



# 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
Actinic Keratosis	<i>Diclofenac Gel</i> : diclofenac gel <i>Fluorouracil Cream</i> : Carac, Efudex/fluorouracil cream, Efudex Cream Kit, Fluoroplex, Tolak <i>Imiquimod Cream</i> : Aldara, Zyclara/imiquimod <i>Ingenol Gel</i> : Picato	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies and/or clinical guidelines.
Acute Migraine Agents	Nurtec ODT, Reyvow, Ubrelyv	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, Cimetidine solution, Cuvposa solution, Digoxin solution, Diuril suspension, Epaned solution, Furosemide solution, Indocin suppository, Katerzia suspension, Naprosyn/naproxen suspension, Nizatidine solution, Ozobax solution, Qbrelis solution, Propranolol solution, Riomet/metformin suspension, Riomet ER suspension, Sotylize solution, Tiglutik suspension	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	Anadrol-50, Androderm, Androgel/generic testosterone, Aveed, Axiron/generic testosterone solution, danazol, Delatestryl, Depo-Testosterone, Fortesta, Jatenzo, Methitest, Methyltestosterone, Natesto, Oxandrin, Striant, Testim, Testopel, 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.
Antifungal Agents	Cresemba, Noxafil/posaconazole, Tolsura, Vfend/voriconazole	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling. Both brand and generic agents are targeted.

Prior Authorization

Drug Category	Target Drugs	Program Intent
Antifungal Agents – Onychomycosis	Jublia, Kerydin/tavaborole, Onmel, Penlac/ciclopirox, 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.
Bempedoic Acid	Nexleto, 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	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.
Circadian Rhythm Disorders	Hetlioz	Helps ensure appropriate selection of patients for therapy according to product labeling, clinical guidelines and/or clinical studies and according to dosing recommended in product labeling.
Combination NSAIDs (Pain Management)	Consensi, Duexis, 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, Linzess, Motegirty, Movantik, Relistor, Symproic, Trulance, 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 (CGM)	Dexcom G4 Platinum CGM System, Dexcom G5 Mobile CGM System, Dexcom G6 CGM System, Freestyle Libre, Freestyle Libre 2, 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 (formerly Orlissa)	Oriahnn, Orilissa	Helps encourage appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.
Erectile Dysfunction	Caverject, Cialis/tadalafil, Edex, Levitra/vardenafil, Muse, Staxyn/vardenafil, Stendra, Viagra/sildenafil	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical guidelines and/or clinical studies. If prescribed for benign prostatic hyperplasia (BPH), encourages the use of a generic alpha blocker prior to consideration of Cialis at the recommended FDA-approved dose. A quantity limit is applied to these agents.

Prior Authorization

Drug Category	Target Drugs	Program Intent
Fintepla	Fintepla	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Human Fibrinogen Concentrate	Fibryga, RiaSTAP	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.
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.
Hyperpolarization-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 Agents	Admelog, Apidra, Humalog, Humalog Junior KwikPen, Humalog KwikPen U200, Humalog Mix 75/25, Humalog Mix 50/50, Humulin R U-100, Humulin N, Humulin 70/30, Lyumjev, Semglee	Encourages the use of preferred insulin products unless not clinically appropriate. A quantity limit is applied to these agents.
Insulin Pumps	Omnipod, Omnipod DASH, V-Go	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Keveyis	Keveyis	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.
Metformin ER	Fortamet/metformin extended-release, Glumetza/metformin extended-release	Encourages the use of cost-effective generic metformin ER agents over the more expensive brand agents.
Multisource Brand	AirDuo Respiclick	Encourages the use of a cost-effective authorized generic over the requested agent.
Narcolepsy	Nuvigil, Provigil	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical guidelines and/or clinical studies, and according to dosing recommended in product labeling.
Neuropathy	Lyrica CR	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies and/or clinic guidelines, and according to dosing recommended in product labeling.
Nocturia	Nocdurna, Noctiva	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
Nothera	Nothera	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.
Ophthalmic Immunomodulators	Cequa, Restasis, Xiidra	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies and/or clinical guidelines.
Opioid Antidote	Evizio	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical 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</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.
PCSK-9	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.
Rayos	Rayos	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.
Regranex	Regranex	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.
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.

Prior Authorization		
Drug Category	Target Drugs	Program Intent
Therapeutic Alternatives	Absorica, Absorica LD, Allzital, Alphagan-P, Amrix, Aplenzin, Ativan, Auvi-Q, Azelex, Bethkis, Bupap, Cambia, Cardizem CD, Carospir, Chlorzoxazone/Parafon Forte, Cuprimine, Daraprim, Dexpak, Diflorasone/Psorcon cream, diflorasone ointment, Durlaza, Dutoprol, Dxevo, Fenoprofen, Fexmid/cyclobenzaprine, Kenalog spray, Ketoprofen ER, levorphanol, Librax, Locort, Lorzone, mupirocin cream, Nalfon, Naprelan, Noritate, Oxistat, Pandel, Rytary, Sitavig, Spritam, Taperdex Pak, Tivorbex, TOBI/Kitabis, Vanatol LQ, Vanos, Vivlodex, Wellbutrin XL, ZCORT, Zegerid/omeprazole-sodium bicarbonate, Zipsor, Zodex Pak, Zonacort, Zorvolex, Zyflo, Zyflo CR/zileuton CR	Helps ensure the appropriate use of cost-effective, clinically appropriate, preferred alternatives over other high-cost agents.
Topical Doxepin	Doxepin cream, Prudoxin, Zonalon	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.
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	Abstral, Actiq/fentanyl lozenge, Fentora, Lazanda, 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.
Vascepa	Vascepa	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.

Specialty Prior Authorization		
Drug Category	Target Drugs	Program Intent
Amifampridine (formerly Firdapse)	Firdapse, Ruzurgi	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
Arikayce	Arikayce	Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies and/or clinical guidelines.
ATTR Amyloidosis (formerly hATTR Amyloidosis Neuropathy)	Tegsedi, Vyndaqel, Vyndamax	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Benlysta	Benlysta	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.
Biologic Immunomodulators (Rheumatoid Arthritis/Psoriasis)	Actemra subcutaneous, Avsola, Cimzia, Cosentyx, Enbrel, Entyvio, Humira, Humira Starter Kit, Ilumya, Inflectra, Kevzara, Kineret, Olumiant, Orencia subcutaneous, Remicade, Renflexis, Rinvoq, Siliq, Simponi, Simponi ARIA, Skyrizi, Stelara, Stelara IV, Taltz, Tremfya, Xeljanz, Xeljanz XR	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.
Corticotropin (formerly H.P. Acthar)	Acthar 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	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.
Dojolvi	Dojolvi	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Emflaza	Emflaza	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.
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.
Enzyme Deficiency	Kuvan, Palynziq	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.

## Specialty Prior Authorization

Drug Category	Target Drugs	Program Intent
Erythropoiesis Stimulating Agents (ESAs)	Aranesp, Epogen, Mircera, Procrit, Retacrit	Encourages appropriate use of ESAs to ensure that hemoglobin levels are within an acceptable range.
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.
Growth Hormone/Egrifta	Egrifta, Genotropin, Humatrope, Norditropin Flexpro, Nutropin AQ, Omnitrope, Saizen, Serostim, Zomacton, Zorbtive	Encourages appropriate use for patients diagnosed with growth hormone deficiencies. Upon meeting criteria, use of the preferred growth hormone, Norditropin Flexpro, is 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 VIII, IX	Advate, Adynovate, Afstyla, AlphaNine SD, Alprolix, Bebulin, BeneFIX, Eloctate, Esperoct, Helixate FS, Hemofil M, Idelvion, Ixinity, Jivi, Koāte, Kogenate FS, Kovaltry, Monoclate-P, Mononine, NovoEight, Nuwiq, Profilnine SD, Rebinyn, Recombinate, Rixubis, Xyntha, Xyntha Solofuse	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.
Hepatitis C Direct Acting Antivirals	Daklinza, Eplusa, Harvoni, Ledipasvir/Sofosbuvir, Mavyret, Olysio, Sofosbuvir/Velpatasvir, Sovaldi, Technivie, 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, Firazyr/icatibant, Haegarda, Ruconest, Takhzyro	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Homozygous Familial Hypercholesterolemia Agents (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.
Huntington's Disease/Tardive Dyskinesia	Austedo, Ingrezza, Xenazine/tetrabenazine	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.



## Specialty Prior Authorization

Drug Category	Target Drugs	Program Intent
Interleukin-1 (IL-1) Inhibitors (formerly Inherited Autoinflammatory Disorders)	Arcalyst, Ilaris	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 (IL-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 (IL-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.
Interstitial Lung Disease (ILD) (formerly Idiopathic Pulmonary Fibrosis (IPF))	Esbriet, Ofev	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.
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.
Multiple Sclerosis	Ampyra	Encourages appropriate use in ambulatory patients with multiple sclerosis. A quantity limit encourages FDA-approved dosing.
Myalept	Myalept	Helps ensure that patients prescribed therapy are appropriately selected according to FDA product labeling and/or clinical studies.
Natpara	Natpara	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.
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.



## Specialty Prior Authorization

Drug Category	Target Drugs	Program Intent
Osteoporosis	Bonsity/teriparatide, Forteo, Tymlos	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. This program also encourages the use of the preferred agent where appropriate, per labeling. A quantity limit encourages FDA-approved dosing.
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.
Parkinson's Disease	Gocovri, Osmolex ER	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.
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.
Peg-interferon	Pegasys, PegIntron	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.
Polycystic Kidney Disease	Jynarque	Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.
Procysbi	Procysbi	Encourages appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.
Pulmonary Arterial Hypertension (PAH)	Adcirca/tadalafil, Adempas, Letairis/ ambrisentan, Opsumit, Orenitram, Revatio, Tracleer/bosentan, Tyvaso, Upravi, Ventavis	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.

## Specialty Prior Authorization

Drug Category	Target Drugs	Program Intent
Risdiplam	Evrysdi	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Self-administered Oncology	Afinitor/everolimus, Afinitor Disperz, Alecensa, Alunbrig, Ayvakit, Balversa, Bosulif, Braftovi, Brukinsa, Cabometyx, Calquence, Caprelsa, Cometriq, Copiktra, Cotellic, Daurismo, Erivedge, Erleada, Farydak, Gavreto, Gilotrif, Gleevec/ imatinib, Hexalen, Hycamtin, Ibrance, Iclusig, Idhifa, Imbruvica, Inlyta, Inqovi, Inrebic, Iressa, Jakafi, Kisqali, KISQALI Femara Pack, Koselugo, Lenvima, Lonsurf, Lorbrena, Lynparza, Lysodren, Matulane, Mekinist, Mektovi, Nerlynx, Nexavar, Ninlaro, Nubeqa, Odomzo, Onureg, Pemazyme, Piqray, Pomalyst, Qinlock, Retevmo, Revlimid, Rozlytrek, Rubraca, Rydapt, Sprycel, Stivarga, Sutent, Sylatron, Tabrecta, Tafinlar, Tagrisso, Talzenna, Tarceva/erlotinib, Targretin/bexarotene, Tassigna, Tazverik, Temodar/temozolomide, Thalomid, Tibsovo, Tretinoin, Tukysa, Turalio, Tykerb/lapatinib, Venclexta, Verzenio, Vitrakvi, Vizimpro, Votrient, Xalkori, Xeloda/capecitabine, Xopata, Xpovio, Xtandi, Yonsa, Zejula, Zelboraf, Zolinza, 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.
Short Bowel Syndrome	Gattex	Helps ensure appropriate use of Gattex in the treatment of patients with short bowel syndrome (SBS).
Sodium Oxybate	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.
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, Zavesca/miglustat	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Thrombopoietin Receptor Agonists	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.

## Specialty Prior Authorization

Drug Category	Target Drugs	Program Intent
Urea Cycle Disorders	Buphenyl/sodium phenylbutyrate, 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.
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.

## Step Therapy

Drug Category	Target Drugs	Program Intent
Antidepressants	Celexa, Cymbalta, desvenlafaxine ER tabs, Drizalma Sprinkle, Duloxetine, Effexor, Effexor XR, Fetzima, fluoxetine 60 mg tabs, Fluvoxamine ER, Forfivo XL, Khedezla, Lexapro, Paxil, Paxil CR, Pexeva, Pristiq, Prozac, Prozac Weekly, Remeron, Remeron SolTab, Trintellix, venlafaxine ER tabs, Viibryd, Viibryd Starter Kit, Wellbutrin, 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 Discmelt, Abilify Maintena, Abilify Mycite, Aristada, Aristada Initio, Caplyta, clozapine ODT, Clozaril, Fanapt, FazaClo, Geodon, Invega, Invega Sustenna, Invega Trinza, Latuda, Perseris, Rexulti, Risperdal, Risperdal Consta, Risperdal M-Tab, Risperidone ODT, Saphris, Secuado, Seroquel, Seroquel XR, Versacloz, Vraylar, Zyprexa, Zyprexa Relprevv, Zyprexa Zydis	Encourages the use of cost-effective generic atypical antipsychotic agents over brand atypical antipsychotic agents, as well as accommodates the use of brand agents when generic agents cannot be used due to previous trial, documented intolerance, FDA-labeled contraindication or hypersensitivity.
Diabetes (GLP-1 Receptor Agonists)	Adlyxin, Bydureon, Bydureon Bcise, Byetta, Ozempic, Rybelsus, Tanzeum, Trulicity, Victoza	Encourages appropriate use for patients with a diagnosis of type 2 diabetes mellitus who are concurrently receiving or have tried an agent containing metformin, sulfonyleurea, insulin or insulin/GLP-1. A quantity limit encourages FDA-approved dosing.
DPP-4 Inhibitors and Combinations	Jentadueto, Jentadueto XR, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, Tradjenta	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.

Step Therapy		
Drug Category	Target Drugs	Program Intent
Fibrates	Antara, Fenofibrate, Fenofibric Acid, Fenoglide, Fibracor, Lipofen, Tricor, Triglide, Trilipix	Encourages the use of cost-effective generic fenofibrate.
Gabapentin ER	Gralise, 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.
Glaucoma (formerly Ophthalmic Prostaglandins)	Lumigan, Travatan Z, Travoprost, Vyzulta, Xalatan, Xelpros, Zioptan	Encourages the use of cost-effective generic ophthalmic prostaglandin.
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, Rozerem, Silenor, Sonata, 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, Sonata 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 Agents	Soliqua, Xultophy	Helps ensure appropriate selection of patients based on product labeling and/or clinical guidelines and/or clinical studies.
Lipid Management	Advicor, Altoprev, Crestor, Ezallor Sprinkle, Flolipid, Lescol, Lescol XL, Lipitor, Liptruzet, Livalo, Mevacor, Pravachol, Simcor, Vytorin, Zocor, Zypitamag	Encourages use of cost-effective generic HMG CoA reductase inhibitor (HMG) agents prior to the use of non-preferred brand HMG or HMG combination agents for the management of high blood cholesterol.
Methotrexate Injectable	Otrexup, Rasuvo	Encourages the use of generic methotrexate injectable agents over brand agents Otrexup and Rasuvo.
Phosphate Binder	Auryxia, Fosrenol/lanthanum carbonate, Renagel, Renvela, Sevelamer hydrochloride, Velphoro	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, FDA-labeled contraindication, hypersensitivity or when calcium containing binders are clinically inappropriate.
Rho Kinase Inhibitors	Rhopressa, Rocklatan	Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.
Topical Non-Steroidal Anti-Inflammatory Drug	Diclofenac epolamine patch, Flector, Licart, Pennsaid, 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
Multiple Sclerosis	Bafiertam, Extavia, Kesimpta, Tecfidera, Vumerity	Encourages use of preferred agents prior to use of non-preferred agents. Coverage is allowed for only one disease-modifying agent at a time. 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 888-723-7443 to confirm the status of a particular drug. Third-party brand names are the property of their respective owners.