



# Prior Authorization/Step Therapy Program

This program encourages safe, cost-effective medication use by allowing coverage when certain conditions are met. A clinical team of physicians and pharmacists develops and approves the clinical programs and criteria by reviewing FDA-approved labeling, scientific literature and nationally recognized guidelines.

Prior Authorization		
Drug Category	Target Drugs	Program Intent
Accrufer	Accrufer	Ensures appropriate use based on FDA labeling, guidelines, or clinical studies.
Actinic Keratosis	<i>Diclofenac Gel</i> : diclofenac gel <i>Fluorouracil Cream</i> : Carac, Efudex/fluorouracil cream, Fluoroplex, Tolak <i>Imiquimod Cream</i> : Aldara, Zyclara/imiquimod <i>Tirbanibulin Ointment</i> : Klisyri	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies and/or clinical guidelines.
Acute Migraine	Elyxyb, Migranal, Reyvow, Trudhesa	Helps ensure appropriate selection of patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.
Afrezza	Afrezza	Encourages appropriate use as well as the usage of cost-effective, preferred rapid-acting insulin product(s). A quantity limit is applied to these agents.
Alternative Dosage Form	Carafate/sucralfate suspension, Cuvposa solution, Dartisla (glycopyrrolate) ODT, Diphenoxylate-atropine liquid, Epaned solution, Fleqsuvy suspension, Gimoti (metoclopramide HCl) nasal spray, Indocin suppository, Indocin suspension, Katerzia suspension, Lyvispah (baclofen) granules, Meloxicam suspension, Naprosyn/naproxen suspension, Nexium granules, Norliqva (amlodipine) Oral solution, Ozobax solution/baclofen, Qbrelis solution, Sotylize solution, Sprix/ketorolac nasal spray, Tiglutik suspension, Valsartan Oral Solution, Vtol (butalbital-acetaminophen-caffeine) oral solution	Encourages the use of cost-effective generic tablets over the more expensive brand agents. Prescribers must provide documentation that the use of the tablet formulation is not clinically appropriate for the patient. Patients who have a contraindication to the requested agent may not be approved for use. A quantity limit is applied to these agents.
Androgens Anabolic Steroids	Androderm, Androgel/generic testosterone, Aveed, generic testosterone solution, danazol, Fortesta, Jatenzo, Kyzatrex, Methitest, Methyltestosterone, Natesto, Testim, Testopel, testosterone enanthate, Testosterone TD Gel, Tlando, Vogelxo, Xyosted	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines. A quantity limit is applied to these agents.

Prior Authorization		
Drug Category	Target Drugs	Program Intent
Antifungals (formerly Antifungal Agents)	Brexafemme, Cresemba, Noxafil/ posaconazole, Tolsura, Vfend/ voriconazole, Vivjoa	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling. Both brand and generic agents are targeted.
Bempedoic Acid	Nexletol, Nexlizet	Helps ensure appropriate selection of patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.
Bonjesta/Diclegis	Bonjesta, Diclegis/doxylamine-pyridoxine	Helps ensure appropriate use based on FDA labeling, guidelines and/or clinical studies.
Calcitonin Gene-Related Peptide (CGRP)	Aimovig, Ajovy, Emgality, Nurtec ODT, Qulipta, Ubrelvy, Zavzpret	Helps ensure appropriate use based on clinical trial data.
Cannabidiol	Epidiolex	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies and/or clinical guidelines.
Combination NSAIDs (Pain Management)	Aspirin/Omeprazole, Consensi, Duexis/ibuprofen/famotidine, Vimovo/naproxen/esomeprazole, Yosprala	Encourages use of target agents when prescriber has provided documentation that the use of individual ingredients within the target combination agent as separate dosage forms is not clinically appropriate.
Constipation Agents (formerly Opioid Induced Constipation)	Amitiza, Ibsrela, Lubiprostone, Motegirty, Relistor, Zelnorm	Helps ensure appropriate selection of patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.
Continuous Glucose Monitor	Dexcom G6 CGM System, Dexcom G7 CGM System, Freestyle Libre, Freestyle Libre 2, Freestyle Libre 3, Guardian Real-Time CGM System	Helps ensure appropriate selection of patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.
Elagolix Relugolix (formerly Orilissa)	Myfembree, Oriahnn, Orilissa	Helps encourage appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.
Eysuvis	Eysuvis	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.
Fintepla	Fintepla	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Furoscix	Furoscix	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.

Prior Authorization

Drug Category	Target Drugs	Program Intent
GLP-1 (glucagon-like peptide-1) Agonists	Adlyxin, Bydureon Bcise, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza	Encourages appropriate selection of patients for therapy with a diagnosis of type 2 diabetes mellitus and currently receiving or have tried an agent containing metformin, sulfonylurea, insulin or insulin/GLP-1. A quantity limit is applied to these agents to encourage FDA-approved dosing.
Hyftor	Hyftor	Helps appropriately select patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.
Hyperhidrosis	Qbrexza	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines. A quantity limit is applied to these agents.
Hyperpolarized Activated Cyclic Nucleotide Gated (HCN) Channel Blocker	Corlanor	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies and/or clinical guidelines, and according to dosing recommended in product labeling.
Hypoactive Sexual Desire Disorder (HSDD)	Addyi, Vyleesi	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies and/or clinical guidelines.
Insulin Pumps	Omnipod Classic Pods, Omnipod DASH Kit Intro, Omnipod DASH pods, Omnipod 5 G6 Kit Intro, Omnipod 5 G6 Pods	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Kerendia	Kerendia	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Metformin (formerly Metformin ER)	Fortamet/metformin extended-release, Glumetza/metformin extended-release, Metformin 625 mg, Riomet	Encourages the use of cost-effective generic metformin ER agents over the more expensive brand agents.
Miebo	Miebo	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Neurokinin Receptor Antagonists	Veozah	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Northera	Northera	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.

Prior Authorization

Drug Category	Target Drugs	Program Intent
Onychomycosis (formerly Antifungal Agents - Onychomycosis)	Ciclopirox, Jublia, Kerydin/tavaborole, Sporanox	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical trials and to discourage cosmetic use. Ensures appropriate use in patients with fungal nail infections that cannot be treated with terbinafine or itraconazole.
Ophthalmic Immunomodulators	Cequa, Restasis/cyclosporine ophthalmic emulsion, Verkazia, Vevye, Xiidra	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies and/or clinical guidelines.
Opzelura	Opzelura	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.
Opioids	Oxycontin	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Oral Tetracycline Derivatives	<p><i>Doxycycline products:</i> Acticlate/generic doxycycline, doxycycline monohydrate, Doryx (and generic equivalents), Doryx MPC (and generic equivalents), Doxycycline, Monodox, Oracea, Targadox, Vibramycin</p> <p><i>Minocycline products:</i> Minocin, minocycline tablet, Minocycline SR (and generic equivalents), Minolira, Solodyn (and generic equivalents), Ximino</p> <p><i>Tetracycline products:</i> Seysara, Tetracycline</p>	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies and/or clinical guidelines, and encourages use of first-line generic agents and topical acne products before use of targeted products, when appropriate.
Pancreatic Enzymes	Creon, Pancreaze, Pertzye, Viokace, Zenpep	Helps ensure appropriate selection of patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.
PCSK9 Inhibitors	Praluent, Repatha	Helps ensure appropriate selection of patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.
Pseudobulbar Affect	Nuedexta	Helps ensure appropriate selection of patients for treatment according to FDA-approved labeling and/or clinical guidelines.
Rapid to Intermediate Acting Insulin (formerly Insulin Agents)	Admelog, Admelog Solostar, Apidra, Humalog, Humalog Junior KwikPen, Humalog KwikPen U200, Humalog Mix 75/25, Humalog Mix 50/50, Humalog Tempo, Humulin R U-100, Humulin N, Humulin 70/30, Insulin Aspart <sup>1</sup> , Insulin Aspart Mix <sup>1</sup> , Insulin Lispro, Insulin Lispro Junior Kwikpen, Insulin Lispro Kwikpen, Insulin Lispro Mix, Lyumjev Tempo	Encourages the use of preferred insulin products unless not clinically appropriate. A quantity limit is applied to these agents.
Rayos	Rayos	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.

Prior Authorization

Drug Category	Target Drugs	Program Intent
Selective Serotonin Inverse Agonist (SSIA)	Nuplazid	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines, and according to dosing recommended in product labeling.
Sunosi	Sunosi	Helps ensure appropriate selection of patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.
Supplemental Therapeutic Alternatives	Daraprim, Elepsia XR, Rytary	Helps ensure the appropriate use of cost-effective, clinically appropriate, preferred alternatives over other high-cost agents.
Tarpeyo	Tarpeyo	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Therapeutic Alternatives	Absorica/Absorica LD, Adapalene, AirDuo Respiclick, Ala-Scalp, Allzital, Alphagan-P, Amrix, Aplenzin, Ativan, Azelex, Bethkis, Bupap, Cafergot, Cambia/diclofenac, Chlorzoxazone/Parafon Forte, Cordran, Coxanto, Cuprimine, Denavir Cream 1%, diclofenac potassium, Diflorasone/Psorcon cream, diflorasone ointment, Doral, Dutoprol, Econazole Nitrate 1% foam, Epinephrine, Ertaczo 2% cream, Exelderm 1% cream, Exelderm 1% solution, Extina, Fenoprofen, fenofibrate 120 mg, Fexmid/cyclobenzaprine, Flurazepam, Halog, Innopran XL, Kenalog spray, Ketoprofen 25 mg, Ketoprofen ER 200 mg, Konvomop suspension, levorphanol, Lexette, Librax, Lorzone, Luzu 1% cream, mefenamic acid, mupirocin cream, naftifine 1% cream, Naftin 2% cream, Naftin 1% gel, Naftin 2% gel, Nalfon, Naprelan, Niacor, Noritate, Oxistat, Pandel, phospholine ophthalmic solution, prednisolone sodium phosphate solution, prednisolone tablet, Reltone, Rhofade, Sitavig, Sorilux, Taperdex Pak, Tivorbex, TOBI/Kitabis, TOBI Podhaler, Treximet 85/500 mg, Vivlodex, Wellbutrin XL, Xerese, Xolegel, Zcort, Zegerid/omeprazole-sodium bicarbonate, Zembrace, Zipsor, Zorvolex, Zovirax cream 5%, Zylflo, Zylflo CR/zileuton CR	Helps ensure the appropriate use of cost-effective, clinically appropriate, preferred alternatives over other high-cost agents.
Topical Doxepin	Doxepin, Prudoxin, Zonalon cream	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical guidelines, and according to dosing recommended in product labeling.
Topical Lidocaine	Lidoderm/lidocaine patch, lidocaine ointment, Pliaglis, Synera, Ztlido	Helps ensure the appropriate use of cost-effective, clinically appropriate, preferred alternatives over other high-cost agents.

Prior Authorization		
Drug Category	Target Drugs	Program Intent
Topiramate ER	Qudexy XR/Topiramate ER, Trokendi XR	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.
Transmucosal Immediate Release Fentanyl	Actiq/fentanyl lozenge, Fentanyl buccal tablets, Fentora, Subsys	Encourages appropriate use for the treatment of breakthrough pain in cancer patients who are opioid-tolerant. A quantity limit is applied to these agents. Both brand and generic agents are targeted.
Tyrvaya	Tyrvaya	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.
Vascepa	Vascepa/icosapent ethyl	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.
Verquvo	Verquvo	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.
Vitamin B12 Deficiency	Nascobal	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.
Vtama	Vtama	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.
Winlevi	Winlevi 1% cream	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Xhance	Xhance	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.
Xphozah	Xphozah	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.
Zoryve	Zoryve	Helps ensure appropriate selection of patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.

## Specialty Prior Authorization

Drug Category	Target Drugs	Program Intent
Agamree Emflaza (formerly Emflaza)	Agamree, Emflaza	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.
Amifampridine (formerly Firdapse)	Firdapse	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.
Ampyra (formerly Multiple Sclerosis (Ampyra))	Ampyra/dalfampridine	Encourages appropriate use in ambulatory patients with multiple sclerosis. A quantity limit encourages FDA-approved dosing.
Arikayce	Arikayce	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies and/or clinical guidelines.
ATTR Amyloidosis (formerly ATTR Amyloidosis Neuropathy)	Tegsedi, Vyndaqel, Vyndamax, Wainua	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Biologic Immunomodulators (Rheumatoid Arthritis/Psoriasis)	Abrilada, Actemra subcutaneous, Adalimumab-adaz, Adalimumab-fkjp, Amjevita, Bimzelx, Cimzia, Cosentyx, Cyltezo, Enbrel, Entyvio, Hadlima, Hulio, Humira, Humira Starter Kits, Hyrimoz, Idacio, Kevzara, Kineret, Litfulo, Olumiant, Omvoh, Orenia subcutaneous, Rinvoq, Siliq, Simlandi, Simponi, Skyrizi, Sotyktu, Stelara, Taltz, Tremfya, Velsipity, Xeljanz, Xeljanz XR, Yuflyma, Yusimry, Zymfentra	Encourages use of first-line agents prior to the use of preferred Biological Immunomodulators. Also encourages the use of preferred agents based on indication prior to the use of a non-preferred biologic immunomodulator. A quantity limit encourages FDA-approved dosing.
Camzyos	Camzyos	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.
Cholestasis Pruritus	Bylvay, Livmarli	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.
Cibinqo	Cibinqo	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Coagulation Factor VIIa	NovoSeven RT, Sevenfact	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies and/or clinical guidelines.



## Specialty Prior Authorization

Drug Category	Target Drugs	Program Intent
Corticotropin (formerly H.P. Acthar)	Acthar Gel, Cortrophin Gel	Helps ensure that patients are appropriately selected for therapy according to product labeling, clinical evidence, and/or clinical guidelines. Verifies that appropriate FDA-approved dosing is used for specified indications. FDA-approved and/or clinically supported indications limited to infantile spasms.
Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) (formerly Cystic Fibrosis)	Kalydeco, Orkambi, Symdeko, Trikafta	Encourages appropriate selection of cystic fibrosis patients for treatment according to product labeling, clinical studies and/or clinical guidelines while following dosing recommended in product labeling.
Daybue	Daybue	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.
Dojolvi	Dojolvi	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Egrifta (formerly Growth Hormones/Egrifta)	Egrifta SV	Helps appropriately select patients for treatment according to product labeling and/or clinical studies and/or clinical practice guidelines and according to dosing recommended in product labeling.
Endari (formerly Sickle Cell Disease)	Endari	Helps encourage appropriate selection of patients for treatment and dosing according to product labeling, and/or clinical studies, and/or guidelines.
Enspryng	Enspryng	Helps encourage appropriate selection of patients for treatment and dosing according to product labeling, and/or clinical studies, and/or guidelines.
Erythropoietins (formerly Erythropoiesis Stimulating Agents (ESAs))	Aranesp, Epogen, Mircera, Procrit, Retacrit	Encourages appropriate use of ESAs to ensure that hemoglobin levels are within an acceptable range.
Fabhalta	Fabhalta	Helps encourage appropriate selection of patients for treatment and dosing according to product labeling, and/or clinical studies, and/or guidelines.
Factor VIII and von Willebrand Factor (formerly Factor VIII and von Willebrand Factor and Hemophilia Factor IX)	Advate, Adynovate, Afstyla, Alphanate, Altuviiiio, Eloctate, Esperoct, Hemofil M, Humate-P, Jivi, Koāte, Kogenate FS, Kovaltry, NovoEight, Nuwiq, Recombinate, Vonvendi, Wilate, Xyntha, Xyntha Solofuse	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.
Filspari	Filspari	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.



## Specialty Prior Authorization

Drug Category	Target Drugs	Program Intent
Galafold (formerly Fabry Disease)	Galafold	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical guidelines and/or clinical studies. Patients will not be allowed to be on concurrent enzyme replacement therapy.
Gattex (formerly Short Bowel Syndrome)	Gattex	Helps ensure appropriate use of Gattex in the treatment of patients with short bowel syndrome (SBS).
Growth Hormone (formerly Growth Hormone/Egrifta)	Genotropin, Humatrope, Norditropin Flexpro, Ngenla, Nutropin AQ, Omnitrope, Saizen, Serostim, Skytrofa, Sogroya, Zomacton, Zorbtive	Encourages appropriate use for patients diagnosed with growth hormone deficiencies. Upon meeting criteria for growth hormone deficiency, use of the preferred growth hormones, Norditropin Flexpro and Genotropin, are typically required before non-preferred products. Also helps ensure appropriate use of Egrifta in treatment of patients with HIV lipodystrophy. A quantity limit for Egrifta encourages FDA-approved dosing.
Hemlibra	Hemlibra	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines, and according to dosing recommended in product labeling.
Hemophilia Factor IX (formerly Factor VIII and von Willebrand Factor and Hemophilia Factor IX)	AlphaNine SD, Alprolix, BeneFIX, Idelvion, Ixinity, Mononine, Profilnine SD, Rebinyn, Rixubis	Helps appropriately select patients for treatment according to product labeling and/or clinical studies and/or clinical practice guidelines.
Hepatitis C Direct Acting Antivirals	Eplusa, Harvoni, Ledipasvir/Sofosbuvir, Mavyret, Sofosbuvir/Velpatasvir, Sovaldi, Viekira PAK, Viekira XR, Vosevi, Zepatier	Helps ensure that patients are appropriately selected and treated for an appropriate duration of therapy according to parameters defined in product labeling, clinical evidence and/or clinical guidelines. Upon meeting criteria, use of the preferred agent by genotype is typically required before non-preferred products in treatment of Hepatitis C.
Hereditary Angioedema	Berinert, Cinryze, Firazyr/icatibant, Haegarda, Orladeyo, Ruconest, Takhzyro	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Hetlioz	Hetlioz, Hetlioz LQ	Helps ensure appropriate selection of patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.
Homozygous Familial Hypercholesterolemia (HoFH)	Juxtapid	Helps ensure appropriate selection of patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.

## Specialty Prior Authorization

Drug Category	Target Drugs	Program Intent
Imcivree	Imcivree	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies, and/or clinical guidelines.
Interleukin-1 Inhibitors (formerly Inherited Autoinflammatory Disorders)	Arcalyst	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.
Interleukin-4 Inhibitors (formerly Injectable Atopic Dermatitis Agents)	Dupixent	Helps ensure patients prescribed therapy meet selection requirements defined in product labeling and/or clinical studies and/or clinical guidelines.
Interleukin-5 Inhibitors	Fasenra, Nucala	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.
Interleukin-13 Antagonist	Adbry	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Interstitial Lung Disease (formerly Idiopathic Pulmonary Fibrosis (IPF))	Esbriet, Ofev, pirfenidone	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Iron Chelation (formerly Deferasirox)	Exjade/deferiasirox, Ferriprox, Jadenu/deferiasirox	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Isturisa	Isturisa	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Joenja	Joenja	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Jynarque (formerly Polycystic Kidney Disease)	Jynarque	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Korlym	Korlym	Encourages appropriate selection of patients for treatment according to product labeling, clinical studies and/or clinical guidelines and according to dosing recommended in product labeling.
Lupus	Benlysta, Lupkynis	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines, and according to dosing recommended in product labeling.

## Specialty Prior Authorization

Drug Category	Target Drugs	Program Intent
Multiple Sclerosis	Aubagio, Avonex, Bafiertam, Betaseron, Copaxone, Extavia, Gilenya 0.25 mg, Gilenya 0.50 mg, Kesimpta, Mavenclad, Mayzent, Plegridy, Ponvory, Rebif, Tascenso ODT, Tecfidera, Vumerity	Helps ensure that patients prescribed therapy are appropriately selected according to FDA product labeling and/or clinical studies.
Myalept	Myalept	Helps ensure that patients prescribed therapy are appropriately selected according to FDA product labeling and/or clinical studies.
Neurotrophic Keratitis	Oxervate	Encourages appropriate selection of patients for treatment according to product labeling, clinical studies and/or clinical guidelines and according to dosing recommended in product labeling.
Ocaliva	Ocaliva	Ensures appropriate selection of patients for treatment according to product labeling and/or clinical guidelines and/or clinical studies. Also helps ensure appropriate dosing as determined by FDA product labeling or as supported by guidelines and/or clinical evidence.
Otezla	Otezla	Helps ensure the appropriate use of cost-effective, clinically appropriate, preferred alternatives over other high-cost agents.
Oxbryta	Oxbryta	Helps ensure appropriate selection of patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.
Oxybate (formerly Sodium Oxybate)	Lumryz, Xyrem, Xywav	Encourages appropriate use in patients age 18 and older for the treatment of cataplexy and as a second line agent to a stimulant for patients with a diagnosis of narcolepsy with excessive daytime sleepiness. A quantity limit encourages FDA-approved dosing.
Parathyroid Hormone Analog Osteoporosis (formerly Osteoporosis)	Forteo, teriparatide, Tymlos	Ensures appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling. This program also encourages the use of the preferred agent where appropriate per labeling. A quantity limit encourages FDA-approved dosing.
Peanut Allergy	Palforzia	Helps ensure appropriate selection of patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.

## Specialty Prior Authorization

Drug Category	Target Drugs	Program Intent
Peg-interferon	Pegasys	Helps ensure that patients are properly selected and treated for an appropriate duration of therapy according to parameters defined in product labeling, clinical evidence and/or clinical guidelines. Upon meeting criteria, use of the preferred agent by genotype is typically required before non-preferred products in the treatment of Hepatitis C.
Phenylketonuria (formerly Enzyme Deficiency)	Javygtor, Kuvan/sapropterin, Palyzniq	Encourages use in patients with phenylketonuria (PKU) who are unable to maintain phenylalanine levels within the recommended range despite compliance with dietary restrictions. A quantity limit encourages FDA-approved dosing.
Procysbi	Procysbi	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Pulmonary Arterial Hypertension (formerly Oral Pulmonary Hypertension Agents )	Adcirca/tadalafil, Adempas, Alyq, Letairis/ambisentan, Liquev, Opsumit, Opsyvi, Orenitram, Revatio, Sildenafil suspension, Tadliq, Tracleer/bosentan, Tyvaso, Uptravi, Ventavis, Winrevair	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies and/or clinical guidelines. Upon meeting criteria, use of generic sildenafil is typically required before the brands Adcirca or Revatio unless the patient is already stabilized on the brand drug. A quantity limit encourages FDA-approved dosing. Both brand and generic agents are targeted.
Pyrukynd	Pyrukynd	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Radicava	Radicava ORS	Helps ensure appropriate selection of patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.
Recorlev	Recorlev	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Relyvrio	Relyvrio	Helps appropriately select patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.
Rezurock	Rezurock	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Risdiplam	Evrysdi	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.

## Specialty Prior Authorization

Drug Category	Target Drugs	Program Intent
Self-administered Oncology	Afinitor/everolimus, Afinitor Disperz, Akeega, Alecensa, Alunbrig, Augtyro, Ayvakit, Balversa, Besremi, Bosulif, Braftovi, Brukinsa, Cabometyx, Calquence, Caprelsa, Cometriq, Copiktra, Cotellic, Daurismo, Erivedge, Erleada, Farydak, Fotivda, Fruzaqla, Gavreto, Gilotrif, Gleevec/imatinib, Hycamtin, Ibrance, Iclusig, Idhifa, Imbruvica, Inlyta, Inqovi, Inrebic, Iressa, Iwilfin, Jakafi, Jaypirca, Krazati, Kisqali, Kisqali Femara Pack, Koselugo, Lenvima, Lonsurf, Lorbrena, Lumakras, Lynparza, Lysodren, Lytgobi, Matulane, Mekinist, Mektovi, Nerlynx, Nexavar, Ninlaro, Nubeqa, Odomzo, Ogsiveo, Ojjaara, Onureg, Orgovyx, Orserdu, Pemazyre, Piqray, Pomalyst, Qinlock, Retevmo, Revlimid/lenalidomide, Rezlidhia, Rozlytrek, Rubraca, Rydapt, Scemblix, Sprycel, Stivarga, Sutent/sunitinib, Tabrecta, Tafinlar, Tagrisso, Talzenna, Tarceva/erlotinib, Targretin/bexarotene, Tassigna, Tazverik, Temodar/temozolomide, Tepmetko, Thalomid, Tibsovo, Tretinoin, Truqap, Truseltiq, Tukysa, Turalio, Tykerb/lapatinib, Vanflyta, Venclexta, Verzenio, Vitrakvi, Vizimpro, Vonjo, Votrient/paznapanib, Welirug, Xalkori, Xeloda, Xospata, Xpovio, Xtandi, Yonsa, Zejula, Zelboraf, Zolanza, Zydelig, Zykadia, Zytiga/abiraterone	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies and/or clinical guidelines. A quantity limit encourages FDA-approved dosing.
Skyclarys	Skyclarys	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies, and/or clinical guidelines. A quantity limit encourages FDA-approved dosing.
Somatostatin (formerly Somatostatin Analogs)	Mycapssa, Somavert	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies, and/or clinical guidelines. A quantity limit encourages FDA-approved dosing.
Strensiq	Strensiq	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines, and according to dosing recommended in product labeling.
Substrate Reduction Therapy (formerly Cerdelga)	Cerdelga, Opfolda, Zavesca/miglustat	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Sucraid	Sucraid	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.

## Specialty Prior Authorization

Drug Category	Target Drugs	Program Intent
Tavneos	Tavneos	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.
Tezspire	Tezspire	Helps ensure the appropriate use of cost-effective, clinically appropriate, preferred alternatives over other high-cost agents.
Thrombopoietin Receptor Agonists and Tavalisse (formerly Thrombopoietin Receptor Agonists)	Alvaiz, Doptelet, Mulpleta, Nplate, Promacta, Tavalisse	Encourages appropriate, approved use for the treatment of chronic immune (idiopathic) thrombocytopenic purpura (ITP) in those who have had an insufficient response to corticosteroids, immunoglobulins or splenectomy. A quantity limit encourages FDA-approved dosing.
Urea Cycle Disorders	Buphenyl/sodium phenylbutyrate, Olpruva, Pheburane, Ravicti	Helps ensure appropriate use of Buphenyl and Ravicti in patients with the following urea cycle disorders: carbamoylphosphate synthetase I deficiency (CPSID), ornithine transcarbamylase deficiency (OTCD), argininosuccinic acid synthetase deficiency (ASSD), argininosuccinic acid lyase deficiency (ASLD) or arginase deficiency (ARGD), who are not able to manage the disease by a protein restricted diet or with essential amino acid supplementation alone.
Vioice	Vioice	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.
VMAT2 Inhibitors (formerly Huntington's Disease/Tardrive Dyskinesia)	Austedo, Austedo XR, Ingrezza, Xenazine/tetrabenazine	Helps appropriately select patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.
Vowst	Vowst	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Voxzogo	Voxzogo	Helps ensure appropriate selection of patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.
Wakix	Wakix	Helps ensure appropriate selection of patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.

## Specialty Prior Authorization

Drug Category	Target Drugs	Program Intent
Xolair	Xolair	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.
Zeposia	Zeposia	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.
Zokinvy	Zokinvy	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.

## Step Therapy

Drug Category	Target Drugs	Program Intent
Antidepressants	Auvelity, Bupropion ER 450 mg, Celexa, Citalopram, Cymbalta, desvenlafaxine ER tabs, Drizalma Sprinkle, Effexor, Effexor XR, Fetzima, fluoxetine 60 mg tabs, Fluoxetine delayed release, Forfivo XL, Lexapro, Paxil, Paxil CR, Pexeva, Pristiq, Prozac, Remeron, Remeron SolTab, Sertraline, Trintellix, Venlafaxine ER, Viibryd, Wellbutrin SR, Zoloft	Encourages use of cost-effective generic antidepressants for patients with new prescriptions for brand agents. The criteria also encourages use of first-line generic agents before Cymbalta when prescribed for neuropathic pain or fibromyalgia.
Atopic Dermatitis	Elidel/pimecrolimus, Eucrisa, Protopic/tacrolimus	Encourages use of topical corticosteroid or topical corticosteroid combination preparations prior to, or concurrent with, brands Elidel, Eucrisa or Protopic.
Atypical Antipsychotics	Abilify, Abilify Mycite, Caplyta, Clozapine ODT, Clozaril, Fanapt, Geodon, Invega, Latuda, Lybalvi, Rexulti, Risperdal, Risperidone ODT, Saphris, Secuado, Seroquel, Seroquel XR, Versacloz, Vraylar, Zyprexa, Zyprexa Zydis	Encourages the use of cost-effective generic atypical antipsychotic agents over brand atypical antipsychotic agents and to accommodate for use of brand atypical antipsychotic agents when generic atypical antipsychotic agents cannot be used due to previous trial, documented intolerance, FDA labeled contraindication, or hypersensitivity.
DPP-4 Inhibitors and Combinations	Alogliptin, Alogliptin/metformin, Alogliptin/pioglitazone, Jentadueto, Jentadueto XR, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, Tradjenta, Zituvio	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Gabapentin ER	Gralise/gabapentin, Horizant	Helps ensure appropriate selection of patients for therapy according to product labeling, clinical studies or clinical guidelines and according to dosing recommended in product labeling.
GLP-1 (glucagon-like peptide-1) Agonists <sup>3</sup>	Adlyxin, Bydureon Bcise, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza	Encourages appropriate selection of patients for therapy with a diagnosis of type 2 diabetes mellitus and currently receiving or have tried an agent containing metformin, sulfonylurea, insulin or insulin/GLP-1. A quantity limit is applied to these agents to encourage FDA-approved dosing.



Step Therapy		
Drug Category	Target Drugs	Program Intent
Glucose Test Strips	All non-preferred brand test strips and disks	Encourages use of cost-effective preferred glucose test strip products before non-preferred products A quantity limit is applied to all glucose test strips.
Insomnia	Ambien, Ambien CR, Belsomra, Dayvigo, Edluar, Intermezzo/zolpidem, Lunesta, Quviviq, Rozerem, Silenor, Zolpimist	Encourages the use of cost-effective generic insomnia agents over brand agents. Also, accommodates use of brand non-benzodiazepine hypnotics (i.e. Ambien, Ambien CR, Belsomra, Edluar, Intermezzo, Lunesta and Zolpimist); melatonin receptor agonist Rozerem; and histamine H1 receptor antagonist Silenor when generic agents cannot be used due to documented intolerance, FDA-labeled contraindication, or hypersensitivity.
Insulin Combination	Soliqua, Xultophy	Helps ensure appropriate selection of patients based on product labeling and/or clinical guidelines and/or clinical studies.
Methotrexate	Otrexup, Rasuvo, RediTrex	Encourages the use of generic methotrexate injectable agents over brand agents.
Ophthalmic Prostaglandins (formerly Glaucoma)	Iyuzeh, Lumigan, Travatan Z, Travoprost, Vyzulta, Xalatan, Xelpros, Zioptan	Encourages the use of cost-effective generic ophthalmic prostaglandin.
Oral Inhalers	Advair Diskus, Alvesco, Flovent Diskus <sup>2</sup> , Flovent HFA <sup>2</sup> , Fluticasone propionate aerosol inhalation	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Phosphate Binder	Auryxia, Fosrenol/lanthanum carbonate, Renagel, Renvela, Sevelamer hydrochloride, Velporo	Encourages the appropriate use of cost-effective calcium containing phosphate binder agents over non-calcium containing agents. Helps ensure appropriate use of non-calcium containing agents due to documented intolerance, hypersensitivity or when calcium containing binders are clinically inappropriate.
SGLT Inhibitors (formerly Sodium-glucose Co-transporter (SGLT) Inhibitors and Combinations)	Brenzavvy/Bexagliflozin, Inpefa, Invokana, Invokamet, Invokamet XR, Qtern, Segluromet, Steglatro, Steglujan	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Topical NSAIDs (formerly Topical Non-Steroidal Anti-Inflammatory Drug)	Diclofenac epolamine patch, diclofenac solution, Diclofono, Flector, Licart, Pennsaid/diclofenac 2% solution, Voltaren	Encourages use of cost-effective generic prescription oral non-steroidal anti-inflammatory drug (NSAID) products.

Specialty Step Therapy		
Drug Category	Target Drugs	Program Intent
Colony Stimulating Factors	Fylnetra, Granix, Neulasta, Neupogen, Nyvepria, Releuko, Rolvedon, Stimufend, Udenyca	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Infertility <sup>4</sup>	Chorionic Gonadotropin, Gonal F, Gonal F RFF, Novarel	Encourages use of the preferred agent Follistim AQ prior to use of non-preferred agents. A quantity limit encourages FDA-approved dosing.

These programs are included in the standard utilization management package and apply for some standard pharmacy benefit plans. Not all drug categories are included in all plans, based on the member's drug list, and some plans have additional categories not listed. Refer to the member's benefit materials or call the phone number on the member's Blue Cross and Blue Shield of Montana ID card to determine whether a particular category is part of the member's benefit.

This list is subject to change without notice. Call 800-285-9426 to confirm the status of a particular drug.

<sup>1</sup> Effective 1/1/2025 for HIM Annual, Basic Annual, and Enhanced Annual.

<sup>2</sup> Manufacturer discontinued product in early 2024.

<sup>3</sup> The GLP-1 Agonists Step Therapy program only applies to members with 2023 Metallic medical plans.

<sup>4</sup> The infertility step therapy program does not apply for standard HMO plans.

Third-party brand names are the property of their respective owners.