

Medication Benefit Management



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Medication Coverage Guidelines

This guide provides an overview of medication management for both the medical and pharmacy benefit, including Prior Authorization requirements, through Community Health Options Medical Management and Express Scripts, Community 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

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.

Prior Approval Required through Health Options

This list includes medications that require Prior Approval submission to Community 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. Note: some medications on this list may be eligible for distribution through our specialty Pharmacy or home infusion. Community 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>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>
ALTUVIIIIO	<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>influximab-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 elaparvocvec-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>
BOTOX	<i>botulinum toxin</i>
BREYANZI	<i>lisocabtagene maraleucel</i>

Brand Name	Generic Name
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-eqrm</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>
DOTATOC GA 68	<i>gallium ga-68</i>
DURYSTA	<i>bimatoprost implant</i>
DYSPORE	<i>botulinum toxin</i>

Brand Name	Generic Name
ELAHERE	<i>mirvetuximab soravtansine-gynx</i>
ELAPRASE*	<i>idursulfase*</i>
ELELYSO*	<i>taliglucerase alfa*</i>
ELEVIDYS	<i>delandistrogene moxeparvovec-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>
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>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>

Brand Name	Generic Name
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>
HEMIFIL M*	<i>antihemophilic factor*</i>
HEPZATO	<i>melfalan</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-fljp*</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>
IMDELLTRA	<i>tarlatamab-dlle</i>
IMFINZI	<i>durvalumab</i>
IMJUDO	<i>tremelimumab-actl</i>
IMLYGIC	<i>imlygic</i>

Brand Name	Generic Name
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>tsagenlecleucel</i>
KYPROLIS	<i>carilzomib</i>
LAMZEDE	<i>velmanase alfa-tycv</i>
LEMTRADA*	<i>alemtuzumab*</i>
LEQEMBI	<i>lecanemab-imb</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>
LUMISIGHT	<i>pegulicianine</i>
LUMIZYME*	<i>alglucosidase alfa*</i>
LUMOXITI	<i>moxetumomab pasidotox</i>

Brand Name	Generic Name
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>
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>
NYPOZI*	<i>filgrastim-txid*</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-only</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>

Brand Name	Generic Name
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 oph</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>
PROCRT*	<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>
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>
RECOMBIMATE*	<i>antihemophilic factor*</i>
RELEUKO*	<i>filgrastim-ayow*</i>

Brand Name	Generic Name
REMICADE*	<i>influximab*</i>
REMODULIN*	<i>treprostinit*</i>
RENFLIXIS*	<i>influximab*</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>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>
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>

Brand Name	Generic Name
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>situximab</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>
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>treprostinit*</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>

Brand Name	Generic Name
VAFSEO	vadadustat
VECTIBIX	panitumumab
VEGZELMA	bevacizumab-adcd
VEKLURY	remdesivir
VELETRI*	epoprostenol sodium*
VENTAVIS*	iloprost*
VEOPOZ	pozelimab-bbfg
VIMIZIM*	elosulfase alfa*
VONVENDI*	von willebrand factor*
VPRIV*	velaglucerase alfa*
VUEWAY	gadopiclenol
VYEPTI	eptinezumab-ijmr
VYJUVEK	beremagene geperpavec-svdt (topical)
VYVGART	efgartigimod alfa-fcab
VYVGART HYTRULO	efgartigimod alfa and hyaluronidase-qvfc
VYXEOS	daunorubicin-cytarabine
WEZLANA*	ustekinumab-auub*
WILATE*	von willebrand factor*
XEMBIFY*	immune globulin*
XENOVIEV	xenon xe-129 hyperpolarized gas
XENPOZYME	olipudase alfa-rpcp
XEOMIN	botulinum toxin
XGEVA*	denosumab*
XOLAIR*	omalizumab*
XYNTHA*	antihemophilic factor*
YERVOY	ipilimumsb
YESCARTA	axicabtagene ciloleucel
YUFLYMA*	adalimumab-aaty*
YUSIMRY*	adalimumab-aqvh*
YUTIQ	fluocinolone acetonide implant
ZALTRAP	ziv-aflibercept
ZARXIO*	filgrastim*
ZEMAIRA*	alpha 1-poteinase inhib*

Brand Name	Generic Name
ZEPZELCA	lurbinectedin
ZIEXTENZO*	pegfilgrastim-bmez*
ZILRETTA	triamcinolone acetonide
ZIRABEV	bevacizumab-bvzr
ZOLADEX	goserelin
ZOLGENSMA	onasemnogene abeparvovec
ZOMACTON	somatropin
ZOMETA*	zoledronic acid*
ZORBIVE	somatropin
ZULRESSO	brexanolone
ZYMFENTRA*	influximab-dyyb (SC)*
ZYNLONTA	loncastuximab tesirine-lpyl
ZYNTEGLO	betibeglogene autoemcel
ZYNYZ	retifanlimab-dlwr

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.

This list is not all-inclusive and is subject to change

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>
KINSUNLA	<i>donanemab-azpt</i>
SUSVIMO	<i>ranibizumab</i>
VILTEPSO	<i>viltolarsen</i>
VYONDYS 53	<i>golodirsen</i>

Pharmacy Benefit

Community 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 Community 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 Community Health Option's formulary is updated frequently, we recommend that you consult it before writing a prescription for a Community 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

Requesting Prior Approval

Community 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
 - 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 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
- ExpressPAth: <https://www.express-path.com/login.aspx>

- Cover My Meds: <https://www.covermymeds.com>
- SureScripts: <https://providerportal.surescripts.net/ProviderPortal/login>

Drug Class	Excluded Medications	Preferred Alternatives
ANTIINFECTIVES		
Antibiotic Agents – Oral	FIRVANQ, VANCOMYCIN 25 MG/ML SOLUTION	vancomycin capsules, vancomycin 50 mg/ml oral solution
	LIKMEZ	metronidazole tablets
	SIVEXTRO	linezolid tablets or suspension
Antibiotic Agents for Urinary Tract Infections	NITROFURANTOIN 50 MG/5 ML SUSPENSION	nitrofurantoin 25 mg/5 ml suspension
Antifungal Agents (Oral)	TOLSURA	itraconazole
Antivirals (Oral)	SITAVIG, XERESE	acyclovir oral or cream, famciclovir, penciclovir cream, valacyclovir
Chagas Disease Agents	LAMPIT	BENZNIDAZOLE
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Alpha-2 Adrenergic Agonists (for Opioid Withdrawal)	LUCEMYRA	clonidine
Alzheimer’s Agents	ADUHELM, LEQEMBI	No alternatives recommended
Amyotrophic Lateral Sclerosis (ALS) Agents	QALSODY	No alternatives recommended
Anticonvulsants	EPRONTIA	topiramate sprinkle capsules
	FINTEPLA	DIACOMIT, EPIDIOLEX
	LIBERVANT	Diazepam rectal gel, NAYZILAM, VALTOCO
	MOTPOLY XR	lacosamide
	PRIMIDONE 125 MG TABLETS	primidone 50 mg or 250 mg tablets
	VIGAFYDE	vigabatrin powder packets
	ZONISADE	zonisamide
Antimigraine Agents	ONZETRA XSAIL	sumatriptan nasal spray, zolmitriptan nasal spray
	TRUDHESA	dihydroergotamine nasal spray
	VYEPTI	AIMOVIG, AJOVY, EMGALITY
	ZAVZPRET	NURTEC ODT, UBRELVY
Antiparkinsonism Agents	APOKYN	Coverage may be approved for the treatment of Parkinson’s Disease under certain conditions
	DHIVY	carbidopa / levodopa
	GOCOVRI ER, OSMOLEX ER	amantadine
	XADAGO, ZELAPAR	rasagiline, selegiline
Antipsychotics (Injectable)	INVEGA HAFYERA	risperidone er, ABILIFY ASIMTUFII, ABILIFY MAINTENA, ARISTADA, ARISTADA INITIO, RYKINDO ER, UZEDY ER
Antipsychotics (Oral)	FANAPT	aripiprazole, asenapine, lurasidone, olanzapine, paliperidone er, quetiapine tablets (except 150 mg), risperidone, ziprasidone
	QUETIAPINE 150 MG TABLETS	quetiapine 50 mg or 100 mg tablets
Antispasmodic Agents	BALCOFEN SOLUTION, LYVISPAH, OZOBAX,	baclofen suspension or tablets

	OZOBAX DS	
Anxiolytic Agents	LOREEV XR	lorazepam tablets
Cataplexy Treatment	SODIUM OXYBATE (by Amneal), XYREM	LUMRYZ ER, SODIUM OXYBATE (by Hikma), XYWAV
Central Nervous System Stimulants	DYANAVEL XR, XELSTRYM	dextroamphetamine er, dextroamphetamine/amphetamine er, lisdexamfetamine
	METHYPHENIDATE ER 45 MG, 63 MG & 72 MG, QUILLICHEW ER, QUILLIVANT XR, RELEXXII ER	dexmethylphenidate er, methylphenidate cd, methylphenidate er, methylphenidate la, AZSTARYS
	ONYDA XR	clonidine er tablets
Duchenne Muscular Dystrophy (DMD) Agents	AGAMREE	prednisolone solution/syrup, prednisolone tablets, prednisone solution, prednisone tablets
	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.
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
	GILENYA, TASCENSO ODT	fingolimod, teriflunomide , BAFIERTAM, MAYZENT, PONVORY, VUMERITY, ZEPOSIA (for Multiple Sclerosis only)
Narcotic Analgesics & Combinations	CONZIP, QDOLO, TRAMADOL 25 MG & 100 MG TABLETS, TRAMADOL ER CAPSULES, TRAMADOL SOLUTION	tramadol 50 mg tablets, tramadol er tablets
	NUCYNTA	hydrocodone/acetaminophen, morphine sulfate, oxycodone, tramadol, tramadol/acetaminophen
	NUCYTNA ER, OXYCODONE ER, XTAMPZA ER	hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er, HYSINGLA ER, OXYCONTIN
	OXAYDO, OXYCODONE COATED TABLETS, ROXYBOND	oxycodone uncoated tablets
	PRIMLEV, PROLATE SOLUTION	oxycodone/acetaminophen
	SEGLENTIS	tramadol tablets plus celecoxib
Narcotic Antagonists	ZIMHI	naloxone syringes
Rett Syndrome Agents	DAYBUE	No alternatives recommended
Sedative-Hypnotic Agents	DORAL, QUAZEPAM	estazolam, lorazepam
	ZOLPIDEM 7.5 MG CAPSULES	eszopiclone, zaleplon, zolpidem tablets
Selective Serotonin Reuptake Inhibitors (SSRIs) Antidepressants	CITALOPRAM CAPSULES, SERTRALINE CAPSULES	citalopram tablets, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline tablets, vilazodone
Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants	DRIZALMA SPRINKLE, VENLAFAXINE BESYLATE ER	desvenlafaxine er, duloxetine, venlafaxine hcl er, FETZIMA
Transmucosal Fentanyl Analgesics	FENTANYL CITRATE BUCCAL TABLETS, FENTORA	fentanyl citrate lozenges
Miscellaneous Antidepressants	APLENZIN, BUPROPION XL 450 MG, FORFIVO XL	bupropion xl 150 mg or 300 mg

	SPRAVATO	<i>olanzapine/fluoxetine, bupropion er, duloxetine, escitalopram, mirtazapine, sertraline</i>
CARDIOVASCULAR		
ACE Inhibitors	QBRELIS	<i>lisinopril</i>
Alpha-Adrenergic Agonists	CLONIDINE ER 0.17 MG, NEXICLON XR	<i>clonidine patches, clonidine tablets</i>
Angiotensin Receptor Blockers (ARBs) and Combinations	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>
Anticoagulants	PRADAXA, SAVAYSA	<i>dabigatran, ELIQUIS, XARELTO</i>
Beta Blockers & Combinations	INDERAL XL, INNOPRAN XL	<i>propranolol er</i>
	KAPSPARGO SPRINKLE	<i>metoprolol succinate</i>
Calcium Channel Blockers	CONJUPRI, LEVAMLODIPINE	<i>amlodipine, felodipine er, nifedipine er, nisoldipine</i>
	KATERZIA, NORLIQVA	<i>amlodipine</i>
Diuretics	FUROSCIX, SOAAZ	<i>bumetanide, furosemide, torsemide</i>
	THALITONE	<i>chlorthalidone</i>
Endothelin Receptor Agonists	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)
Fenofibrates	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>
HMG & Cholesterol Inhibitor Combinations	ALTOPREV, ATORVALIQ, EZALLOR SPRINKLE	<i>atorvastatin, fluvastatin er, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin</i>
	ROSUVASTATIN/EZETIMIBE	<i>ezetimibe plus atorvastatin or rosuvastatin</i>
PCSK9 & siRNA Inhibitors	LEQVIO, PRALUENT	REPATHA
Pulmonary Arterial Hypertension (PAH) Agents	LIQREV, TADLIQ	<i>sildenafil oral suspension, sildenafil 20 mg tablets, tadalafil 20 mg tablets</i>
Sodium Glucose Co- Transporter-1 and 2 inhibitors	INPEFA	FARXIGA, JARDIANCE
Miscellaneous Cardiovascular Agents	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>
DERMATOLOGICAL		
Agents for Hyperhidrosis	DRYSOL, QBREXZA, SOFDRA	Over-the-Counter aluminum chloride

		containing products
Oral Agents for Acne	ABSORICA LD	isotretinoin capsules
	DORYX DR 80 MG, DORYX MPC, DOXYCYCLINE HYCLATE DR 80 MG	doxycycline hyclate, doxycycline monohydrate
	MINOCYCLINE BIPHASIC TABLETS, MINOCYCLINE ER CAPSULES, XIMINO	minocycline 24 hour er tablets
Rosacea Agents (Topical)	NORITATE	metronidazole topical
	ZILXI	azelaic acid, ivermectin topical, metronidazole topical, sodium sulfacetamide/sulfur, FINACEA FOAM
Topical Agents for Acne	CABTREO	adapalene, adapalene/benzoyl peroxide, benzoyl peroxide gel, clindamycin topical, clindamycin/benzoyl peroxide, tretinoin, tretinoin micro
	CLENIA PLUS, SULFACETAMIDE/SULFUR 8%-4% CLEANSER, SULFACETAMIDE/SULFUR 9%-4.25% SUSPENSION, ZMA CLEAR	sulfacetamide/sulfur 9%-4% cleanser, sulfacetamide/sulfur 8%-4% suspension
	FABIOR, TAZAROTENE FOAM	tazarotene cream or gel, tretinoin
	VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide
	WINLEVI	azelaic acid, clindamycin phosphate gel, clindamycin/tretinoin, dapsone, erythromycin gel, tretinoin
Topical Agents for Actinic Keratosis	CARAC, FLUOROURACIL 0.5% CREAM, KLISYRI, ZYCLARA	diclofenac 3% gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod
Topical Antifungals	ECOZA, ERTACZO, LULICONAZOLE, LUZU, OXISTAT LOTION, SULCONAZOLE, XOLEGEL	ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole
	MICONAZOLE/ZINC OXIDE/PETROLATUM, VUSION	clotrimazole, ketoconazole, miconazole, nystatin
Topical Corticosteroids	IMPOYZ, LEXETTE, SERNIVO, ULTRAVATE, VERDESO FOAM	generic topical corticosteroids
Topical Roflumilast Agents	ZORYVE 0.15% CREAM	pimecrolimus, tacrolimus, EUCRISA
Vitamin D Analogs (Topical)	CALCIPOTRIENE FOAM, SORILUX	calcipotriene cream, ointment or solution
Miscellaneous Topical Dermatological Agents	ACLORTIN A	generic topical corticosteroids plus mupirocin
	LIDOCAINE/TETRACAINE, PLIAGLIS	lidocaine cream, lidocaine/prilocaine cream
	TRI-LUMA	fluocinolone, hydroquinone, tretinoin
	VEREGEN	imiquimod 5% cream, podofilox gel or solution
DIABETES		
Biguanide Agents	METFORMIN 625 MG TABLETS	metformin 500 mg, 850 mg or 1,000 mg tablets
Blood Glucose Meters & Test Strips	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) ONETOUCH TEST STRIPS (ULTRA, VERIO)

		PRECISION XTRA METERS, TEST STRIPS
Diabetic Pen Needles & Syringes	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
Diabetic Supply Kits	BIGFOOT UNITY PROGRAM KIT	DEXOM G6: RECEIVER, SENSOR, TRANSMITTER DEXCOM G7: RECEIVER, SENSOR FREESTYLE LIBRE: READER, SENSOR
Dipeptidyl Peptidase-4 (DDP-4) Inhibitors & Combinations	ALOGLIPTIN, NESINA, TRADJENTA, ZITUVIO	saxagliptin , JANUVIA
	ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KAZANO, SITAGLIPTIN/METFORMIN, ZITUVIMET, ZITUVIMET XR	saxagliptin/metformin , JANUMET, JANUMET XR
	ALOGLIPTIN/PIOGLITAZONE	pioglitazone plus saxagliptin or JANUVIA
Dipeptidyl Peptidase-4 (DDP-4) Inhibitors/Sodium Glucose Co- Transporter-2 (SGLT-2) Inhibitor Combinations	QTERN, STEGLUJAN	GLYXAMBI
Glucagon-Like Peptide-1 Agonists	LIRAGLUTIDE, VICTOZA	BYDUREON BCISE, BYETTA, OZEMPIC, TRULICITY
Glucose-Elevating Drugs	GLUCAGON HYPOKIT, GLUCAGON EMERGENCY KIT (by Fresenius), ZEGALOGUE	glucagon emergency kit (by Amphastar), BAQSIMI, GVOKE
Insulin (Basal) and Glucagon-Like Peptide-1 (GLP-1) Agonist Combinations	XULTOPHY	SOLIQUA
Insulins	U-100: ADMELOG, APIDRA, FIASP, NOVOLOG, RELION NOVOLOG Inhalation: AFREZZA	U-100: HUMALOG VIAL ⁺ , 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

Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors & Combinations	BRENZAVVY, DAPAGLIFLOZIN, INVOKANA, STEGLATRO	FARXIGA, JARDIANCE
	DAPAGLIFLOZIN/METFORMIN ER, INVOKAMET, INVOKAMET XR, SEGLUROMET	SYNJARDY, SYNJARDY XR, XIGDUO XR
Sulfonylurea Agents	GLIMEPIRIDE 3 MG TABLETS	glimepiride 1 mg, 2 mg or 4 mg tablets
	GLIPIZIDE 2.5 MG TABLETS	glipizide 5 mg tablets
EAR/NOSE		
Nasal Steroids	BECOMASE AQ, OMNARIS, QNASAL, ZETONNA	flunisolide, fluticasone, mometasone, XHANCE
OTIC Antibiotics & Combination Products	CETRAXAL	ciprofloxacin otic, ofloxacin otic
	CIPRO HC, CIPROFLOXACIN/FLUOCINOLONE OTIC	ciprofloxacin/dexamethasone otic
ENDOCRINE		
Cushing's Agents	ISTURISA	ketoconazole tablets, mifepristone 300 mg, SIGNIFOR
	RECORLEV	Ketoconazole tablets
Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty)	LUPRON DEPOT-PED, SUPPRELIN LA	FENSOLVI, TRIPTODUR
Growth Hormones	HUMATROPE, NORDITROPIN FLEXPOR, 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	testosterone cypionate, testosterone enanthate, XYOSTED
	KYZATREX, NATESTO, TLANDO, UNDECATREX	testosterone gel, testosterone solution
Thyroid Replacement Therapy	ADTHYZA 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	levothyroxine tablets, thyroid pork, ARMOUR THYROID
	LEVOTHYROXINE CAPSULES, THYQUIDITY, TIROSANT, TIROSANT-SOL	levothyroxine tablets
Miscellaneous Endocrine Agents	CORTROPHIN GEL	No alternatives recommended
GASTROINTESTINAL		
Antidiarrheal Agents	MYTESI	diphenoxylate/atropine, loperamide
Antiemetics (Injectable)	CINVANTI, FOCINVEZ	fosaprepitant injection
Antiemetics (Oral)	AKYNZEO CAPSULES	granisetron, ondansetron, aprepitant, VARUBI TABLETS
	ANTIVERT, MECLIZINE 50 MG TABLETS	meclizine 25 mg tablets
	ANZEMET	granisetron, ondansetron
	BONJESTA	doxylamine/pyridoxine hcl
	EMEND POWDER PACKETS	aprepitant, VARUBI TABLETS
	ONDANSETRON ODT 16 MG TABLETS	ondansetron odt 4 mg or 8 mg tablets
Bowel Evacuants	CLENPIQ, PLENVU, SUFLAVE, SUTAB	magnesium sulfate/potassium sulfate/sodium sulfate solution, peg 3350/ascorbic acid powder packets
Constipation Agents	RELISTOR TABLETS	lubiprostone, MOVANTIK, SYMPROIC

Corticosteroids (Rectal Formulations)	CORTIFOAM	budesonide foam, hydrocortisone enema
Gallstone Dissolution Agents	RELTONE	ursodiol
Gastroparesis Agents	GIMOTI	No alternatives recommended
Hemorrhoidal Preparations	HYDROCORTISONE/PRAMOXINE 25-18 MG SUPPOSITORIES	hydrocortisone ac suppositories, pramoxine/hydrocortisone cream
	PROCTOFOAM-HC	pramoxine/hydrocortisone cream
Irritable Bowel Syndrome & Chronic Constipation Agents	IBSRELA, MOTEGRITY	lubiprostone, LINZESS, TRULANCE
Pancreatic Enzymes	PERTZYE	CREON, PANCREAZE, ZENPEP
Proton Pump Inhibitors	KONVOMEF, NEXIUM PACKETS, PRILOSEC SUSPENSION, RABEPRAZOLE DR SPRINKLE	dexlansoprazole, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole
Miscellaneous Gastrointestinal Agents	DARTISLA ODT	glycopyrrolate tablets
HEMATOLOGICAL		
Antiplatelet Agents	ASPIRIN/OMEPRAZOLE DR, YOSPRALA DR	aspirin plus omeprazole, esomeprazole magnesium, lansoprazole, pantoprazole or rabeprazole
Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT, RETACRIT
Factor Deficiency Agents & Related Products	IXINITY, RIXUBIS	BENEFIX
	NOVOSEVEN RT	SEVENFACT
	NUWIQ, RECOMBINATE	ADVATE, ADYNOVATE, AFSTYLA, ALTUVIIIQ, ELOCTATE, ESPEROCT, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, XYNTHA, XYNTHA SOLOFUSE
	REBINYN	ALPROLIX, IDELVION
Granulocyte Colony Stimulating Factors	FYLNETRA, NEULASTA, NYVEPRIA, ROLVEDON, STIMUFEND, UDENYCA	FULPHILA, ZIEXTENZO
	GRANIX, NEUPOGEN, RELEUKO, ZARXIO	NIVESTYM
Hematopoietic & Thrombopoietic Agents	APHEXDA	plerixafor
Hemophilia Gene Therapy	BEQVEZ	HEMGENIX
Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors	JESOUVROQ, VAFSEO	PROCRIT, RETACRIT
Iron Replacement Agents	MONOFERRIC	sodium ferric gluconate complex, VENOFER
Sickle Cell Disease Agents	SIKLOS	DROXIA
Thrombocytopenia Agents	ALVAIZ	NPLATE, PROMACTA
	MULPLETA	DOPTELET
Miscellaneous Hematology Agents	RYTELO	Coverage may be approved for the treatment of Myelodysplastic Syndrome with Transfusion-Dependent Anemia under certain conditions
HEPATITIS		
Hepatitis C	LEDIPASVIR/SOFOSBUVIR, MAVYRET, SOFOSBUVIR/VELPATASVIR, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
HIV		
Antiretrovirals Note: Current patients established on therapy are allowed to continue therapy.	COMPLERA	ODEFSY
	DELSTRIGO	efavirenz/emtricitabine/tenofovir disoproxil fumarate, efavirenz/lamivudine/tenofovir disoproxil fumarate, BIKTARVY, GENVOYA,

		ODEFSY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
	PIFELTRO	efavirenz , EDURANT
	PREZCOBIX	atazanavir, darunavir, fosamprenavir, lopinavir/ritonavir, ritonavir , 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
MUSCULOSKELETAL & RHEUMATOLOGY		
Muscle Relaxants & Antispasmodic Agents	METHOCARBAMOL 1,000 MG TABLETS	methocarbamol 500 mg tablets
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	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	celecoxib
	MELOXICAM SUSPENSION	ibuprofen suspension, naproxen suspension
Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DICLOFENAC EPOLAMINE PATCHES	FLECTOR, LICART
OBSTETRICAL & GYNECOLOGICAL		
Combination Patches	CLIMARA PRO	COMBIPATCH
Contraceptives	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
Estrogen & Estrogen Modifiers for Vaginal Symptoms	ESTRING, IMVEXXY, INTRAROSA	estradiol cream, estradiol vaginal inserts, PREMARIN CREAM
	FEMRING	estradiol cream, estradiol patches, estradiol tablets, estradiol vaginal inserts, PREMARIN CREAM
Estrogen/Progestin Combinations (Oral)	BIJUVA, PREMPHASE, PREMPRO	estradiol/norethindrone acetate, ethinyl estradiol/norethindrone acetate
Estrogens (Oral)	MENEST, PREMARIN TABLETS	estradiol tablets
Human Chorionic Gonadotropin [†]	CHORIONIC GONADOTROPIN 10,000 UNITS	NOVAREL, OVIDREL
Ovulatory Stimulants (Follitropins)	FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
Prenatal Vitamins	CITRANATAL, NATAL PNV, PREGENNA, TRINAZ	generic prenatal vitamins
Topical Estrogen Agents	ELESTRIN	estradiol gel, estradiol patches
Vaginal Progestones	CRINONE 4%	Medroxyprogesterone, megestrol, norethindrone, progesterone

[†] Please note that product placement is subject to change throughout the year based upon changes in market dynamics.

	ENDOMETRIN	CRINONE 8%
ONCOLOGY		
Acute Myeloid Leukemia (AML) Agents	ONUREG	Coverage may be approved for treatment of Acute Myeloid Leukemia under certain conditions.
	REZLIDHIA	TIBSOVO
	VANFLYTA	RYDAPT
B-Cell Lymphoma Agents	COLUMVI	Coverage may be approved for the treatment of 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
Bendamustine Agents	VIVIMUSTA	bendamustine , BENDEKA
Bevacizumab-Containing Agents	ALYMSYS, AVASTIN, VEGZELMA	ZIRABEV
BRAF Inhibitors	BRAFTOVI	TAFINLAR, ZELBORAF
Bruton Tyrosine Kinase Inhibitors	JAYPIRCA	For Mantle Cell Lymphoma: BRUKINSA, CALQUENCE For Chronic Lymphocytic Leukemia, Small Lymphocytic Lymphoma: BRUKINSA, CALQUENCE, IMBRUVICA, VENCLEXTA
Docetaxel Agents	DOCIVYX	docetaxel
Interferons	BESREMI	hydroxyurea
Kinase Inhibitor of Vascular Endothelial Growth Factor Receptor	FRUZAQLA	LONSURF
Multiple Myeloma Agents	XPOVIO	bortezomib , DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID
Myelodysplastic Syndrome Agents	INQOVI	decitabine
Myelofibrosis Agents	INREBIC, QJJAARA	JAKAFI
Non-Small Cell Lung Cancer Agents	KRAZATI	Coverage may be approved for the treatment of KRAS G12C-mutated non-small cell lung cancer.
	TEPMETKO	TABRECTA
PARP Inhibitors	RUBRACA, ZEJULA	LYNPARZA
Prostate Cancer Agents	AKEEGA	abiraterone plus LYNPARZA, TALZENNA plus XTANDI
	CAMCEVI, LEUPROLIDE DEPOT, TRELSTAR	ELIGARD, FIRMAGON, LUPRON DEPOT
Renal Cell Cancer Agents	FOTIVDA	CABOMETYX, INLYTA, LENVIMA
Rituximab-Containing Agents	RIABNI, RITUXAN, RITUXAN HYCELA, TRUXIMA	RUXIENCE
Trastuzumab-Containing Agents	HERCEPTIN, HERCEPTIN HYLECTA, HERZUMA, OGIVRI, ONTRUZANT	KANJINTI, TRAZIMERA
Tyrosine Kinase Inhibitors	QINLOCK	dasatinib , imatinib , pazopanib , sorafenib , sunitinib , STIVARGA, TASIGNA
OPHTHALMIC		
Antiglaucoma Agents (Beta-Adrenergic Blockers)	BETIMOL, TIMOPTIC OCUDOSE	timolol drops , betaxolol drops , carteolol drops , levobunolol drops
Antiglaucoma Agents (Ophthalmic Prostaglandins)	DURYSTA, IDOSE TR, IYUZEH, LUMIGAN, VYZYLTA, XELPROS	bimatoprost drops , latanoprost drops , tafluprost drops , travoprost drops

Blepharoptosis Agents	UPNEEQ	No alternatives recommended
Ophthalmic Agents (Complement Protein C5 Inhibitors)	IZERVAY	Coverage may be approved for the treatment of Geographic Atrophy under certain conditions.
Ophthalmic Agents (Vascular Endothelial Growth Inhibitors)	EYLEA HD, VABYSMO	EYLEA
	LUCENTIS	BYOOVIZ, CIMERLI
	SUSVIMO	No alternatives recommended
Ophthalmic Agents – Other	ATROPINE (PRESERVATIVE FREE) 1% EYE SINGLE USE DROPPERETTE	atropine 1% drops
	CYSTADROPS	CYSTARAN
	VERKAZIA	azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops
	VUITY	No alternatives recommended
Ophthalmic Anti-Allergic	ALOMIDE, ALREX	azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops
Ophthalmic Anti-Inflammatory	CLOBETASOL DROPS, FLAREX, FML FORTE, MAXIDEX, PRED MILD	dexamethasone drops, difluprednate drops, fluorometholone drops, loteprednol 0.5% drops, prednisolone drops
Ophthalmic Combinations	TOBRADEX ST, ZYLET	tobramycin/dexamethasone drops
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops
Ophthalmic Quinolone Antibiotics	BESIVANCE, CILOXAN OINTMENT	ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops
OSTEOARTHRITIS		
Hyaluronic Acid Derivatives	DUROLANE, EUFLEXXA, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNOJOYNT, SYNVISIC, SYNVISIC-ONE, TRILURON, TRIVISC, VISCO-3	MONOVISC, ORTHOVISC
RENAL		
Nephropathic Cystinosis Agents	PROCYSBI	CYSTAGON
Nephropathy Agents	FILSPARI	benazepril, candesartan, irbesartan, lisinopril, losartan, ramipril, valsartan
Nocturnal Polyuria Agents	NOCTIVIA	desmopressin tablets
Overactive Bladder Agents	OXYBUTYNIN 2.5 MG	oxybutynin solution or syrup, oxybutynin 5 mg tablets
	VESICARE LS	oxybutynin solution or syrup, MYRBETRIQ ER SUSPENSION
Phosphate Binders	FOSRENOL POWDER PACKETS, XPHOZAH	calcium acetate, lanthanum, sevelamer carbonate, sevelamer hcl, VELPHORO
Miscellaneous Urologicals	URIMAR-T CAPSULES, URNEVA	uro mp, uro sp
RESPIRATORY		
Alpha ₁ Proteinase Inhibitors for Emphysema	ARALAST NP, GLASSIA, ZEMAIRA	PROLASTIN C
Antihistamines (Oral)	CARBINOXAMINE ER 4 MG/5 ML SUSPENSION, KARBINAL ER SUSPENSION	carbinoxamine, cetirizine, clemastine, desloratadine, diphenhydramine, levocetirizine
Epinephrine Auto-Injector Systems	EPINEPHRINE AUTO-INJECTOR (by Amneal	epinephrine auto-injector (by Mylan, Teva),

	Pharma, Avkare)	AUVI-Q, EPIPEN, EPIPEN JR
Idiopathic Pulmonary Fibrosis Agents	PIRFENIDONE 534 MG TABLETS	pirfenidone 267 mg capsules or tablets, pirfenidone 801 mg tablets , OFEV
Immunological Agents for Asthma	CINQAIR	DUPIXENT, FASENRA, NUCALA, TEZSPIRE, XOLAIR
Inhaled Phosphodiesterase (PDE)-3 and PDE-4 Inhibitors	OHTUVAYRE	LAMA/LABAs: ANORO ELLIPTA, STIOLOTO RESPIMAT LAMAs: tiotropium inhaler , INCRUSE ELLIPTA, SPIRIVA RESPIMAT LABAs: formoterol inhalation solution , STRIVERDI RESPIMAT ICS/LABAs: budesonide/formoterol, fluticasone/salmeterol inhalation powder , ADVAIR HFA, BREO ELLIPTA, DULERA
Long-Acting Beta Agonist Inhalers	SEREVENT DISKUS	STRIVERDI RESPIMAT
Long-Acting Muscarinic Antagonist Inhalers	TURDORZA PRESSAIR	tiotropium powder inhaler , INCRUSE ELLIPTA, SPIRIVA RESPIMAT
Long-Acting Muscarinic Antagonist/Long-Acting Beta-Agonist Combination Inhalers	BEVESPI AEROSPHERE, DUAKLIR PRESSAIR	ANORO ELLIPTA, STIOLOTO RESPIMAT
Pulmonary Anti-Inflammatory Inhalers	ALVESCO, ARMONAIR DIGIHALER, FLOVENT DISKUS, FLOVENT HFA, FLUTICASONE PROPIONATE DISKUS, FLUTICASONE PROPIONATE HFA, PULMICORT FLEXHALER	ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, QVAR REDIHALER
Pulmonary Anti-Inflammatory/Beta-Agonist Combination Inhalers	AIRDUO RESPICLICK, FLUTICASONE/SALMETEROL DPI, FLUTICASONE/SALMETEROL HFA, FLUTICASONE/VILANTEROL	budesonide/formoterol fluticasone/salmeterol inhalation powder , ADVAIR HFA, BREO ELLIPTA, DULERA
Short-Acting Beta ₂ -Agonist Inhalers	ALBUTEROL SULFATE HFA (by Prasco), LEVALBUTEROL HFA, PROAIR DIGIHALER, PROAIR RESPICLICK, VENTOLIN HFA, XOPENEX HFA	albuterol sulfate hfa (all manufacturers covered except Prasco)
MISCELLANEOUS AGENTS		
Allergen Immunotherapy	PALFORZIA	Coverage may be approved for treatment of Peanut Allergy under certain conditions.
Benign Prostatic Hyperplasia Agents	ENTADFI	finasteride 5 mg plus tadalafil 5 mg
Botulinum Toxin Products	BOTOX	DYSPORE MYOBLOC Migraine – AIMOVIG, AJOVY, EMGALITY, QULIPTA Hyperhidrosis – over-the-counter aluminum chloride containing products
	DAXXIFY, XEOMIN	DYSPORE, MYOBLOC
Complement Inhibitors	PIASKY	SOLIRIS
Eosinophilic Esophagitis Agents	EOHILIA	budesonide suspension made into a slurry or suspension and swallowed (not inhaled)
Gaucher Disease Agents	ELEYSO, VPRIV	CEREZYME
Glucocorticoids	ALKINDI SPRINKLE	hydrocortisone tablets
	HEMADY	dexamethasone tablets
Hereditary Angioedema	BERINERT	CINRYZE, RUCONEST
Immune Globulins	CUTAQUIG	SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
	GAMMAKED	IV: GAMMAGARD LIQUID, GAMMAGARD

		S-D, GAMUNEX-C SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
Immunosuppressant Agents	ENVARUS XR	tacrolimus capsules
	JYLAMO, XATMEP	methotrexate tablets
	OTREXUP	RASUVO
Inflammatory Conditions Agents	SOVUNA	hydroxychloroquine tablets
Infused Non-TNF Biologics – Tocilizumab Intravenous Agents	TOFIDENCE IV	ACTEMRA IV, TYENNE IV
Infused TNF Antagonists	AVSOLA, INFLIXIMAB, REMICADE, RENFLEXIS	INFLECTRA
Metabolic Agents	RAVICTI	sodium phenylbutyrate , PHEBURANE
	RIVFLOZA	Coverage may be approved for the treatment of Primary Hyperoxaluria Type 1 under certain conditions.
Myasthenia Gravis Agents	RYSTIGGO	Coverage may be approved for the treatment of generalized myasthenia gravis.
	ZILBRYSQ	SOLIRIS
Neuromyelitis Optica Spectrum Disorder Agents	UPLIZNA	ENSPRYNG
Osteoporosis (Bone Modifiers)	EVENITY, PROLIA	alendronate, ibandronate, risedronate, teriparatide, zoledronic acid , TYMLOS
Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis	ONPATTRO, WAINUA	AMVUTTRA
Potassium Replacement Agents	POKONZA	potassium chloride
Wilson's Disease Agents	CUVRIOR, TRIENTENE 500 MG CAPSULES	trientine 250 mg capsules

* 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-ADB (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-ADB (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.

Multi-Source Brand Exclusions

Brand Name	Generic Name
ABILIFY	aripiprazole
ACANYA	clindamycin and benzoyl peroxide
ACIPHEX	rabeprazole
ADCIRCA	tadalafil
ADDERALL, ADDERALL XR	dextroamphetamine/amphetamine
ADVAIR DISKUS	fluticasone propionate/salmeterol
AFINITOR, AFINITOR DISPERZ	everolimus
ALINIA TABLETS	nitazoxanide
AMBIEN, AMBIEN CR	zolpidem
AMITIZA	lubiprostone
AMPYRA	dalfampridine
AMRIX	cyclobenzaprine
ANDROGEL	testosterone
ANUSOL-HC	hydrocortisone
APTENSIO XR	methylphenidate
ARIMIDEX	anastrozole
ATACAND, ATACAND HCT	candesartan
ATRALIN	topical tretinoin
ATRIPLA	efavirenz, emtricitabine, tenofovir disoproxil fumarate
AUBAGIO	teriflunomide
AVALIDE, AVAPRO	Irbesartan/hydrochlorothiazide, irbesartan
AVODART	dutasteride
AZOPT	brinzolamide
AZOR	amlodipine and olmesartan
BALCOLTRA	levonorgestrel and ethinyl estradiol and ferrous bisglycinate
BANZEL	rufinamide
BARACLUDE TABLETS	entecavir
BENICAR, BENICAR HCT	olmesartan
BEPREVE	bepotastine
BIDIL	isosorbide dinitrate and hydralazine
BROMSITE	bromfenac
BUPAP	butalbital / acetaminophen
BUTRANS	buprenorphine
BYSTOLIC	nebivolol
CANASA	mesalamine
CARAFATE	sucralfate
CAROSPIR	spironolactone

Brand Name	Generic Name
CELEBREX	celecoxib
CELEXA	citalopram
CIALIS	tadalafil
CLINDAGEL	clindamycin (topical)
COLCRYST	colchicine
CONCERTA	methylphenidate
CONDYLOX	podofilox
COPAXONE	glatopa
COREG	carvedilol
COSOPT, COSOPT PF	dorzolamide and timolol
COZAAR, HYZAAR	losartan, losartan and hydrochlorothiazide
CRESTOR	rosuvastatin
CUPRIMINE	penicillamine
CUVPOSA	systemic glycopyrrolate (glycopyrronium)
CYMBALTA	duloxetine
CYSTADANE	betaine (anhydrous)
CYTOMEL	liothyronine
DALIRESP	roflumilast
DELZICOL	mesalamine
DETROL, DETROL LA	tolterodine
DEXILANT	dexlansoprazole
DIOVAN, DIOVAN HCT	valsartan
DIVIGEL	estradiol transdermal gel
DORYX DR 50 MG & 200 MG	doxycycline
DUREZOL	difluprednate
DURYSTA	bimatoprost
DYMISTA	azelastine hydrochloride and fluticasone propionate
EFFEXOR XR	venlafaxine er
ELIDEL	pimecrolimus
EMEND CAPSULES, IV, TRIFOLD PACK	aprepitant
EMFLAZA	deflazacort
EPANED	enalapril
ESBRIET	pirfenidone
ESTRACE CREAM	estradiol
ESTROGEL	estradiol
EVEKEO	amphetamine (single ingredient)
EXFORGE, EXFORGE HCT	valsartan and amlodipine; amlodipine, valsartan, hydrochlorothiazide
EXJADE	deferasirox

Brand Name	Generic Name
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>
LOVENOX	<i>enoxaparin</i>
LUNESTA	<i>eszopiclone</i>
LYRICA, LYRICA CR	<i>pregabalin</i>
MAXALT, MAXALT MLT	<i>rizatriptan</i>

Brand Name	Generic Name
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>
PERFORMIST	<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>
QUARTETTE	<i>ethinyl estradiol and levonorgestrel</i>
RAPAFLO	<i>silodosin</i>
RELPAK	<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</i>

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

Brand Name	Generic Name
ULORIC	febuxostat
UROXATRAL	alfuzosin
VAGIFEM	estradiol
VALIUM	diazepam
VALTREX	valacyclovir
VANOS	fluocinonide
VELTIN	clindamycin phos-tretinoin
VESICARE	solifenacin
VIAGRA	sildenafil
VIIBRYD	vilazodone
VIMOVO	esomeprazole and naproxen
VIMPAT	lacosamide
VIVELLE-DOT	estradiol
VIVLODEX	meloxicam
VYTORIN	ezetimibe and simvastatin
WELCHOL	colesevelam
WELLBUTRIN SR / XL	bupropion
XALATAN	latanoprost
XANAX, XANAX XR	alprazolam
XENAZINE	tetrabenazine
ZAVESCA	miglustat
ZEGERID	omeprazole and sodium bicarbonate
ZETIA	ezetimibe
ZIOPTAN	tafluprost
ZIPSOR	Diclofenac potassium
ZOCOR	simvastatin
ZOLOFT	sertraline
ZOMIG TABLETS	zolmitriptan
ZONEGRAN	zonisamide
ZOVIRAX OINTMENT	acyclovir
ZYTIGA	abiraterone

This document provides general guidance regarding Notification and Prior Approval Requirements. It is not all-inclusive and is subject to change without notice. Providers will receive a 60-day notice of any substantive changes. NOTE: Check your specific benefit plan, as some of these medications may not be covered. All benefits listed are subject to Member Benefit Agreement or plan document, contract terms and medical review. Effective 1/1/2025