



## Medication Benefit Management

Medical & Pharmacy Benefit

2025

Updated 1/1/2025



## 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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Effective 1/1/2025



**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>
ABRILADA*	<i>adalimumab-afzb*</i>
ACTEMRA (IV-ONLY)*	<i>tocilizumab*</i>
ACTHAR GEL	<i>corticotropin</i>
ADAKVEO	<i>crizanlizumab-tmca</i>
ADCETRIS	<i>brentuximab</i>
ADSTILADRIN	<i>nadofarogene 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-ehrl</i>
ALYGLO*	<i>intravenous immune globulin*</i>
ALYMSYS	<i>bevacizumab-maly</i>
AMJEVITA*	<i>adalimumab-atto*</i>
AMVUTTRA	<i>vutrisiran</i>
ANKTIVA	<i>nogapendekin alfa inbakicept-pmln</i>
APHEXDA	<i>motixafortide</i>
APOKYN*	<i>apomorphine*</i>
ARALAST NP*	<i>alpha 1-poteinase*</i>

BRAND NAME	Generic Name
ARANESP*	<i>darbepoetin alfa*</i>
ARCALYST	<i>rilonacept</i>
ARTISS	<i>fibrinogen human, human thrombin solution</i>
AURLUMYN	<i>iloprost</i>
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>brolocizumab-bdll</i>
BEQVEZ	<i>fidanacogene elaparvovec-dzkt</i>
BERINERT*	<i>c1 esterase inhibitor*</i>
BESPONSA	<i>inotuzumab ozogamicin</i>
BETHKIS	<i>tobramycin</i>
BIVIGAM*	<i>immune globulin*</i>
BKEMV	<i>eculizumab-aeeb</i>
BLINCYTO	<i>blinatumomab</i>
BONIVA*	<i>ibandronate*</i>

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BRAND NAME	Generic Name
BOTOX	<i>botulinum toxin</i>
BREYANZI	<i>lisocabtagene maraleucl</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>
CAMCEVI*	<i>Leuprolide*</i>
CARDIOGEN-82	<i>rubidium rb-82, diagnostic</i>
CARIMUNE NF*	<i>immune globulin*</i>
CARVYKTI	<i>ciltacabtagene autoleucl</i>
CASGEVY	<i>exagamglogene</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-gqgk</i>
DARZALEX	<i>daratumumab</i>
DARZALEX FASPRO	<i>daratumumab and hyaluronidase</i>
DATSCAN	<i>iodine 1-123 ioflupane, diagnostic</i>
DAXIFFY	<i>daxibotulinumtoxina-lanm</i>
DDAVP*	<i>desmopressin*</i>

BRAND NAME	Generic Name
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>
ELEVIDYS	<i>delandistrogene moxeparovectorol</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>
FLOLAN*	<i>epoprostenol*</i>
FLUORODOPA F18	<i>n/a</i>
FOLOTYN	<i>pralatrexate</i>
FORTEO	<i>teriparatide</i>
FULPHILA*	<i>pegfilgrastim-jmbd*</i>
FYARRO	<i>siralimus protein-bound particles</i>

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BRAND NAME	Generic Name
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>
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>
HERCESSI	<i>trastuzumab-strf</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 acetone implant</i>

BRAND NAME	Generic Name
IMDELLTRA	<i>tarlatamab-dlle</i>
IMFINZI	<i>durvalumab</i>
IMJUDO	<i>tremelimumab-actl</i>
IMLYGIC	<i>imlygic</i>
INCRELEX	<i>mecasermin</i>
INFLECTRA*	<i>infliximab*</i>
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>
JUBBONTI*	<i>denosumab-bbdz*</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>

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BRAND NAME	Generic Name
LOCAMETZ	<i>gallium ga 68 gozetotide (psma-11)</i>
LOKTORZI	<i>toripalimab-tpzi</i>
LUCENTIS	<i>ranibizumab</i>
LUMISIGHT	<i>pegulicianine</i>
LUMIZYME*	<i>alglucosidase alfa*</i>
LUMOXITI	<i>moxetumomab pasidotox</i>
LUNSUMIO	<i>mosunetuzumab-axgb</i>
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>
MOZOBI* <sup>*</sup>	<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>
NYPOZI*	<i>filgrastim-txid*</i>
NYVEPRIA*	<i>pegfilgrastim-apgf*</i>
OBIZUR	<i>antihemophilic factor</i>

BRAND NAME	Generic Name
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>
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>
PEMGARDA	<i>pemivibart</i>
PERJETA	<i>pertuzumab</i>
PHESGO	<i>pertuzumab, trastuzumab, hyaluronidase</i>
PHOTREXA	<i>riboflavin 5'-phosphate ophth</i>
PIASKY	<i>crovalimab-akkz</i>
PLUVICTO	<i>lutetium Lu 177 vipivotide tetraxetan</i>
POLIVY	<i>polatuzumab vedotin-piiq</i>
POMBILITI	<i>cipaglucosidase 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>
PROCRIT*	<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>

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BRAND NAME	Generic Name
PROPEL	<i>mometasone furoate sinus implant</i>
PROVENGE	<i>sipuleucel-t</i>
PYLARIFY	<i>piflufolastat f18</i>
PYZCHIVA*	<i>ustekinumab-ttwe*</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>
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>
RYTELO	<i>imetelstat</i>
RYZNEUTA	<i>efbmalenograstim alfa-vuxw</i>
SAIZEN	<i>somatropin</i>
SANDOSTATIN	<i>octreotide, non-depot</i>
SANDOSTATIN LAR DEPOT	<i>octreotide, depot</i>

BRAND NAME	Generic Name
SAPHNELO	<i>anifrolumab</i>
SARCLISA	<i>isatuximab-irfc</i>
SCENESSE	<i>afamelanotide implant</i>
SELARSDI*	<i>ustekinumab-aekn*</i>
SEROSTIM	<i>somatropin</i>
SEVENFACT*	<i>factor via*</i>
SIGNIFOR LAR*	<i>pasireotide*</i>
SIMLANDI*	<i>adalimumab-ryvk*</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>
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 autoleucel</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>
TEVIMBRA	<i>tislelizumab-jsgr</i>
TEZSPIRE*	<i>Tezepelumab-ekko*</i>
TIVDAK	<i>tisotumab vedotin-tftv</i>

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BRAND NAME	Generic Name
TOBI	<i>tobramycin</i>
TOFIDENCE*	<i>tocilizumab-bavi*</i>
TRAZIMERA	<i>trastuzumab-qyyp</i>
TRELSTAR	<i>triptorelin pamoate</i>
TREMFYA*	<i>guselkumab*</i>
TRETTEN*	<i>coagulation factor xiii*</i>
TRIPTODUR	<i>triptorelin</i>
TRODELVY	<i>sacituzumab govitecan</i>
TROGARZO*	<i>ibalizumab-uiyk*</i>
TRUXIMA*	<i>rituximab-abbs*</i>
TYENNE*	<i>Tocilizumab-aazg*</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>
UPLIZNA*	<i>inebilizumab-cdon*</i>
UPTRAVI	<i>selexipag</i>
VABYSMO	<i>faricimab-svoa</i>
VAFSEO	<i>vadadustat</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>pozelimab-bbfg</i>
VIMIZIM*	<i>elosulfase alfa*</i>
VONVENDI*	<i>von willebrand factor*</i>
VPRIV*	<i>velaglucerase alfa*</i>
VUEWAY	<i>gadopiclenol</i>
VYEPTI	<i>eptinezumab-jjmr</i>
VYJUVEK	<i>beremagene geperpavec-svdt (topical)</i>

BRAND NAME	Generic Name
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>
XOLAIR*	<i>omalizumab*</i>
XYNTHA*	<i>antihemophilic factor*</i>
YERVOY	<i>ipilimumsb</i>
YESCARTA	<i>axicabtagene ciloleucl</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>

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**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](http://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>
ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>
EXONDYS 51	<i>eteplirsen</i>

BRAND NAME	Generic Name
KINSUNLA	<i>donanemab-azpt</i>
SUSVIMO	<i>ranibizumab</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](http://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](http://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](http://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](http://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 and Preferred Alternatives 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 tablets or suspension</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	No alternatives recommended
<b>Anticonvulsants</b>	EPRONTIA	<i>topiramate sprinkle capsules</i>
	FINTEPLA	DIACOMIT, EPIDIOLEX
	LIBERVANT	<i>Diazepam rectal gel, NAYZILAM, VALTOCO</i>
	MOTPOLY XR	<i>lacosamide</i>
	PRIMIDONE 125 MG TABLETS	<i>primidone 50 mg or 250 mg tablets</i>
	VIGAFYDE	<i>vigabatrin powder packets</i>
	ZONISADE	<i>zonisamide</i>
<b>Antimigraine Agents</b>	ONZETRA XSAIL	<i>sumatriptan nasal spray, zolmitriptan nasal spray</i>
	TRUDHESA	<i>dihydroergotamine nasal spray</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</i>
	XADAGO, ZELAPAR	<i>rasagiline, selegiline</i>
<b>Antipsychotics (Injectable)</b>	INVEGA HAFYERA	<i>risperidone er, ABILIFY ASIMTUFII, ABILIFY MAINTENA, ARISTADA, ARISTADA INITIO, RYKINDO ER, UZEDY ER</i>
<b>Antipsychotics (Oral)</b>	FANAPT	<i>aripiprazole, asenapine, lurasidone, olanzapine, paliperidone er, quetiapine tablets (except 150 mg), risperidone, ziprasidone</i>
	QUETIAPINE 150 MG TABLETS	<i>quetiapine 50 mg or 100 mg tablets</i>

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<b>Antispasmodic Agents</b>	BALCOFEN SOLUTION, LYVISPAH, OZOBAX, OZOBAX DS	<i>baclofen suspension or 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
<b>Central Nervous System Stimulants</b>	DYANAVEL XR, XELSTRYM	<i>dextroamphetamine er, dextroamphetamine/amphetamine er, lisdexamfetamine</i>
	METHYPHENIDATE ER 45 MG, 63 MG & 72 MG, QUILLICHEW ER, QUILLIVANT XR, RELEXII ER	<i>dexmethylphenidate er, methylphenidate cd, methylphenidate er, methylphenidate la, AZSTARYS</i>
	ONYDA XR	<i>clonidine er tablets</i>
<b>Duchenne Muscular Dystrophy (DMD) Agents</b>	AGAMREE	<i>prednisolone solution/syrup, prednisolone tablets, prednisone solution, prednisone tablets</i>
	AMONDYS 45, EXONDYS 51, VILTEPSO, VYONDYS 53	No alternatives recommended
	DUVYZAT	Coverage may be approved for the treatment of Duchenne Muscular Dystrophy under certain conditions.
<b>Friedreich's Ataxia Agents</b>	SKYCLARYS	Coverage may be approved for the treatment of Friedreich's Ataxia under certain conditions.
<b>Multiple Sclerosis Agents</b>	BRIUMVI	KESPIMTA, OCREVUS
	GILENYA, TASCENSO ODT	<i> fingolimod, teriflunomide, BAFIERTAM, MAYZENT, PONVORY, VUMERITY, ZEPOSIA (for Multiple Sclerosis only)</i>
<b>Narcotic Analgesics &amp; Combinations</b>	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, OXYCODONE COATED TABLETS, ROXYBOND	<i>oxycodone uncoated tablets</i>
	PRIMLEV, PROLATE SOLUTION	<i>oxycodone/acetaminophen</i>
	SEGLENTIS	<i>tramadol tablets plus celecoxib</i>
<b>Narcotic Antagonists</b>	ZIMHI	<i>naloxone syringes</i>
<b>Rett Syndrome Agents</b>	DAYBUE	No alternatives recommended
<b>Sedative-Hypnotic Agents</b>	DORAL, QUAZEPAM	<i>estazolam, lorazepam</i>
	ZOLPIDEM 7.5 MG CAPSULES	<i>eszopiclone, zaleplon, zolpidem tablets</i>
<b>Selective Serotonin Reuptake Inhibitors (SSRIs) Antidepressants</b>	CITALOPRAM CAPSULES, SERTRALINE CAPSULES	<i>citalopram tablets, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline tablets, vilazodone</i>
<b>Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants</b>	DRIZALMA SPRINKLE, VENLAFAXINE BESYLATE ER	<i>desvenlafaxine er, duloxetine, venlafaxine hcl er, FETZIMA</i>
<b>Transmucosal Fentanyl Analgesics</b>	FENTANYL CITRATE BUCCAL TABLETS, FENTORA	<i>fentanyl citrate lozenges</i>

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<b>Miscellaneous Antidepressants</b>	APLENZIN, BUPROPION XL 450 MG, FORFIVO XL	<i>bupropion xl 150 mg or 300 mg</i>
	SPRAVATO	<i>olanzapine/fluoxetine, bupropion er, duloxetine, escitalopram, mirtazapine, sertraline</i>
<b>CARDIOVASCULAR</b>		
<b>ACE Inhibitors</b>	QBRELIS	<i>lisinopril</i>
<b>Alpha-Adrenergic Agonists</b>	CLONIDINE ER 0.17 MG, NEXICLON XR	<i>clonidine patches, clonidine tablets</i>
<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>	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</i>
<b>Diuretics</b>	FUROSCIX, SOANZ	<i>bumetanide, furosemide, torsemide</i>
	THALITONE	<i>chlorthalidone</i>
<b>Endothelin Receptor Agonists</b>	TRYVIO	Generic Anti-Hypertensive Agents (Categories include: ACE Inhibitors, Alpha-Adrenergic Blockers, Angiotensin Receptor Blockers [ARBs], Beta Blockers, Calcium Channel Blockers, Central Alpha-Adrenergic Agonists, Direct Renin Inhibitors, Direct Vasodilators and Diuretics)
<b>Fenofibrates</b>	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, pitavastatin, pravastatin, rosuvastatin, simvastatin</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>

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DERMATOLOGICAL		
<b>Agents for Hyperhidrosis</b>	DRYSOL, QBREXZA, SOFDRA	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 (Topical)</b>	NORITATE	<i>metronidazole topical</i>
	ZILXI	<i>azelaic acid, ivermectin topical, metronidazole topical, sodium sulfacetamide/sulfur, FINACEA FOAM</i>
<b>Topical Agents for Acne</b>	CABTREO	<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 or gel, 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, ZYLCLARA	<i>diclofenac 3% gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod</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>	IMPOYZ, LEXETTE, SERNIVO, ULTRAVATE, VERDESO FOAM	generic topical corticosteroids
<b>Topical Roflumilast Agents</b>	ZORYVE 0.15% CREAM	<i>pimecrolimus, tacrolimus, EUCRISA</i>
<b>Vitamin D Analogs (Topical)</b>	CALCIPOTRIENE FOAM, SORILUX	<i>calcipotriene cream, ointment or solution</i>
<b>Miscellaneous Topical Dermatological Agents</b>	ACLORTIN A	<i>generic topical corticosteroids plus mupirocin</i>
	LIDOCAINE/TETRACAINE, PLIAGLIS	<i>lidocaine cream, lidocaine/prilocaine cream</i>
	TRI-LUMA	<i>fluocinolone, hydroquinone, tretinoin</i>
	VEREGEN	<i>imiquimod 5% cream, podofilox gel or solution</i>
DIABETES		
<b>Biguanide Agents</b>	METFORMIN 625 MG TABLETS	<i>metformin 500 mg, 850 mg or 1,000 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	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)

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Effective 1/1/2025



	LISTED AS PREFERRED	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 TRIVIDIA (NIPRO DIAGNOSTICS) ULTIMED ALL OTHER DIABETIC PEN NEEDLES & SYRINGES THAT ARE NOT LISTED AS PREFERRED	BD DIABETES PEN NEEDLES BD DIABETES SYRINGES
<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, SITAGLIPTIN/METFORMIN, ZITUVIMET, ZITUVIMET XR	<i>saxagliptin/metformin</i> , JANUMET, JANUMET XR
	ALOGLIPTIN/PIOGLITAZONE	<i>pioglitazone plus saxagliptin</i> or 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>	LIRAGLUTIDE, 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>	U-100: ADMELOG, APIDRA, FIASP, NOVOLOG, RELION NOVOLOG Inhalation: AFREZZA	U-100: HUMALOG VIAL <sup>™</sup> , HUMALOG (CARTRIDGE, KWIKPEN, JUNIOR KWIKPEN), HUMALOG TEMPO, INSULIN LISPRO, LYUMJEV KWIKPEN & VIAL, LYUMJEV TEMPO U-200: HUMALOG KWIKPEN, LYUMJEV KWIKPEN
	U-100: BASAGLAR, BASAGLAR TEMPO, INSULIN DEGLUDEC, INSULIN GLARGINE, LANTUS, REZVOGLAR U-200: INSULIN DEGLUDEC U-300: INSULIN GLARGINE	U-100: INSULIN GLARGINE-YFGN, 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>	BRENZAVVY, DAPAGLIFLOZIN, INVOKANA, STEGLATRO	FARXIGA, JARDIANCE
	DAPAGLIFLOZIN/METFORMIN ER, INVOKAMET, INVOKAMET XR, SEGLUROMET	SYNJARDY, SYNJARDY XR, XIGDUO XR

~ Current utilizers only

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Effective 1/1/2025



Sulfonylurea Agents	GLIMEPIRIDE 3 MG TABLETS	<i>glimepiride 1 mg, 2 mg or 4 mg tablets</i>
	GLIPIZIDE 2.5 MG TABLETS	<i>glipizide 5 mg tablets</i>
<b>EAR/NOSE</b>		
Nasal Steroids	BECOMASE AQ, OMNARIS, QNASAL, ZETONNA	<i>flunisolide, fluticasone, mometasone, XHANCE</i>
OTIC Antibiotics & Combination Products	CETRAXAL	<i>ciprofloxacin otic, ofloxacin otic</i>
	CIPRO HC, CIPROFLOXACIN/FLUOCINOLONE OTIC	<i>ciprofloxacin/dexamethasone otic</i>
<b>ENDOCRINE</b>		
Cushing's Agents	ISTURISA	<i>ketoconazole tablets, mifepristone 300 mg, SIGNIFOR</i>
	RECORLEV	<i>Ketoconazole tablets</i>
Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty)	LUPRON DEPOT-PED, SUPPRELIN LA	FENSOLVI, TRIPTODUR
Growth Hormones	HUMATROPE, NORDITROPIN FLEXPPO, NUTROPIN AQ NUSPIN, SAIZEN, SAIZENPREP, ZOMACTON	GENOTROPIN, OMNITROPE
	SKYTROFA, SOGROYA	GENOTROPIN, OMNITROPE, NGENLA
Somatostatin Analogs	LANREOTIDE, SANDOSTATIN LAR DEPOT	SOMATULINE DEPOT
	SIGNIFOR LAR	For Acromegaly: SOMATULINE DEPOT For Cushing's Disease: SIGNIFOR
Testosterone Products	AVEED	<i>testosterone cypionate, testosterone enanthate, XYOSTED</i>
	KYZATREX, NATESTO, TLANDO, UNDECATREX	<i>testosterone gel, testosterone solution</i>
Thyroid Replacement Therapy	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>
Miscellaneous Endocrine Agents	CORTROPHIN GEL	No alternatives recommended
<b>GASTROINTESTINAL</b>		
Antidiarrheal Agents	MYTESI	<i>diphenoxylate/atropine, loperamide</i>
Antiemetics (Injectable)	CINVANTI, FOCINVEZ	<i>fosaprepitant injection</i>
Antiemetics (Oral)	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>
	ONDANSETRON ODT 16 MG TABLETS	<i>ondansetron odt 4 mg or 8 mg tablets</i>
Bowel Evacuants	CLENPIQ, PLENVU, SUFLAVE, SUTAB	<i>magnesium sulfate/potassium sulfate/sodium sulfate solution, peg 3350/ascorbic acid powder packets</i>
Constipation Agents	RELISTOR TABLETS	<i>lubiprostone, MOVANTIK, SYMPROIC</i>
Corticosteroids (Rectal Formulations)	CORTIFOAM	<i>budesonide foam, hydrocortisone enema</i>
Gallstone Dissolution Agents	RELTONE	<i>ursodiol</i>
Gastroparesis Agents	GIMOTI	No alternatives recommended
	HYDROCORTISONE/PRAMOXINE 25-18 MG	<i>hydrocortisone ac suppositories,</i>

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<b>Hemorrhoidal Preparations</b>	SUPPOSITORIES	<i>pramoxine/hydrocortisone cream</i>
	PROCTOFOAM-HC	<i>pramoxine/hydrocortisone cream</i>
<b>Irritable Bowel Syndrome &amp; Chronic Constipation Agents</b>	IBSRELA, MOTTEGRITY	<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 magnesium, 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
	NUWIQ, RECOMBINATE	ADVATE, ADYNOVATE, AFSTYLA, ALTUVIIO, ELOCTATE, ESPEROCT, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, XYNTHA, XYNTHA SOLOFUSE
	REBINYN	ALPROLIX, IDELVION
<b>Granulocyte Colony Stimulating Factors</b>	FYLNETRA, NEULASTA, NYVEPRIA, ROLVEDON, STIMUFEND, UDENYCA	FULPHILA, ZIEXTENZO
	GRANIX, NEUPOGEN, RELEUKO, ZARXIO	NIVESTYM
<b>Hematopoietic &amp; Thrombopoietic Agents</b>	APHEXDA	<i>plerixafor</i>
<b>Hemophilia Gene Therapy</b>	BEQVEZ	HEMGENIX
<b>Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors</b>	JESOUVROQ, VAFSEO	PROCRIT, RETACRIT
<b>Iron Replacement Agents</b>	MONOFERRIC	<i>sodium ferric gluconate complex, VENOFER</i>
<b>Sickle Cell Disease Agents</b>	SIKLOS	DROXIA
<b>Thrombocytopenia Agents</b>	ALVAIZ	NPLATE, PROMACTA
	MULPLETA	DOPTELET
<b>Miscellaneous Hematology Agents</b>	RYTELO	Coverage may be approved for the treatment of Myelodysplastic Syndrome with Transfusion-Dependent Anemia under certain conditions
<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, BIKTARVY, GENVOYA, ODEFSY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ</i>
	PIFELTRO	<i>efavirenz, EDURANT</i>
	PREZCOBIX	<i>atazanavir, darunavir, fosamprenavir, lopinavir/ritonavir, ritonavir, PREZISTA</i>

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	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>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, DOLOBID, FENOPROFEN 200 MG CAPSULES, KETOROLAC NASAL SPRAY, OXAPROZIN 300 MG CAPSULES, RELAFEN DS, TIVORBEX, ZORVOLEX	generic oral nonsteroidal anti-inflammatory drugs
	ELYXYB	<i>celecoxib</i>
	MELOXICAM SUSPENSION	<i>ibuprofen suspension, naproxen suspension</i>
<b>Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)</b>	DICLOFENAC EPOLAMINE PATCHES	FLECTOR, LICART
<b>OBSTETRICAL &amp; GYNECOLOGICAL</b>		
<b>Combination Patches</b>	CLIMARA PRO	COMBIPATCH
<b>Contraceptives</b>	FEMLYV, 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	<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<sup>‡</sup></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	<i>estradiol gel, estradiol patches</i>
<b>Vaginal Progesterones</b>	CRINONE 4%	<i>Medroxyprogesterone, megestrol, norethindrone, progesterone</i>
	ENDOMETRIN	CRINONE 8%
<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
	COLUMVI	Coverage may be approved for the treatment of

<sup>‡</sup> Please note that product placement is subject to change throughout the year based upon changes in market dynamics.

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Effective 1/1/2025



<b>B-Cell Lymphoma Agents</b>		Diffuse Large B-cell Lymphoma under certain conditions
	EPKINKY	Coverage may be approved for the treatment of Diffuse Large B-cell Lymphoma under certain conditions. For Follicular Lymphoma: LUNSUMIO
<b>Bendamustine Agents</b>	VIVIMUSTA	<i>bendamustine</i> , BENDEKA
<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 Lymphocytic Leukemia, Small Lymphocytic Lymphoma: BRUKINSA, CALQUENCE, IMBRUVICA, VENCLEXTA
<b>Docetaxel Agents</b>	DOCIVYX	docetaxel
<b>Interferons</b>	BESREMI	<i>hydroxyurea</i>
<b>Kinase Inhibitor of Vascular Endothelial Growth Factor Receptor</b>	FRUZAQLA	LONSURF
<b>Multiple Myeloma Agents</b>	XPROVIO	<i>bortezomib</i> , DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID
<b>Myelodysplastic Syndrome Agents</b>	INQOVI	<i>decitabine</i>
<b>Myelofibrosis Agents</b>	INREBIC, QJJAARA	JAKAFI
<b>Non-Small Cell Lung Cancer Agents</b>	KRAZATI	Coverage may be approved for the treatment of KRAS G12C-mutated non-small cell lung cancer.
	TEPMETKO	TABRECTA
<b>PARP Inhibitors</b>	RUBRACA, ZEJULA	LYNPARZA
<b>Prostate Cancer Agents</b>	AKEEGA	<i>abiraterone</i> plus LYNPARZA, TALZENNA plus XTANDI
	CAMCEVI, LEUPROLIDE DEPOT, TRELSTAR	ELIGARD, FIRMAGON, LUPRON DEPOT
<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, OGVRI, ONTRUZANT	KANJINTI, TRAZIMERA
<b>Tyrosine Kinase Inhibitors</b>	QINLOCK	<i>dasatinib</i> , <i>imatinib</i> , <i>pazopanib</i> , <i>sorafenib</i> , <i>sunitinib</i> , STIVARGA, TASIGNA
<b>OPHTHALMIC</b>		
<b>Antiglaucoma Agents (Beta-Adrenergic Blockers)</b>	BETIMOL, TIMOPTIC OCUDOSE	<i>timolol drops</i> , <i>betaxolol drops</i> , <i>carteolol drops</i> , <i>levobunolol drops</i>
<b>Antiglaucoma Agents (Ophthalmic Prostaglandins)</b>	DURYSTA, IDOSE TR, IYUZEH, LUMIGAN, VYZYLTA, XELPROS	<i>bimatoprost drops</i> , <i>latanoprost drops</i> , <i>tafluprost drops</i> , <i>travoprost drops</i>
<b>Blepharoptosis Agents</b>	UPNEEQ	No alternatives recommended
<b>Ophthalmic Agents (Complement Protein C5 Inhibitors)</b>	IZERVAY	Coverage may be approved for the treatment of Geographic Atrophy under certain conditions.
<b>Ophthalmic Agents (Vascular Endothelial Growth Inhibitors)</b>	EYLEA HD, VABYSMO	EYLEA
	LUCENTIS	BYOOVIZ, CIMERLI
	SUSVIMO	No alternatives recommended
	ATROPINE (PRESERVATIVE FREE) 1% EYE SINGLE	<i>atropine 1% drops</i>

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<b>Ophthalmic Agents – Other</b>	USE DROPPERETTE	
	CYSTADROPS	CYSTARAN
	VERKAZIA	<i>azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops</i>
	VUITY	No alternatives recommended
<b>Ophthalmic Anti-Allergic</b>	ALOMIDE, ALREX	<i>azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops</i>
<b>Ophthalmic Anti-Inflammatory</b>	CLOBETASOL DROPS, FLAREX, FML FORTE, MAXIDEX, PRED MILD	<i>dexamethasone drops, difluprednate drops, fluorometholone drops, loteprednol 0.5% drops, 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, diclofenac drops, ketorolac drops</i>
<b>Ophthalmic Quinolone Antibiotics</b>	BESIVANCE, CILOXAN OINTMENT	<i>ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops</i>
<b>OSTEOARTHRITIS</b>		
<b>Hyaluronic Acid Derivatives</b>	DUROLANE, EUFLEXXA, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNOJOYNT, SYNVISC, SYNVISC-ONE, TRILURON, TRIVISC, VISCO-3	MONOVISC, ORTHOVISC
<b>RENAL</b>		
<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	<i>oxybutynin solution or syrup, oxybutynin 5 mg tablets</i>
	VESICARE LS	<i>oxybutynin solution or syrup, MYRBETRIQ ER SUSPENSION</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>
<b>RESPIRATORY</b>		
<b>Alpha<sub>1</sub> Proteinase Inhibitors for Emphysema</b>	ARALAST NP, GLASSIA, ZEMAIRA	PROLASTIN C
<b>Antihistamines (Oral)</b>	CARBINOXAMINE ER 4 MG/5 ML SUSPENSION, KARBINAL ER SUSPENSION	<i>carbinoxamine, cetirizine, clemastine, desloratadine, diphenhydramine, levocetirizine</i>
<b>Epinephrine Auto-Injector Systems</b>	EPINEPHRINE AUTO-INJECTOR (by 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 267 mg capsules or tablets, pirfenidone 801 mg tablets, OFEV</i>
<b>Immunological Agents for Asthma</b>	CINQAIR	DUPIXENT, FASENRA, NUCALA, TEZSPIRE, XOLAIR
<b>Inhaled Phosphodiesterase (PDE)-3 and PDE-4 Inhibitors</b>	OHTUVAYRE	LAMA/LABAS: ANORO ELLIPTA, STIOLOTO RESPIMAT LAMAs: <i>tiotropium inhaler</i> , INCRUSE ELLIPTA, SPIRIVA RESPIMAT

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		LABAs: <i>formoterol inhalation solution</i> , STRIVERDI RESPIMAT ICS/LABAs: <i>budesonide/formoterol</i> , <i>fluticasone/salmeterol inhalation powder</i> , ADVAIR HFA, BREO ELLIPTA, DULERA
<b>Long-Acting Beta Agonist Inhalers</b>	SEREVENT DISKUS	STRIVERDI RESPIMAT
<b>Long-Acting Muscarinic Antagonist Inhalers</b>	TURDORZA PRESSAIR	<i>tiotropium powder inhaler</i> , INCRUSE ELLIPTA, SPIRIVIA RESPIMAT
<b>Long-Acting Muscarinic Antagonist/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, FLUTICASON PROPIONATE DISKUS, FLUTICASON PROPIONATE HFA, PULMICORT FLEXHALER	ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, QVAR REDIHALER
<b>Pulmonary Anti-Inflammatory/Beta-Agonist Combination Inhalers</b>	AIRDUO RESPICLICK, FLUTICASON/SALMETEROL DPI, FLUTICASON/SALMETEROL HFA, FLUTICASON/VILANTEROL	<i>budesonide/formoterol</i> , <i>fluticasone/salmeterol inhalation powder</i> , ADVAIR HFA, BREO ELLIPTA, DULERA
<b>Short-Acting Beta<sub>2</sub>-Agonist Inhalers</b>	ALBUTEROL SULFATE HFA (by Prasco), LEVALBUTEROL HFA, PROAIR DIGIHALER, PROAIR RESPICLICK, VENTOLIN HFA, XOPENEX HFA	<i>albuterol sulfate hfa</i> (all manufacturers covered except Prasco)
<b>MISCELLANEOUS AGENTS</b>		
<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	DYSPOUR MYOBLOC Migraine – AIMOVIG, AJOVY, EMGALITY, QULIPTA Hyperhidrosis – over-the-counter aluminum chloride containing products
	DAXXIFY, XEOMIN	DYSPOUR, MYOBLOC
<b>Complement Inhibitors</b>	PIASKY	SOLIRIS
<b>Eosinophilic Esophagitis Agents</b>	EOHILIA	<i>budesonide suspension</i> made into a slurry or suspension and swallowed (not inhaled)
<b>Gaucher Disease Agents</b>	ELEYSO, VPRIV	CEREZYME
<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	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 capsules</i>
	JYLAMO, XATMEP	<i>methotrexate tablets</i>
	OTREXUP	RASUVO
<b>Inflammatory Conditions Agents</b>	SOVUNA	<i>hydroxychloroquine tablets</i>

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Effective 1/1/2025



<b>Infused Non-TNF Biologics – Tocilizumab Intravenous Agents</b>	TOFIDENCE IV	ACTEMRA IV, TYENNE IV
<b>Infused TNF Antagonists</b>	AVSOLA, INFLIXIMAB, REMICADE, RENFLEXIS	INFLECTRA
<b>Metabolic Agents</b>	RAVICTI	<i>sodium phenylbutyrate</i> , PHEBURANE
	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, teriparatide, zoledronic acid</i> , TYMLOS
<b>Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis</b>	ONPATTRO, WAINUA	AMVUTTRA
<b>Potassium Replacement Agents</b>	POKONZA	<i>potassium chloride</i>
<b>Wilson's Disease Agents</b>	CUVRIOR, TRIENTENE 500 MG CAPSULES	<i>trientine 250 mg capsules</i>

\* Please check your plan benefits, as some preferred alternatives listed may not be covered by your plan.



INDICATION BASED MANAGEMENT		
Drug Class	Excluded Medications	Preferred Alternatives
Adalimumab Products for Inflammatory Conditions‡	ADALIMUMAB-AACF, IDACIO ADALIMUMAB-AATY, YUFLYMA ADALIMUMAB-FKJP, HULIO ABRILADA AMJEVITA HADLIMA HUMIRA (by AbbVie# & Cordavis) HYRIMOZ (by Cordavis & Sandoz) YUSIMRY	ADALIMUMAB-ADAZ ADALIMUMAB-ADBM (by Boehringer Ingelheim & Quallent), CYLTEZO ADALIMUMAB-RYVK (by Quallent), SIMLANDI
Referenced excluded medications for Inflammatory Conditions‡ as indicated	KINERET, SILIQ	See below for 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-ADBM (by Boehringer Ingelheim & Quallent), CYLTEZO ADALIMUMAB-RYVK (by Quallent), SIMLANDI, ENBREL, OTEZLA, RINVOQ, RINVOQ LQ, SKYRIZI, SOTYKTU, STELARA SC, TALTZ, TREMFYA SC, VELSIPITY, XELJANZ, XELJANZ SOLUTION, XELJANZ XR, ZYMFENTRA  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, TYENNE SC

# All utilizers effective 7/1/2025

‡ 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.

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**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>
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>
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>

BRAND NAME	Generic Name
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>
CONDYLOX	<i>podofilox</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>
DURYSTA	<i>bimatoprost</i>
DYMISTA	<i>azelastine hydrochloride and fluticasone propionate</i>
EFFEXOR XR	<i>venlafaxine er</i>
ELIDEL	<i>pimecrolimus</i>
EMEND CAPSULES, IV, TRIFOLD PACK	<i>aprepitant</i>
EMFLAZA	<i>deflazacort</i>
EPANED	<i>enalapril</i>
ESBRIET	<i>pirfenidone</i>
ESTRACE CREAM	<i>estradiol</i>
ESTROGEL	<i>estradiol</i>
EVEKEO	<i>amphetamine (single ingredient)</i>

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BRAND NAME	Generic Name
EXFORGE, EXFORGE HCT	<i>valsartan and amlodipine; amlodipine, valsartan, hydrochlorothiazide</i>
EXJADE	<i>deferasirox</i>
FERAHEME	<i>ferumoxytol</i>
FIRAZYR	<i>icatibant</i>
FLEQSUVY	<i>baclofen</i>
FOCALIN, FOCALIN XR	<i>dexmethylphenidate</i>
FORTEO	<i>teriparatide</i>
FOSRENOL CHEWABLE TABLETS	<i>lanthanum</i>
GANIRELIX ACETATE	<i>ganirelix acetate</i>
GILENYA 0.5 MG	<i>fingolimod</i>
GLEEVEC	<i>imatinib</i>
GLUMETZA	<i>metformin</i>
IMITREX	<i>sumatriptan</i>
INDERAL LA	<i>propranolol</i>
INDOCIN SUPPOSITORIES, INDOCIN SUSPENSION	<i>indomethacin</i>
INTUNIV	<i>guanfacine</i>
ISTALOL	<i>timolol</i>
JADENU, JADENU SPRINKLE	<i>deferasirox</i>
KEPPRA, KEPPRA XR	<i>levetiracetam</i>
KEVEYIS	<i>dichlorphenamide</i>
KLONOPIN	<i>clonazepam</i>
KOMBLIGLYZE XR	<i>saxagliptin and metformin</i>
KORLYM	<i>mifepristone</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>

BRAND NAME	Generic Name
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>
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>
ORACEA	<i>doxycycline</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>
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>

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BRAND NAME	Generic Name
QUARTETTE	<i>ethinyl estradiol and levonorgestrel</i>
RAPAFLO	<i>silodosin</i>
RELPAX	<i>eletriptan</i>
RENAGEL	<i>sevelamer</i>
RETIN-A MICRO 0.04% & 0.1%	<i>tretinoin (topical)</i>
RITALIN, RITALIN LA	<i>methylphenidate, methylphenidate er (24 hour)</i>
ROZEREM	<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	<i>ethinyl estradiol and levonorgestrel</i>
SENSIPAR	<i>cinacalcet</i>
SEROQUEL, SEROQUIL 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	<i>tazarotene</i>
TECFIDERA	<i>dimethyl fumarate</i>
TEKTURNA	<i>aliskiren</i>
TESTIM	<i>testosterone</i>
THIOLA	<i>tiopronin</i>
TIKOSYN	<i>dofetilide</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>

BRAND NAME	Generic Name
TRIBENZOR	<i>amlodipine, olmesartan, and hydrochlorothiazide</i>
TRICOR	<i>fenofibrate</i>
TRILEPTAL	<i>oxcarbazepine</i>
TRUVADA	<i>tenofovir disoproxil fumarate and emtricitabine</i>
ULORIC	<i>febuxostat</i>
UROXATRAL	<i>alfuzosin</i>
VAGIFEM	<i>estradiol</i>
VALIUM	<i>diazepam</i>
VALTRESX	<i>valacyclovir</i>
VANOS	<i>fluocinonide</i>
VELTIN	<i>clindamycin phos-tretinoin</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>
XALATAN	<i>latanoprost</i>
XANAX, XANAX XR	<i>alprazolam</i>
XENAZINE	<i>tetrabenazine</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>

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