>isatuximab-irfc</i>
SCENESSE	<i>afamelanotide implant</i>
SEROSTIM	<i>somatropin</i>
SEVENFACT*	<i>factor via*</i>
SIGNIFOR LAR*	<i>pasireotide*</i>
SIMPONI ARIA*	<i>golimumab*</i>
SKYRIZI	<i>risankizumab</i>
SKYSONA	<i>elivaldogene autotemcel</i>
SOLIRIS*	<i>eculizumab*</i>
SOMATULINE*	<i>lanreotide*</i>
SOMAVERT	<i>pegvisomant</i>
SPEVIGO	<i>spesolimab-sbzo</i>
SPINRAZA	<i>nusinersen</i>

BRAND NAME	Generic Name
SPRAVATO	<i>esketamine intranasal</i>
STELARA*	<i>ustekinumab*</i>
STIMUFEND*	<i>pegfilgrastim-fpgk*</i>
SUNLENCA	<i>lenacapavir</i>
SUPPRELLIN LA	<i>histrelin acetate</i>
SYFOVRE	<i>pegcetacoplan</i>
SYLVANT	<i>siltuximab</i>
SYNAGIS	<i>palivizumab</i>
SYNRIBO	<i>omacetaxine</i>
TAKHZYRO	<i>lanadelumab-flyo</i>
TALTZ*	<i>ixekizumab*</i>
TAUVID	<i>flortaucipir f 18</i>
TAXOTERE	<i>docetaxel</i>
TECARTUS	<i>brexucabtagene autoleucl</i>
TECENTRIQ	<i>atezolizumab</i>
TECHNESCAN MAG3	<i>Technetium tc-99m mertiatide, diagnostic</i>
TECVAYLI	<i>teclistamab-cqyv</i>
TEMODAR	<i>temozolomide</i>
TEPEZZA*	<i>teprotumumab-trbw*</i>
TESTOPEL	<i>testosterone</i>
TEZSPIRE*	<i>Tezepelumab-ekko*</i>
TIVDAK	<i>tisotumab vedotin-tftv</i>
TOBI	<i>tobramycin</i>
TOFIDENCE*	<i>tocilizumab-bavi*</i>
TRAZIMERA	<i>trastuzumab-qyyp</i>
TRELSTAR	<i>triptorelin pamoate</i>
TREMFYA*	<i>guselkumab*</i>
TRETEN*	<i>coagulation factor xiii*</i>
TRIPTODUR	<i>triptorelin</i>
TRODELVY	<i>sacituzumab govitecan</i>
TROGARZO*	<i>ibalizumab-uiyk*</i>
TRUXIMA*	<i>rituximab-abbs*</i>
TYRUKO*	<i>natalizumab-sztn*</i>
TYSABRI*	<i>natalizumab*</i>
TYVASO*	<i>treprostinil*</i>
TZIELD	<i>teplizumab-mzwv</i>
UDENYCA*	<i>pegfilgrastim-cbqv*</i>
ULTOMIRIS*	<i>ravulizumab-cwvz*</i>
UNITUXIN	<i>dinutuximab</i>

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BRAND NAME	Generic Name
UPLIZNA*	<i>inebilizumab-cdon*</i>
UPTRAVI	<i>selexipag</i>
VABYSMO	<i>faricimab-svoa</i>
VECTIBIX	<i>panitumumab</i>
VEGZELMA	<i>bevacizumab-adcd</i>
VEKLURY	<i>remdesivir</i>
VELETRI*	<i>epoprostenol sodium*</i>
VENTAVIS*	<i>iloprost*</i>
VEOPOZ	<i>pezelimab-bbfg</i>
VIMIZIM*	<i>elosulfase alfa*</i>
VONVENDI*	<i>von willebrand factor*</i>
VPRIV*	<i>velagluferase alfa*</i>
VUEWAY	<i>gadopiclenol</i>
VYEPTI	<i>eptinezumab-jjmr</i>
VYJUVEK	<i>beremagene geperpavec-svdt (topical)</i>
VYVGART	<i>efgartigimod alfa-fcab</i>
VYVGART HYTRULO	<i>efgartigimod alfa and hyaluronidase-qvfc</i>
VYXEOS	<i>daunorubicin-cytarabine</i>
WEZLANA*	<i>ustekinumab-auub*</i>
WILATE*	<i>von willebrand factor*</i>
XEMBIFY*	<i>immune globulin*</i>
XENOVIEW	<i>xenon xe-129 hyperpolarized gas</i>
XENPOZYME	<i>olipudase alfa-rpcp</i>
XEOMIN	<i>botulinum toxin</i>
XGEVA*	<i>denosumab*</i>

BRAND NAME	Generic Name
XOLAIR*	<i>omalizumab*</i>
XYNTHA*	<i>antihemophilic factor*</i>
YERVOY	<i>ipilimumsb</i>
YESCARTA	<i>axicabtagene ciloleucel</i>
YUFLYMA*	<i>adalimumab-aaty*</i>
YUSIMRY*	<i>adalimumab-aqvh*</i>
YUTIQ	<i>fluocinolone acetonide implant</i>
ZALTRAP	<i>ziv-aflibercept</i>
ZARXIO*	<i>filgrastim*</i>
ZEMAIRA*	<i>alpha 1-poteinase inhib*</i>
ZEPZELCA	<i>lurbinectedin</i>
ZIEXTENZO*	<i>pegfilgrastim-bmez*</i>
ZILRETTA	<i>triamcinolone acetonide</i>
ZIRABEV	<i>bevacizumab-bvzr</i>
ZOLADEX	<i>goserelin</i>
ZOLGENSMA	<i>onasemnogene abeparvovec</i>
ZOMACTON	<i>somatropin</i>
ZOMETA*	<i>zoledronic acid*</i>
ZORBTIVE	<i>somatropin</i>
ZULRESSO	<i>brexanolone</i>
ZYMFENTRA*	<i>infliximab-dyyb (SC)*</i>
ZYNLONTA	<i>loncastuximab tesirine-lpyl</i>
ZYNTEGLO	<i>betibeglogene autoemcel</i>
ZYNYZ	<i>retifanlimab-dlwr</i>





**Excluded Medications/Supplies Under Medical Benefit**

Oral and self-injectable medications are not covered under the medical benefit for outpatient services, but they may be covered under the pharmacy benefit when dispensed by a pharmacy. Please refer to the Pharmacy section below for Prior Approval requirements and the Health Options' formulary for oral and self-injectable medication coverage at [HealthOptions.org/Formulary](https://HealthOptions.org/Formulary).

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BRAND NAME	Generic Name
ADUHELM	<i>aducanumab-avwa</i>
AMONDYS	<i>casimersen</i>
DUROLANE	<i>sodium hyaluronate</i>
EXONDYS 51	<i>eteplirsen</i>
LEQEMBI	<i>Lecanemab-irmb</i>

BRAND NAME	Generic Name
SUSVIMO	<i>ranibizumab</i>
TICOVAC	<i>tick-borne encephalitis vaccine</i>
VILTEPSO	<i>viltolarsen</i>
VYONDYS 53	<i>golodirsen</i>

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COMMUNITY  
**Health Options™**  
**Pharmacy Benefit**

Health Options utilizes a drug formulary provided by our Pharmacy Benefit Manager, Express Scripts, to ensure rational selection and use of medications, and to ensure quality, cost-effective prescribing. The formulary is developed with the input of practicing providers and pharmacists that participate in the Express Scripts® National Pharmacy and Therapeutics (P&T) Committee. The P&T Committee reviews medications for clinical appropriateness, formulary management activities (therapeutic or generic substitution, formulary exceptions) and is responsible for approving changes to existing or new utilization management criteria, such as Prior Authorization, Step Therapy, and Quantity Limits. The Pharmacy Benefit Manager in coordination with Health Options continually reviews new medications as well as information related to medications currently included in the Formulary.

Formulary changes are made each year in January and July. These changes will be included in the Provider Bulletin.

A minimum of sixty (60) days' advance notice is provided to Members utilizing medications being removed from the formulary. No advanced notice is provided when the approval or withdrawal of a medication is made by the Food and Drug Administration.

The formulary provides the following pharmaceutical management information:

- Covered pharmaceuticals
- Explanation of limits
- Tiering information
- Restrictions and limits, such as prior authorization, step therapy, and quantity limit

Because Health Option's formulary is updated frequently, we recommend that you consult it before writing a prescription for a Health Options Member. This will better enable you to prescribe a covered medication and minimize the Member's out-of-pocket costs. The current Health Options formulary can be found at: [HealthOptions.org/Formulary](https://www.healthoptions.org/Formulary)

### **Requesting Prior Approval**

Health Option's Pharmacy Benefit Manager, Express Scripts, maintains a process by which prescribing practitioners can:

- Request Prior Approval for medication(s) designated in the formulary by:
  - PA (Prior Approval)
  - ST (Step Therapy)
  - QL (Quantity Limit)
- Request an exception to coverage consideration for non-formulary medications
  - Information to support the request can be submitted via the following:
    - Telephone (PA line): (800) 417-8164
    - Fax: (877) 251-5896
    - Electronic PA (ePA): [www.esrx.com/pa](https://www.esrx.com/pa)
    - ExpressPath: <https://www.express-path.com/login.aspx>
    - Cover My Meds: <https://www.covermymeds.com>
    - SureScripts: <https://providerportal.surescripts.net/ProviderPortal/login>

Prior Authorization forms are available in the provider portal and on the [www.HealthOptions.org](https://www.healthoptions.org) website under HealthCare Providers > Resources > Forms

Prescribing Practitioners can initiate such requests by contacting Express Scripts via the following:

- Telephone (PA line): (800) 417-8164
- Fax: (877) 251-5896
- Electronic PA (ePA): [www.esrx.com/pa](https://www.esrx.com/pa)
- ExpressPath: <https://www.express-path.com/login.aspx>
- Cover My Meds: <https://www.covermymeds.com>
- SureScripts: <https://providerportal.surescripts.net/ProviderPortal/login>

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**Excluded Medications Under Pharmacy Benefit**

Drug Class	Excluded Medications	Preferred Alternatives
<b>ANTIINFECTIVES</b>		
<b>Antibiotic Agents – Oral</b>	FIRVANQ, VANCOMYCIN 25 MG/ML SOLUTION	<i>vancomycin capsules, vancomycin 50 mg/ml oral solution</i>
	LIKMEZ	<i>metronidazole tablets</i>
	SIVEXTRO	<i>linezolid</i>
<b>Antibiotic Agents for Urinary Tract Infections</b>	NITROFURANTOIN 50 MG/5 ML SUSPENSION	<i>nitrofurantoin 25 mg/5 ml suspension</i>
<b>Antifungal Agents (Oral)</b>	TOLSURA	<i>itraconazole</i>
<b>Antivirals (Oral)</b>	SITAVIG, XERESE	<i>acyclovir oral or cream, famciclovir, penciclovir cream, valacyclovir</i>
<b>Chagas Disease Agents</b>	LAMPIT	BENZNIDAZOLE
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b>		
<b>Alpha-2 Adrenergic Agonists (for Opioid Withdrawal)</b>	LUCEMYRA	<i>clonidine</i>
<b>Alzheimer’s Agents</b>	ADUHELM, LEQEMBI	No alternatives recommended
<b>Amyotrophic Lateral Sclerosis (ALS) Agents</b>	QALSODY, RELYVRIO	No alternatives recommended
<b>Anticonvulsants</b>	EPRONTIA	<i>topiramate sprinkle capsules</i>
	FINTEPLA	DIACOMIT, EPIDIOLEX
	MOTPOLY XR	<i>lacosamide</i>
	PRIMIDONE 125 MG TABLETS	<i>primidone 50 mg or 250 mg tablets</i>
	ZONISADE	<i>zonisamide</i>
<b>Antimigraine Agents</b>	ONZETRA XSAIL, ZOLMITRIPTAN NASAL SPRAY 2.5 MG	<i>sumatriptan nasal spray, ZOMIG NASAL 2.5 MG</i>
	VYEPTI	AIMOVIG, AJOVY, EMGALITY
	ZAVZPRET	NURTEC ODT, UBRELVY
<b>Antiparkinsonism Agents</b>	APOKYN	Coverage may be approved for the treatment of Parkinson’s Disease under certain conditions
	DHIVY	<i>carbidopa / levodopa</i>
	GOCOVRI ER, OSMOLEX ER	<i>amantadine capsules, amantadine oral solution, amantadine tablets</i>
	ONGENTYS	<i>entacapone</i>
	XADAGO, ZELAPAR	<i>rasagiline, selegiline</i>
<b>Antipsychotics (Injectable)</b>	INVEGA HAFYERA	<i>risperidone er, ABILIFY ASIMTUFII, ABILIFY MAINTENA, ARISTADA, RISPERDAL CONSTA, RYKINDO ER, UZEDY ER</i>
<b>Antipsychotics (Oral)</b>	QUETIAPINE 150 MG TABLETS	<i>quetiapine 50 mg or 100 mg, quetiapine er</i>
<b>Antispasmodic Agents</b>	BALCOFEN SOLUTION, LYVISPAH, OZOBAX, OZOBAX DS	<i>baclofen suspension, baclofen tablets</i>
<b>Anxiolytic Agents</b>	LOREEV XR	<i>lorazepam tablets</i>
<b>Cataplexy Treatment</b>	SODIUM OXYBATE (by Amneal), XYREM	LUMRYZ ER, SODIUM OXYBATE (by Hikma), XYWAV

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Central Nervous System Stimulants	DYANAVEL XR, XELSTRYM	<i>dextroamphetamine er, dextroamphetamine/amphetamine er, lisdexamfetamine</i>
	METHYPHENIDATE ER 45 MG, 63 MG & 72 MG, QUILLICHEW ER, QUILLIVANT XR, RELEXXII ER	<i>dexmethylphenidate er, methylphenidate cd, methylphenidate er, methylphenidate la,</i>
Duchenne Muscular Dystrophy (DMD) Agents	AGAMREE, EMFLAZA	<i>prednisolone solution/syrup, prednisolone tablets, prednisone solution, prednisone tablets</i>
	AMONDYS 45, EXONDYS 51, VILTEPSO, VYONDYS 53	No alternatives recommended
Friedreich's Ataxia Agents	SKYCLARYS	Coverage may be approved for the treatment of Friedreich's Ataxia under certain conditions.
Multiple Sclerosis Agents	BRIUMVI	KESPIMTA, OCREVUS
	EXTAVIA	AVONEX, BETASERON, PLEGRIDY, REBIF
	GILENYA, TASCENSO ODT	<i> fingolimod, teriflunomide, BAFIERTAM, MAYZENT, PONVORY, VUMERITY</i>
Narcotic Analgesics & Combinations	APADAZ, BENZHYDROCODONE/ACETAMINOPEHN	<i>hydrocodone/acetaminophen</i>
	CONZIP, QDOLO, TRAMADOL 25 MG & 100 MG TABLETS, TRAMADOL ER CAPSULES, TRAMADOL SOLUTION	<i>tramadol 50 mg tablets, tramadol er tablets</i>
	NUCYNTA	<i>hydrocodone/acetaminophen, morphine sulfate, oxycodone, tramadol, tramadol/acetaminophen</i>
	NUCYTNA ER, OXYCODONE ER, XTAMPZA ER	<i>hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er, HYSINGLA ER, OXYCONTIN</i>
	OXAYDO, ROXYBOND	<i>oxycodone</i>
	PRIMLEV, PROLATE SOLUTION	<i>oxycodone/acetaminophen</i>
	SEGLENTIS	<i>tramadol tablets plus celecoxib</i>
Narcotic Antagonists	ZIMHI	<i>naloxone syringes</i>
Rett Syndrome Agents	DAYBUE	No alternatives recommended
Sedative-Hypnotic Agents	DORAL, QUAZEPAM	<i>estazolam, lorazepam</i>
	ZOLPIDEM 7.5 MG CAPSULES, ZOLPIMIST	<i>eszopiclone, zaleplon, zolpidem tablets</i>
Selective Serotonin Reuptake Inhibitors (SSRIs) Antidepressants	CITALOPRAM CAPSULES, PEVEVA, SERTRALINE CAPSULES	<i>Citalopram tablets, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline tablets</i>
Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants	DRIZALMA SPRINKLE, VENLAFAXINE BESYLATE ER	<i>desvenlafaxine er, duloxetine, venlafaxine hcl er, FETZIMA</i>
Transmucosal Fentanyl Analgesics	FENTANYL CITRATE BUCCAL TABLETS, FENTORA, SUBSYS	<i>fentanyl citrate lozenges</i>
Miscellaneous Antidepressants	APLENZIN, BUPROPION XL 450 MG, FORFIVO XL	<i>bupropion xl 150 mg or 300 mg</i>
	AUVELITY ER	<i>bupropion, citalopram, duloxetine, paroxetine, sertraline, venlafaxine, FETZIMA</i>
	SPRAVATO	<i>olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline</i>
<b>CARDIOVASCULAR</b>		
ACE Inhibitors	QBRELIS	<i>lisinopril</i>
Alpha-Adrenergic Agonists	CLONIDINE ER 0.17 MG, NEXICLON XR	<i>clonidine patches, clonidine tablets</i>

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<b>Angiotensin Receptor Blockers (ARBs) and Combinations</b>	EDARBI	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
	EDARBYCLOR	<i>candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, olmesartan/hydrochlorothiazide, telmisartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, chlorthalidone plus valsartan</i>
	VALSARTAN SOLUTION	<i>valsartan tablets</i>
<b>Anticoagulants</b>	PRADAXA, SAVAYSA	<i>dabigatran, ELIQUIS, XARELTO</i>
<b>Beta Blockers &amp; Combinations</b>	HEMANGEOL	<i>propranolol solution</i>
	INDERAL XL, INNOPRAN XL	<i>propranolol er</i>
	KAPSPARGO SPRINKLE	<i>metoprolol succinate</i>
<b>Calcium Channel Blockers</b>	CONJUPRI, LEVAMLODIPINE	<i>amlodipine, felodipine er, nifedipine er, nisoldipine</i>
	KATERZIA, NORLIQVA	<i>amlodipine tablets</i>
<b>Diuretics</b>	FUROSCIX, SOAANZ	<i>bumetanide, furosemide, torsemide</i>
	THALITONE	<i>chlorthalidone</i>
<b>Fenofibrates</b>	ANTARA, FENOFIBRATE CAPSULES (30 MG, 50 MG, 90 MG, 150 MG), LIPOFEN	<i>fenofibrate capsules (43 mg, 67 mg, 130 mg, 134 mg, 200 mg), fenofibrate tablets, fenofibric acid</i>
<b>HMG &amp; Cholesterol Inhibitor Combinations</b>	ALTOPREV, ATORVALIQ, EZALLOR SPRINKLE	<i>atorvastatin, fluvastatin er, lovastatin, pitvastatin, pravastatin, rosuvastatin, simvastatin tablets</i>
	ROSUVASTATIN/EZETIMIBE	<i>ezetimibe plus atorvastatin or rosuvastatin</i>
<b>PCSK9 &amp; siRNA Inhibitors</b>	LEQVIO, PRALUENT	REPATHA
<b>Pulmonary Arterial Hypertension (PAH) Agents</b>	LIQREV, TADLIQ	<i>sildenafil oral suspension, sildenafil 20 mg tablets, tadalafil 20 mg tablets</i>
<b>Sodium Glucose Co- Transporter-1 and 2 inhibitors</b>	INPEFA	FARXIGA, JARDIANCE
<b>Miscellaneous Cardiovascular Agents</b>	ASPRUZYO SPRINKLE ER	<i>ranolazine er</i>
	CORLANOR	<i>atenolol, bisoprolol, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol</i>
	LODOCO	<i>colchicine</i>
	NORPACE CR	<i>amiodarone, quinidine sulfate, sotalol</i>
<b>DERMATOLOGICAL</b>		
<b>Agents for Hyperhidrosis</b>	DRYSOL, QBREXZA	Over-the-Counter aluminum chloride containing products
<b>Oral Agents for Acne</b>	ABSORICA LD	<i>isotretinoin capsules</i>
	DORYX DR 80 MG, DORYX MPC, DOXYCYCLINE HYCLATE DR 80 MG	<i>doxycycline hyclate, doxycycline monohydrate</i>
	MINOCYCLINE BIPHASIC TABLETS, MINOCYCLINE ER CAPSULES, XIMINO	<i>minocycline 24 hour er tablets</i>
<b>Rosacea Agents (Oral)</b>	DOXYCYCLINE 40 MG CAPSULES, ORACEA	<i>Oral: doxycycline hyclate, doxycycline monohydrate Topical: azelaic acid, ivermectin, metronidazole</i>
	NORITATE	<i>metronidazole</i>

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<b>Rosacea Agents (Topical)</b>	ZILXI	<i>azelaic acid, ivermectin, metronidazole, sodium sulfacetamide/sulfur, FINACEA FOAM</i>
<b>Topical Agents for Acne</b>	CABTREGO	<i>adapalene, adapalene/benzoyl peroxide, benzoyl peroxide gel, clindamycin topical, clindamycin/benzoyl peroxide, tretinoin, tretinoin micro</i>
	CLENIA PLUS, SULFACETAMIDE/SULFUR 8%-4% CLEANSER, SULFACETAMIDE/SULFUR 9%-4.25% SUSPENSION, ZMA CLEAR	<i>sulfacetamide/sulfur 9%-4% cleanser, sulfacetamide/sulfur 8%-4% suspension</i>
	FABIOR, TAZAROTENE FOAM	<i>tazarotene cream, tretinoin</i>
	VELTIN	<i>clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide</i>
	WINLEVI	<i>azelaic acid, clindamycin phosphate gel, clindamycin/tretinoin, dapsone, erythromycin gel, tretinoin</i>
<b>Topical Agents for Actinic Keratosis</b>	CARAC, FLUOROURACIL 0.5% CREAM, KLISYRI, ZYCLARA	<i>diclofenac 3% gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod 5% cream</i>
<b>Topical Antifungals</b>	ECOZA, ERTACZO, LULICONAZOLE, LUZU, OXISTAT LOTION, SULCONAZOLE, XOLEGEL	<i>ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole</i>
	MICONAZOLE/ZINC OXIDE/PETROLATUM, VUSION	<i>clotrimazole, ketoconazole, miconazole, nystatin</i>
<b>Topical Corticosteroids</b>	CLOCORTOLONE PUMP, IMPOYZ, LEXETTE, SERNIVO, ULTRAVATE, VERDESO FOAM	generic topical corticosteroids
<b>Vitamin D Analogs (Topical)</b>	CALCIPOTRIENE FOAM, SORILUX	<i>calcipotriene, calcitriol</i>
<b>Miscellaneous Topical Dermatological Agents</b>	ACLORTIN A	<i>generic topical corticosteroids plus mupirocin</i>
	CONDYLOX, VEREGEN	<i>imiquimod 5% cream, podofilox solution</i>
	LIDOCAINE/TETRACAINE, PLIAGLIS	<i>lidocaine cream, lidocaine/prilocaine cream</i>
	TAZORAC 0.05% CREAM	<i>tazarotene 0.1% cream</i>
	TRI-LUMA	<i>fluocinolone acetonide, hydroquinone, tretinoin</i>
	YCANTH	No alternatives recommended
<b>DIABETES</b>		
<b>Biguanide Agents</b>	METFORMIN 625 MG TABLETS	<i>metformin 500 mg or 850 mg tablets</i>
<b>Blood Glucose Meters &amp; Test Strips</b>	ASCENSIA (CONTOUR) ONETOUCH SOLUTIONS STARTER KIT ROCHE (ACCU-CHEK) TEMPO (WELCOME KIT, REFILL KIT, SMART BUTTON) TRIVIDIA (TRUETEST, TRUETRACK) ALL OTHER METERS & TEST STRIPS THAT ARE NOT LISTED AS PREFERRED	FREESTYLE KITS/METERS (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE) FREESTYLE TEST STRIPS (FREESTYLE, FREESTYLE INSULINX, FREESTYLE LITE, FREESTYLE PRECISION NEO) ONETOUCH KITS/METERS (ULTRA2, VERIO FLEX, VERIO REFLECT) ONETOUCH TEST STRIPS (ULTRA, VERIO) PRECISION XTRA METERS, TEST STRIPS
<b>Diabetic Pen Needles &amp; Syringes</b>	PEN NEEDLES & SYRINGES BY: ARKRAY HOME AIDE DIAGNOSTICS HTL-STREFA NOVO NORDISK OWEN MUMFORD PRODIGY DIABETES CARE SIMPLE DIAGNOSTICS	BD DIABETES PEN NEEDLES BD DIABETS SYRINGES



	TRIVIDIA (NIPRO DIAGNOSTICS) ULTIMED ALL OTHER DIABETIC PEN NEEDLES & SYRINGES THAT ARE NOT LISTED AS PREFERRED	
<b>Diabetic Supply Kits</b>	BIGFOOT UNITY PROGRAM KIT	DEXOM G6: RECEIVER, SENSOR, TRANSMITTER DEXCOM G7: RECEIVER, SENSOR FREESTYLE LIBRE: READER, SENSOR
<b>Dipeptidyl Peptidase-4 (DDP-4) Inhibitors &amp; Combinations</b>	ALOGLIPTIN, NESINA, TRADJENTA, ZITUVIO	<i>saxagliptin</i> , JANUVIA
	ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KAZANO	<i>saxagliptin/metformin</i> , JANUMET, JANUMET XR
	ALOGLIPTIN/PIOGLITAZONE	<i>pioglitazone</i> plus JANUVIA
<b>Dipeptidyl Peptidase-4 (DDP-4) Inhibitors/Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitor Combinations</b>	QTERN, STEGLUJAN	GLYXAMBI
<b>Glucagon-Like Peptide-1 Agonists</b>	VICTOZA	BYDUREON BCISE, BYETTA, OZEMPIC, TRULICITY
<b>Glucose-Elevating Drugs</b>	GLUCAGON HYPOKIT, GLUCAGON EMERGENCY KIT (by Fresenius), ZEGALOGUE	<i>glucagon emergency kit</i> (by Amphastar), BAQSIMI, GVOKE
<b>Insulin (Basal) and Glucagon-Like Peptide-1 (GLP-1) Agonist Combinations</b>	XULTOPHY	SOLIQUA
<b>Insulins</b>	ADMELOG, AFREZZA, APIDRA, FIASP, INSULIN ASPART, NOVOLOG, RELION NOVOLOG	HUMALOG, HUMALOG TEMPO, INSULIN LISPRO, LYUMJEV, LYUMJEV TEMPO
	U-100: INSULIN DEGLUDEC, INSULIN GLARGINE, INSULIN GLARGINE-YFGN, LANTUS, LEVEMIR, REZVOGLAR U-200: INSULIN DEGLUDEC U-300: INSULIN GLARGINE	U-100: SEMGLEE (YFGN), TRESIBA U-200: TRESIBA U-300: TOUJEO
	INSULIN ASPART PROTAMINE, NOVOLOG MIX, RELION NOVOLOG MIX	HUMALOG MIX, INSULIN LISPRO PROTAMINE MIX
	NOVOLIN, NOVOLIN MIX, RELION NOVOLIN, RELION NOVOLIN MIX	HUMULIN, HUMULIN MIX
<b>Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors &amp; Combinations</b>	BREZVAVVY, DAPAGLIFLOZIN, INVOKANA	FARXIGA, JARDIANCE, STEGLATRO
	DAPAGLIFLOZIN/METFORMIN ER, INVOKAMET, INVOKAMET XR	SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
<b>Sulfonylurea Agents</b>	GLIPIZIDE 2.5 MG TABLETS	<i>glipizide 5 mg tablets</i>
<b>EAR/NOSE</b>		
<b>Nasal Steroids</b>	BECOMASE AQ, OMNARIS, QNASAL, ZETONNA	<i>flunisolide, fluticasone, mometasone</i>
<b>OTIC Antibiotics &amp; Combination Products</b>	CETRAXAL	<i>ciprofloxacin otic, ofloxacin otic</i>
	CIPRO HC, CIPROFLOXACIN/FLUOCINOLONE OTIC	<i>ciprofloxacin/dexamethasone otic</i>
<b>ENDOCRINE</b>		
<b>Cushing's Agents</b>	ISTURISA, KORLYM	<i>ketoconazole tablets, mifepristone 300 mg,</i> SIGNIFOR
	RECORLEV	<i>Ketoconazole tablets</i>
<b>Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty)</b>	LUPRON DEPOT-PED, SUPPRELIN LA	FENSOLVI, TRIPTODUR
<b>Growth Hormones</b>	HUMATROPE, NORDITROPIN FLEXPPO, NUTROPIN AQ NUSPIN, SAIZEN, SAIZENPREP, ZOMACTON	GENOTROPIN, OMNITROPE
	SKYTROFA, SOGROYA	GENOTROPIN, OMNITROPE, NGENLA
	LANREOTIDE, SANDOSTATIN LAR DEPOT	SOMATULINE DEPOT

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<b>Somatostatin Analogs</b>	SIGNIFOR LAR	For Acromegaly: SOMATULINE DEPOT For Cushing's Disease: SIGNIFOR
<b>Testosterone Products</b>	AVEED	<i>testosterone cypionate, testosterone enanthate, XYOSTED</i>
	KYZATREX, NATESTO, TLANDO	<i>testosterone gel, testosterone solution, ANDRODERM PATCHES</i>
<b>Thyroid Replacement Therapy</b>	ADTHYZA 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	<i>levothyroxine tablets, thyroid pork, ARMOUR THYROID</i>
	LEVOTHYROXINE CAPSULES, THYQUIDITY, TIROSANT, TIROSANT-SOL	<i>levothyroxine tablets</i>
<b>Miscellaneous Endocrine Agents</b>	CORTROPHIN GEL	No alternatives recommended
<b>GASTROINTESTINAL</b>		
<b>Antidiarrheal Agents</b>	MYTESI	<i>diphenoxylate/atropine, loperamide</i>
<b>Antiemetics (Oral)</b>	AKYNZEO CAPSULES	<i>granisetron, ondansetron, aprepitant, VARUBI TABLETS</i>
	ANTIVERT, MECLIZINE 50 MG TABLETS	<i>meclizine 25 mg tablets</i>
	ANZEMET	<i>granisetron, ondansetron</i>
	BONJESTA	<i>doxylamine/pyridoxine hcl</i>
	EMEND POWDER PACKETS	<i>aprepitant, VARUBI TABLETS</i>
<b>Bowel Evacuants</b>	CLENPIQ, OSMOPREP, PLENVU, SUFLAVE, SUTAB	<i>magnesium sulfate/potassium sulfate/sodium sulfate solution, peg 3350/ascorbic acid powder packets</i>
<b>Corticosteroids (Rectal Formulations)</b>	CORTIFOAM	<i>hydrocortisone enema, UCERIS FOAM</i>
<b>Fecal Microbiota Agents</b>	REBYOTA	Coverage may be approved for the prevention of recurrent Clostridioides difficile infection under certain conditions.
<b>Gallstone Dissolution Agents</b>	RELTONE	<i>ursodiol</i>
<b>Gastroparesis Agents</b>	GIMOTI	No alternatives recommended
<b>Hemorrhoidal Preparations</b>	HYDROCORTISONE/PRAMOXINE 25-18 MG SUPPOSITORIES	<i>hydrocortisone ac suppositories, pramoxine/hydrocortisone cream</i>
	PROCTOFOAM-HC	<i>pramoxine/hydrocortisone cream</i>
<b>Inflammatory Bowel Agents</b>	DIPENTUM	<i>balsalazide disodium, mesalamine dr, mesalamine er, sulfasalazine, PENTASA 250 MG CAPSULES</i>
<b>Irritable Bowel Syndrome &amp; Chronic Constipation Agents</b>	IBSRELA, MOTEGRITY, ZELNORM	<i>lubiprostone, LINZESS, TRULANCE</i>
<b>Pancreatic Enzymes</b>	PERTZYE	CREON, PANCREAZE, ZENPEP
<b>Proton Pump Inhibitors</b>	KONVOMEF, NEXIUM PACKETS, PRILOSEC SUSPENSION, RABEPRAZOLE DR SPRINKLE	<i>dexlansoprazole, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole</i>
<b>Miscellaneous Gastrointestinal Agents</b>	DARTISLA ODT	<i>glycopyrrolate tablets</i>
<b>HEMATOLOGICAL</b>		
<b>Antiplatelet Agents</b>	ASPIRIN/OMEPRAZOLE DR, YOSPRALA DR	<i>aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole or rabeprazole</i>
<b>Erythropoiesis-Stimulating Agents</b>	ARANESP, EPOGEN, MIRCERA	PROCRIT, RETACRIT
<b>Factor Deficiency Agents &amp; Related Products</b>	IXINITY, RIXUBIS	BENEFIX
	NOVOSEVEN RT	SEVENFACT

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	NUWIQ, RECOMBINATE	ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, ESPEROCT, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, XYNTHA, XYNTHA SOLOFUSE
	REBINYN	ALPROLIX, IDELVION
<b>Granulocyte Colony Stimulating Factors</b>	FYLNETHA, NEULASTA, NYVEPRIA, ROLVEDON, STIMUFEND, UDENYCA	FULPHILA, ZIEXTENZO
	GRANIX, NEUPOGEN, RELEUKO, ZARXIO	NIVESTYM
<b>Hematopoietic &amp; Thrombopoietic Agents</b>	APHEXDA	<i>plerixafor</i>
<b>Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors</b>	JESOUVROQ	PROCRIPT, RETACRIT
<b>Iron Replacement Agents</b>	MONOFERRIC	<i>sodium ferric gluconate complex</i> , VENOFER
<b>Sickle Cell Disease Agents</b>	OXBRYTA	<i>hydroxyurea</i> , DROXIA
	SIKLOS	DROXIA
<b>Thrombocytopenia Agents</b>	MULPLETA	DOPTELET
<b>HEPATITIS</b>		
<b>Hepatitis C</b>	LEDIPASVIR/SOFOSBUVIR, MAVYRET, SOFOSBUVIR/VELPATASVIR, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
<b>HIV</b>		
<b>Antiretrovirals</b> <b>Note: Current patients established on therapy are allowed to continue therapy.</b>	COMPLERA	ODEFSY
	DELSTRIGO	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate, efavirenz/lamivudine/tenofovir disoproxil fumarate</i> , BIKTARVY, GENVOYA, ODEFSY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
	PIFELTRO	<i>efavirenz</i> , EDURANT
	PREZCOBIX	<i>atazanavir, lopinavir/ritonavir, ritonavir</i> , PREZISTA
	RUKOBIA ER	Coverage may be approved for the treatment of human immunodeficiency virus-1 infection in heavily treatment-experienced patients with multidrug-resistant infection.
	STRIBILD	BIKTARVY, GENVOYA
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b>		
<b>Gout Therapy</b>	ALLOPURINOL 200 MG TABLETS	<i>allopurinol 100 mg tablets</i>
<b>Muscle Relaxants &amp; Antispasmodic Agents</b>	METHOCARBAMOL 1,000 MG TABLETS	<i>methocarbamol 500 mg tablets</i>
<b>Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)</b>	COXANTO, DICLOFENAC 35 MG CAPSULES, FENOPROFEN 200 MG CAPSULES, INDOMETHACIN 20 MG CAPSULES, KETOROLAC NASAL SPRAY, OXAPROZIN 300 MG CAPSULES, RELAFEN DS, TIVORBEX, ZIPSOR, ZORVOLEX	generic oral nonsteroidal anti-inflammatory drugs
	ELYXYB	<i>celecoxib</i>
	INDOCIN SUPPOSITORIES	<i>etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone, naproxen</i>
	INDOCIN SUSPENSION, MELOXICAM SUSPENSION	<i>ibuprofen suspension, naproxen suspension</i>
<b>Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)</b>	DICLOFENAC EPOLAMINE PATCHES	FLECTOR PATCHES, LICART PATCHES
<b>OBSTETRICAL &amp; GYNECOLOGICAL</b>		
<b>Combination Patches</b>	CLIMARA PRO	COMBIPATCH

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<b>Contraceptives</b>	LO LOESTRIN FE, NATAZIA, NEXTSTELLIS, TWIRLA, TYBLUME	generic oral, patch and ring contraceptives
	PHEXXI	Barrier methods of contraception, such as condoms, diaphragms, spermicides, or sponges.
	SLYND	generic progestin-only oral contraceptives
<b>Estrogen &amp; Estrogen Modifiers for Vaginal Symptoms</b>	ESTRING, IMVEXXY, INTRAROSA, OSPHENA	<i>estradiol cream, estradiol vaginal inserts, PREMARIN CREAM</i>
	FEMRING	<i>estradiol cream, estradiol patches, estradiol tablets, estradiol vaginal inserts, PREMARIN CREAM</i>
<b>Estrogen/Progestin Combinations (Oral)</b>	BIJUVA, PREMPHASE, PREMPRO	<i>estradiol/norethindrone acetate, ethinyl estradiol/norethindrone acetate</i>
<b>Estrogens (Oral)</b>	MENEST, PREMARIN TABLETS	<i>estradiol tablets</i>
<b>Human Chorionic Gonadotropin</b>	CHORIONIC GONADOTROPIN 10,000 UNITS	NOVAREL, OVIDREL
<b>Ovulatory Stimulants (Follitropins)</b>	FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDJECT
<b>Prenatal Vitamins</b>	CITRANATAL, NATAL PNV, PREGENNA, TRINAZ	<i>generic prenatal vitamins</i>
<b>Topical Estrogen Agents</b>	ELESTRIN, ESTROGEL, EVAMIST	<i>estradiol gel, estradiol patches</i>
<b>Vaginal Progestones</b>	ENDOMETRIN	<i>medroxyprogesterone, megestrol, norethindrone, progesterone, CRINONE 8%</i>
<b>ONCOLOGY</b>		
<b>Acute Myeloid Leukemia (AML) Agents</b>	ONUREG	Coverage may be approved for treatment of Acute Myeloid Leukemia under certain conditions.
	REZLIDHIA	TIBSOVO
	VANFLYTA	RYDAPT
<b>B-Cell Lymphoma Agents</b>	COLUMVI, EPKINLY	<i>cyclophosphamide, cytarabine, dexamethasone, doxorubicin, prednisone, vincristine, KYMRIA, RUXIENCE, YESCARTA</i>
<b>Bendamustine Agents</b>	VIVIMUSTA	<i>bendamustine, BENDEKA</i>
<b>Bevacizumab-Containing Agents</b>	ALYMSYS, AVASTIN, VEGZELMA	ZIRABEV
<b>BRAF Inhibitors</b>	BRAFTOVI	TAFINLAR, ZELBORAF
<b>Bruton Tyrosine Kinase Inhibitors</b>	JAYPIRCA	For Mantle Cell Lymphoma: BRUKINSA, CALQUENCE For Chronic or Small Lymphocytic Leukemia: BRUKINSA, CALQUENCE, IMBRUVICA, VENCLEXTA
<b>Cyclin-Dependent Kinase 4/6 Inhibitors</b>	IBRANCE	KISQALI, VERZENIO
<b>Interferons</b>	BESREMI	<i>hydroxyurea</i>
<b>Kinase Inhibitor of Vascular Endothelial Growth Factor Receptor</b>	FRUZAQLA	LONSURF
<b>Kinase Inhibitors</b>	TRUQAP	<i>anastrozole, exemestane, letrozole, tamoxifen, KISQALI, KISQALI FEMARA CO-PACK, VERZENIO</i>
<b>MEK Inhibitors</b>	MEKTOVI	COTELLIC, MEKINIST
<b>Multiple Myeloma Agents</b>	BLENREP, XPOVIO	<i>bortezomib, DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID</i>
<b>Myelodysplastic Syndrome Agents</b>	INQOVI	<i>decitabine</i>

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<b>Myelofibrosis Agents</b>	INREBIC, QJJAARA	JAKAFI
<b>Non-Small Cell Lung Cancer Agents</b>	AUGTYRO	ROZLYTREK
	KRAZATI	Coverage may be approved for the treatment of KRAS G12C-mutated non-small cell lung cancer.
	TEPMETKO	TABRECTA
<b>Prostate Cancer Agents</b>	AKEEGA	<i>abiraterone</i> plus LYNPARZA, TALZENNA plus XTANDI
	CAMCEVI, LEUPROLIDE DEPOT, TRELSTAR	ELIGARD, FIRMAGON
	YONSA	<i>abiraterone</i> , XTANDI
<b>Renal Cell Cancer Agents</b>	FOTIVDA	CABOMETYX, INLYTA, LENVIMA
<b>Rituximab-Containing Agents</b>	RIABNI, RITUXAN, RITUXAN HYCELA, TRUXIMA	RUXIENCE
<b>Trastuzumab-Containing Agents</b>	HERCEPTIN, HERCEPTIN HYLECTA, HERZUMA, OGIVRI, ONTRUZANT	KANJINTI, TRAZIMERA
<b>Tyrosine Kinase Inhibitors</b>	QINLOCK	<i>imatinib</i> , <i>pazopanib</i> , <i>sorafenib</i> , <i>sunitinib malate</i> , SPRYCEL, STIVARGA, TASIGNA
<b>OPHTHALMIC</b>		
<b>Antiglaucoma Agents (Beta-Adrenergic Blockers)</b>	BETIMOL	<i>timolol drops</i> , <i>betaxolol drops</i> , <i>carteolol drops</i> , <i>levobunolol drops</i>
<b>Antiglaucoma Agents (Ophthalmic Prostaglandins)</b>	DURYSTA, IYUZEH, XELPROS	<i>bimatoprost drops</i> , <i>latanoprost drops</i> , <i>tafluprost drops</i> , <i>travoprost drops</i>
<b>Antiglaucoma Agents (Other)</b>	RHOPRESSA, ROCKLATAN	<i>betaxolol drops</i> , <i>bimatoprost drops</i> , <i>dorzolamide/timolol drops</i> , <i>latanoprost drops</i> , <i>levobunolol drops</i> , <i>tafluprost drops</i> , <i>timolol drops</i> , <i>travoprost drops</i>
<b>Blepharoptosis Agents</b>	UPNEEQ	No alternatives recommended
<b>Ophthalmic Agents (Complement Protein C5 Inhibitors)</b>	IZERVAY	No alternatives recommended
<b>Ophthalmic Agents (Vascular Endothelial Growth Inhibitors)</b>	EYLEA HD, VABYSMO	EYLEA
	LUCENTIS	BYOOVIZ, CIMERLI
	SUSVIMO	No alternatives recommended
<b>Ophthalmic Agents – Other</b>	ATROPINE (PRESERVATIVE FREE) 1% EYE SINGLE USE DROPPERETTE	<i>atropine 1% drops</i>
	CYSTADROPS	CYSTARAN
	VERKAZIA	<i>azelastine drops</i> , <i>bepotastine drops</i> , <i>cromolyn drops</i> , <i>epinastine drops</i> , <i>olopatadine drops</i>
	VUITY	No alternatives recommended
<b>Ophthalmic Anti-Allergic</b>	ALOCRIL, ALOMIDE, ALREX, ZERVIATE	<i>azelastine drops</i> , <i>bepotastine drops</i> , <i>cromolyn drops</i> , <i>epinastine drops</i> , <i>olopatadine drops</i>
<b>Ophthalmic Anti-Inflammatory</b>	FLAREX, FML FORTE, MAXIDEX, PRED MILD	<i>dexamethasone drops</i> , <i>fluorometholone drops</i> , <i>loteprednol 0.5% drops</i> , <i>prednisolone drops</i>
<b>Ophthalmic Combinations</b>	TOBRADEX ST, ZYLET	<i>tobramycin/dexamethasone drops</i>
<b>Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>	ACUVAIL, NEVANAC	<i>bromfenac drops</i> , <i>diclofenac drops</i> , <i>ketorolac drops</i>
<b>Ophthalmic Quinolone Antibiotics</b>	BESIVANCE, CILOXAN OINTMENT	<i>ciprofloxacin drops</i> , <i>gatifloxacin drops</i> , <i>levofloxacin drops</i> , <i>moxifloxacin drops</i> , <i>ofloxacin drops</i>

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OSTEOARTHRITIS		
<b>Hyaluronic Acid Derivatives</b>	DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNOJOYNT, SYNVISC, SYNVISC-ONE, TRILURON, TRIVISC, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
RENAL		
<b>Nephropathic Cystinosis Agents</b>	PROCYSBI	CYSTAGON
<b>Nephropathy Agents</b>	FILSPARI	<i>benazepril, candesartan, irbesartan, lisinopril, losartan, ramipril, valsartan</i>
<b>Nocturnal Polyuria Agents</b>	NOCTIVIA	<i>desmopressin tablets</i>
<b>Overactive Bladder Agents</b>	OXYBUTYNIN 2.5 MG, VESICARE LS	<i>oxybutynin er, oxybutynin solution, oxybutynin 5 mg tablets, MYRBETRIQ ER</i>
<b>Phosphate Binders</b>	FOSRENOL POWDER PACKETS, XPHOZAH	<i>calcium acetate, lanthanum, sevelamer carbonate, sevelamer hcl, VELPHORO</i>
<b>Miscellaneous Urologicals</b>	URIMAR-T CAPSULES, URNEVA	<i>uro mp, uro sp</i>
RESPIRATORY		
<b>Epinephrine Auto-Injector Systems</b>	EPINEPHRINE AUTO-INJECTOR (by A-S Medication, Amneal Pharma, Avkare)	<i>epinephrine auto-injector (by Mylan, Teva), AUVI-Q, EPIPEN, EPIPEN JR</i>
<b>Idiopathic Pulmonary Fibrosis Agents</b>	PIRFENIDONE 534 MG TABLETS	<i>pirfenidone, OFEV</i>
<b>Immunological Agents for Asthma</b>	CINQAIR	DUPIXENT, FASENRA, NUCALA, TEZSPIRE, XOLAIR
<b>Long-Acting Beta Agonist Inhalers</b>	SEREVENT DISKUS	STRIVERDI RESPIMAT
<b>Long-Acting Muscarinic Antagonist Inhalers</b>	INCRUSE ELLIPTA, TURDORZA PRESSAIR	SPRIVIA HANDHALER, SPIRVIA RESPIMAT
<b>Long-Acting Muscarinic/Long-Acting Beta-Agonist Combination Inhalers</b>	BEVESPI AEROSPHERE, DUAKLIR PRESSAIR	ANORO ELLIPTA, STIOLOTO RESPIMAT
<b>Pulmonary Anti-Inflammatory Inhalers</b>	ALVESCO, ARMONAIR DIGIHALER, FLOVENT DISKUS, FLOVENT HFA, FLUTICASONE PROPIONATE HFA, PULMICORT FLEXHALER	ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, QVAR REDIHALER
<b>Pulmonary Anti-Inflammatory/Beta-Agonist Combination Inhalers</b>	AIRDUO RESPICLICK, FLUTICASONE/SALMETEROL DPI (BY A-S MEDICATION, TEVA), FLUTICASONE/SALMETEROL HFA, FLUTICASONE/VILANTEROL, SYMBICORT	<i>budesonide/formoterol fluticasone/salmeterol dpi (by Hikma, Prasco, Proficient Rx), ADVAIR HFA, BREO ELLIPTA, DULERA</i>
<b>Short-Acting Beta<sub>2</sub>-Agonist Inhalers</b>	ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PRASCO), LEVALBUTEROL HFA, PROAIR DIGIHALER, PROAIR RESPICLICK, VENTOLIN HFA, XOPENEX HFA	<i>albuterol sulfate hfa (By AHP, Cipla, Civica, Exelan, Lupin, Perrigo, Sandoz, Teva &amp; West-Ward)</i>
MISCELLANEOUS AGENTS		
<b>Allergen Immunotherapy</b>	PALFORZIA	Coverage may be approved for treatment of Peanut Allergy under certain conditions.
<b>Benign Prostatic Hyperplasia Agents</b>	ENTADFI	<i>finasteride 5 mg plus tadalafil 5 mg</i>
<b>Botulinum Toxin Products</b>	BOTOX	DYSPORT MYOBLOC Migraine – AIMOVIG, AJOVY, EMGALITY, QULIPTA Hyperhidrosis – over-the-counter aluminum chloride containing products
	XEOMIN	DYSPORT, MYOBLOC
<b>Gaucher Disease Agents</b>	ELEYSO, VPRIV	CEREZYME

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<b>Glucocorticoids</b>	ALKINDI SPRINKLE	<i>hydrocortisone tablets</i>
	HEMADY	<i>dexamethasone tablets</i>
<b>Hereditary Angioedema</b>	BERINERT	CINRYZE, RUCONEST
<b>Immune Globulins</b>	CUTAQUIG, CUVITRU	SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
	GAMMAKED	IV: GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
<b>Immunosuppressant Agents</b>	ENVARUSUS XR	<i>tacrolimus</i>
	JYLAMO, XATMEP	<i>methotrexate tablets</i>
	OTREXUP, REDITREX	RASUVO
<b>Infused TNF Antagonists</b>	AVSOLA, INFlixIMAB, REMICADE, RENFLEXIS	INFLECTRA
<b>Metabolic Agents</b>	RAVICTI	<i>sodium phenylbutyrate, PHEBURANE</i>
	RIVFLOZA	Coverage may be approved for the treatment of Primary Hyperoxaluria Type 1 under certain conditions.
<b>Myasthenia Gravis Agents</b>	RYSTIGGO	Coverage may be approved for the treatment of generalized myasthenia gravis.
	ZILBRYSQ	SOLIRIS
<b>Neuromyelitis Optica Spectrum Disorder Agents</b>	UPLIZNA	ENSPRYNG
<b>Osteoporosis (Bone Modifiers)</b>	EVENITY, PROLIA	<i>alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, TYMLOS</i>
<b>Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis</b>	AMVUTTRA, ONPATTRO, WAINUA	Coverage may be approved for the treatment of Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis (h-ATTR) under certain conditions.
<b>Potassium Replacement Agents</b>	POKONZA	<i>potassium chloride</i>
<b>Vasculitis Agents</b>	TAVNEOS	<i>azathioprine, methotrexate, mycophenolate, RUXIENCE</i>
<b>Wilson's Disease Agents</b>	CUVRIOR, TRIENTENE 500 MG CAPSULES	<i>Trientene 250 mg capsules</i>

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INDICATION BASED MANAGEMENT		
Drug Class	Excluded Medications	Preferred Alternatives
Adalimumab Products for Inflammatory Conditions*	ABRILADA, ADALIMUMAB-AACF, ADALIMUMAB-FKJP, AMJEVITA, HADLIMA, HULIO, HUMIRA (by Cordavis), HYRIMOZ (by Cordavis), IDACIO, YUFLYMA, YUSIMRY	ADALIMUMAB-ADAZ, ADALIMUMAB-ADB, CYLTEZO, HUMIRA (By AbbVie), or HYRIMOZ (by Sandoz)
Inflammatory Conditions* where VELSIPITY is indicated	VELSIPITY	See below for Ulcerative Colitis preferred alternatives
Drug Class	Other Medications	Preferred Alternatives
Inflammatory Conditions*	All other Brand Name medications for Inflammatory Conditions may require a trial of one or more Preferred medications as part of the Formulary exceptions process.	Preferred: ADALIMUMAB-ADAZ, ADALIMUMAB-ADB, CYLTEZO, ENBREL, HUMIRA (by AbbVie), HYRIMOZ (by Sandoz), OTEZLA, RINVOO, SKYRIZI, STELARA SC, TALTZ, TREMFYA, XELJANZ, XELJANZ XR  Preferred FOR Non-Radiographic Axial Spondylarthritis (nr-axSpA) only: CIMZIA, TALTZ  Preferred after use of one Preferred Medication: ACTEMRA SC, CIMZIA (for Crohn's Disease only), OMVOH SC, SIMPONI 100 MG

\*Please note that formulary and product placement for treatment of Inflammatory and Atopic Conditions in the Inflammatory and Atopic Conditions Care Value (IACCV) Program are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.

### Multi-Source Brand Exclusions

BRAND NAME	Generic Name
ABILIFY	<i>aripiprazole</i>
ACANYA	<i>clindamycin and benzoyl peroxide</i>
ACIPHEX	<i>rabeprazole</i>
ADCIRCA	<i>tadalafil</i>
ADDERALL, ADDERALL XR	<i>dextroamphetamine/amphetamine</i>
ADVAIR DISKUS	<i>fluticasone propionate/salmeterol</i>
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>
ALINIA TABLETS	<i>nitazoxanide</i>
AMBIEN, AMBIEN CR	<i>zolpidem</i>
AMITIZA	<i>lubiprostone</i>
AMPYRA	<i>dalfampridine</i>
AMRIX	<i>cyclobenzaprine</i>
ANDROGEL	<i>testosterone</i>
ANUSOL-HC	<i>hydrocortisone</i>
APTENSIO XR	<i>methylphenidate</i>
ARIMIDEX	<i>anastrozole</i>

BRAND NAME	Generic Name
ATACAND, ATACAND HCT	<i>candesartan</i>
ATRALIN	<i>topical tretinoin</i>
ATRIPLA	<i>efavirenz, emtricitabine, tenofovir disoproxil fumarate</i>
AUBAGIO	<i>teriflunomide</i>
AVALIDE, AVAPRO	<i>Irbesartan/hydrochlorothiazide, irbesartan</i>
AVODART	<i>dutasteride</i>
AZOPT	<i>brinzolamide</i>
AZOR	<i>amlodipine and olmesartan</i>
BALCOLTRA	<i>levonorgestrel and ethinyl estradiol and ferrous bisglycinate</i>
BANZEL	<i>rufinamide</i>
BARACLUDE TABLETS	<i>entecavir</i>
BENICAR, BENICAR HCT	<i>olmesartan</i>
BEPREVE	<i>bepotastine</i>
BIDIL	<i>isosorbide dinitrate and hydralazine</i>
BROMSITE	<i>bromfenac</i>

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BRAND NAME	Generic Name
BUPAP	<i>butalbital / acetaminophen</i>
BUTRANS	<i>buprenorphine</i>
BYSTOLIC	<i>nebivolol</i>
CANASA	<i>mesalamine</i>
CARAFATE	<i>sucralfate</i>
CAROSPIR	<i>spironolactone</i>
CELEBREX	<i>celecoxib</i>
CELEXA	<i>citalopram</i>
CIALIS	<i>tadalafil</i>
CLINDAGEL	<i>clindamycin (topical)</i>
COLCRYS	<i>colchicine</i>
CONCERTA	<i>methylphenidate</i>
COPAXONE	<i>glatopa</i>
COREG	<i>carvedilol</i>
COSOPT, COSOPT PF	<i>dorzolamide and timolol</i>
COZAAR, HYZAAR	<i>losartan, losartan and hydrochlorothiazide</i>
CRESTOR	<i>rosuvastatin</i>
CUPRIMINE	<i>penicillamine</i>
CUVPOSA	<i>systemic glycopyrrolate (glycopyrronium)</i>
CYMBALTA	<i>duloxetine</i>
CYSTADANE	<i>betaine (anhydrous)</i>
CYTOMEL	<i>liothyronine</i>
DALIRESP	<i>roflumilast</i>
DELZICOL	<i>mesalamine</i>
DETROL, DETROL LA	<i>tolterodine</i>
DEXILANT	<i>dexlansoprazole</i>
DIOVAN, DIOVAN HCT	<i>valsartan</i>
DIVIGEL	<i>estradiol transdermal gel</i>
DORYX DR 50 MG & 200 MG	<i>doxycycline</i>
DUREZOL	<i>difluprednate</i>
EFFEXOR XR	<i>venlafaxine er</i>
ELIDEL	<i>pimecrolimus</i>
EMEND CAPSULES, TRIFOLD PACK	<i>aprepitant</i>
EPANED	<i>enalapril</i>
ESBRIET	<i>pirfenidone</i>
ESTRACE CREAM	<i>estradiol</i>
EVEKEO	<i>amphetamine (single ingredient)</i>
EXFORGE, EXFORGE HCT	<i>valsartan and amlodipine; amlodipine, valsartan, hydrochlorothiazide</i>

BRAND NAME	Generic Name
EXJADE	<i>deferasirox</i>
FERAHEME	<i>ferumoxytol</i>
FIRAZYR	<i>icatibant</i>
FLEQSUVY	<i>baclofen</i>
FOCALIN, FOCALIN XR	<i>dexmethylphenidate</i>
FOSRENOL CHEWABLE TABLETS	<i>lanthanum</i>
GLEEVEC	<i>imatinib</i>
GLUMETZA	<i>metformin</i>
IMITREX	<i>sumatriptan</i>
INDERAL LA	<i>propranolol</i>
INTUNIV	<i>guanfacine</i>
ISTALOL	<i>timolol</i>
JADENU, JADENU SPRINKLE	<i>deferasirox</i>
KEPPRA, KEPPRA XR	<i>levetiracetam</i>
KERYDIN	<i>tavorole</i>
KEVEYIS	<i>dichlorphenamide</i>
KLONOPIN	<i>clonazepam</i>
KOMBLIGLYZE	<i>saxagliptin and metformin</i>
KUVAN	<i>sapropterin</i>
LAMICTAL, LAMICTAL ODT, LAMICAL XR	<i>lamotrigine</i>
LATUDA	<i>lurasidone</i>
LETAIRIS	<i>ambrisentan</i>
LEXAPRO	<i>escitalopram</i>
LIALDA	<i>mesalamine</i>
LIBRAX	<i>clidinium and chlordiazepoxide</i>
LIDODERM	<i>lidocaine</i>
LIPITOR	<i>atorvastatin</i>
LOCOID, LOCOID LIPOCREAM	<i>hydrochlorothiazide</i>
LOESTRIN, LOESTRIN FE	<i>ethinyl estradiol and norethindrone</i>
LOTREL	<i>amlodipine and benazepril</i>
LOTRONEX	<i>alosetron</i>
LOVAZA	<i>omega-3-acid ethyl esters (fish oil)</i>
LOVENOX	<i>enoxaparin</i>
LUNESTA	<i>eszopiclone</i>
LYRICA, LYRICA CR	<i>pregabalin</i>
MAXALT, MAXALT MLT	<i>rizatriptan</i>
MESTINON	<i>pyridostigmine</i>
MICARDIS, MICARDIS HCT	<i>telmisartan</i>

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BRAND NAME	Generic Name
MINASTRIN 24 FE	<i>ethinyl estradiol and norethindrone</i>
MINIVELLE	<i>estradiol</i>
MIRCETTE	<i>ethinyl estradiol and desogestrel</i>
MOVIPREP	<i>polyethylene glycol electrolyte sol</i>
NALFON CAPSULES	<i>fenoprofen</i>
NAMENDA XR	<i>memantine</i>
NATROBA	<i>spinosad</i>
NEURONTIN	<i>gabapentin</i>
NEXIUM CAPSULES	<i>esomeprazole</i>
NORPACE	<i>disopyramide</i>
NORTHERA	<i>droxidopa</i>
NORVASC	<i>amlodipine</i>
NOXAFIL TABLETS	<i>posaconazole</i>
NUVARING	<i>ethinyl estradiol and etonogestrel</i>
NUVIGIL	<i>armodafinil</i>
ONFI	<i>clobazam</i>
ONGLYZA	<i>saxagliptin</i>
OXISTAT CREAM	<i>oxiconazole</i>
PENNSAID	<i>diclofenac</i>
PERCOCET	<i>oxycodone and acetaminophen</i>
PERFOROMIST	<i>formoterol</i>
PLAQUENIL	<i>hydroxychloroquine</i>
PLAVIX	<i>clopidogrel</i>
PREVACID, PREVACID SOLUTAB	<i>lansoprazole</i>
PRISTIQ	<i>desvenlafaxine</i>
PROAIR HFA	<i>albuterol hfa</i>
PROTONIX	<i>pantoprazole</i>
PROVENTIL HFA	<i>albuterol hfa</i>
PROVIGIL	<i>modafinil</i>
PROZAC	<i>fluoxetine</i>
PULMICORT RESPULES	<i>budesonide</i>
PYLERA	<i>bismuth subcitrate, metronidazole, and tetracycline</i>
PYRIDIUM	<i>phenazopyridine</i>
QUARTETTE	<i>ethinyl estradiol and levonorgestrel</i>
RANEXA	<i>ranolazine</i>
RAPAFLO	<i>silodosin</i>
RELPAX	<i>eletriptan</i>
RENAGEL	<i>sevelamer</i>
RETIN-A MICRO	<i>tretinoin (topical)</i>

BRAND NAME	Generic Name
RITALIN, RITALIN LA	<i>methylphenidate, methylphenidate er (24 hour)</i>
RÖZEREM	<i>ramelteon</i>
SABRIL	<i>vigabatrin</i>
SAFYRAL	<i>ethinyl estradiol and drospirenone with levomefolate</i>
SAMSCA	<i>tolvaptan</i>
SAPHRIS	<i>asenapine</i>
SEASONIQUE, LOSEASONIQUE	<i>ethinyl estradiol and levonorgestrel</i>
SENSIPAR	<i>cinacalcet</i>
SEROQUEL, SEROQUEL XR	<i>quetiapine</i>
SINGULAIR	<i>montelukast</i>
STRATTERA	<i>atomoxetine</i>
SUBOXONE	<i>buprenorphine and naloxone</i>
SUPREP	<i>sodium, potassium, and magnesium sulfates bowel preparation kit</i>
SYNTHROID	<i>levothyroxine</i>
TARGRETIN CAPSULES	<i>bexarotene</i>
TAYTULLA	<i>ethinyl estradiol and norethindrone</i>
TAZORAC 0.1% CREAM, TAZORAC GEL	<i>tazarotene</i>
TECFIDERA	<i>dimethyl fumarate</i>
TEKTURNA	<i>aliskiren</i>
TESTIM	<i>testosterone</i>
THIOLA	<i>tiopronin</i>
TIKOSYN	<i>dofetilide</i>
TIMOPTIC OCUDOSE	<i>timolol</i>
TOBI SOLUTION	<i>tobramycin</i>
TOPAMAX	<i>topiramate</i>
TOPICORT SPRAY	<i>desoximetasone</i>
TOPROL XL	<i>metoprolol succinate</i>
TOVIAZ	<i>fesoterodine</i>
TRANSDERM-SCOP	<i>scopolamine</i>
TRAVATAN Z	<i>travoprost</i>
TREXIMET	<i>sumatriptan and naproxen</i>
TRIBENZOR	<i>amlodipine, olmesartan, and hydrochlorothiazide</i>
TRICOR	<i>fenofibrate</i>
TRILEPTAL	<i>oxcarbazepine</i>
TRUVADA	<i>tenofovir disoproxil fumarate and emtricitabine</i>

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BRAND NAME	Generic Name
ULORIC	<i>febuxostat</i>
UROXATRAL	<i>alfuzosin</i>
VAGIFEM	<i>estradiol</i>
VALIUM	<i>diazepam</i>
VALTREX	<i>valacyclovir</i>
VANOS	<i>fluocinonide</i>
VESICARE	<i>solifenacin</i>
VIAGRA	<i>sildenafil</i>
VIIBRYD	<i>vilazodone</i>
VIMOVO	<i>esomeprazole and naproxen</i>
VIMPAT	<i>lacosamide</i>
VIVELLE-DOT	<i>estradiol</i>
VIVLODEX	<i>meloxicam</i>
VYTORIN	<i>ezetimibe and simvastatin</i>
WELCHOL	<i>colesevelam</i>
WELLBUTRIN SR / XL	<i>bupropion</i>

BRAND NAME	Generic Name
XALATAN	<i>latanoprost</i>
XANAX, XANAX XR	<i>alprazolam</i>
XENAZINE	<i>tetrabenazine</i>
YASMIN	<i>ethinyl estradiol and drospirenone</i>
ZAVESCA	<i>miglustat</i>
ZEGERID	<i>omeprazole and sodium bicarbonate</i>
ZETIA	<i>ezetimibe</i>
ZIOPTAN	<i>tafluprost</i>
ZIPSOR	<i>Diclofenac potassium</i>
ZOCOR	<i>simvastatin</i>
ZOLOFT	<i>sertraline</i>
ZOMIG TABLETS	<i>zolmitriptan</i>
ZONEGRAN	<i>zonisamide</i>
ZOVIRAX OINTMENT	<i>acyclovir</i>
ZYTIGA	<i>abiraterone</i>