



## Prior Authorization and Step Therapy Programs

The prior authorization and step therapy programs\* help encourage safe, cost-effective medication use.

### Prior Authorization

Under this program, certain drugs require prior authorization (PA) before they may be covered under your benefit plan. If you are currently taking or are prescribed a drug that is included in the PA program, your doctor will need to submit a PA request in order for your prescription to be considered for coverage. **Please note:** Select drugs that are new to the market may also need prior authorization.

- If the PA is approved, you will pay the appropriate copayment for the covered prescription drug when you fill your prescription.
- If the PA is not approved, the medication will not be covered. You may still fill the prescription, but you will be charged for the full amount by the pharmacy.

As always, cost is only one factor in choosing a medication and treatment decisions are between you and your doctor. Examples of drug categories and specific drugs for which a prior authorization program may be included as part of your benefit plan are listed below. **Please Note:** Not all drug categories or drugs are included in all benefit plans. Additional drug categories may be added and the drugs listed are only examples. Call the Pharmacy Program number on the back of your ID card if you have questions about a specific drug.

Drug Category*	Prescription Drugs within the Category*	
<b>Non-Specialty Prior Authorization</b>		
<b>Actinic Keratosis</b>	Aldara Carac/ Fluorouracil Efudex Fluoroplex	Picato Solaraze/ diclofenac Tolak Zyclara
<b>Addyi</b>	Addyi	
<b>Afrezza</b>	Afrezza	
<b>Androgens/Anabolic Steroids</b>	Anadrol-50 Androderm Androgel/ testosterone Android/ methyltestosterone Androxy Aveed Axiron danazol Delatestryl/ testosterone enanthate Depo-Testosterone/ testosterone cypionate	Fortesta Methitest Natesto Oxandrin Striant Testim Testone CIK Testopel Testred (methyltestosterone) Vogelxo
<b>Antifungal Agents</b>	Cresemba Noxafil	Vfend/ voriconazole
<b>Antifungal Agents – Onychomycosis</b>	Jublia Kerydin Onmel	Penlac Sporanox
<b>Circadian Rhythm Disorders</b>	Hetlioz	

<b>Doxycycline/ Minocycline</b>	Acticlate Adoxa/ doxycycline Alodox Avidoxy DK Doryx/ doxycycline doxycycline monohydrate doxycycline hyclate Dynacin Minocin/ minocycline Minocin Kit	Monodox Morgidox Kit Nicazeldoxy Nutridox Kit Ocudox Kit Oracea Oraxyl Solodyn/ minocycline Targadox Vibramycin
<b>Erectile Dysfunction</b>	Caverject Cialis Edex Levitra	Muse Staxyn Stendra Viagra
<b>Hyperpolarization-Activated Cyclic Nucleotide-Gated (HCN) Channel Blocker</b>	Corlanor	
<b>Insulin Agents</b>	Apidra Humalog Humalog KwikPen U200 Humalog Mix 75/25	Humalog Mix 50/50 Humulin R U-100 Humulin N Humulin 70/30
<b>Lidocaine Transdermal</b>	Lidoderm/ lidocaine patches	lidocaine ointment
<b>Narcolepsy</b>	Nuvigil/ armodafinil	Provigil/ modafinil
<b>Nepriylsin Inhibitor</b>	Entresto	
<b>Northera</b>	Northera	
<b>Ophthalmic Immunomodulators</b>	Restasis	Xiidra
<b>Opioid Antidote</b>	Evzio	
<b>Opioid Induced Constipation</b>	Movantik	Relistor
<b>Oral Immunotherapy</b>	Grastek Oralair	Ragwitek
<b>Rayos</b>	Rayos	
<b>Therapeutic Alternatives</b>	Absorica Amrix Ativan Bupap Cambia Cardizem CD Cuprimine Daraprim Dexpak 6 day, 10 day, 13 day Durlaza Fortamet Glumetza/ metformin ER Kadian	Kazano Nesina Oseni Pandel Primlev Sitavig Spritam Vivlodex Zegerid/ omeprazole-sodium bicarbonate Zyflo Zyflo CR
<b>Transmucosal Immediate Release</b>	Abstral Actiq/ fentanyl Fentora	Lazanda Subsys

<b>Specialty Prior Authorization</b>		
<b>Biologic Immunomodulators (Rheumatoid Arthritis/Psoriasis)</b>	Actemra Cimzia Cosentyx Enbrel Entyvio Humira Humira Starter Kit Kineret Orencia	Otezla Remicade Rituxan Simponi Simponi Aria Stelera Taltz Xeljanz Xeljanz XR
<b>Cerdelga</b>	Cerdelga	
<b>Cystic Fibrosis</b>	Kalydeco	Orkambi
<b>Enzyme Deficiency</b>	Kuvan	
<b>Erythropoiesis Stimulating Agents (ESAs)</b>	Aranesp Epogen	Mircera Procrit
<b>Growth Hormone/ Egrifta</b>	Egrifta Genotropin Humatrope Norditropin Nordiflex, Flexpro Nutropin Nutropin AQ, Nuspin	Omnitrope Saizen, Click Easy Serostim Tev-Tropin Zomacton Zorbtive
<b>H.P. Acthar (Pituitary Hormone)</b>	H.P. Acthar Gel	
<b>Hepatitis B and C</b>	Daklinza Epclusa Harvoni Olysio Pegasys Peg-Intron	Sovaldi Technivie Viekira Pak Viekira XR Zepatier
<b>Huntington's Chorea</b>	Xenazine/ tetrabenazin	
<b>Hypercholesterolemia</b>	Juxtapid Kynamro	Praluent Repatha
<b>Idiopathic Pulmonary Fibrosis (IPF)</b>	Esbriet	Ofev
<b>Inherited Autoinflammatory Disorders</b>	Arcalyst	
<b>Korlym</b>	Korlym	
<b>Multiple Sclerosis</b>	Amprya	
<b>Myalept</b>	Myalept	
<b>Natpara</b>	Natpara	
<b>Ocaliva</b>	Ocaliva	
<b>Osteoporosis</b>	Forteo	
<b>Pulmonary Arterial Hypertension (PAH)</b>	Adcirca Adempas Letairis Opsumit Orenitram	Revatio Tracleer Tyvaso Uptravi Ventavis
<b>Self-Administered Oncology</b>	Afinitor Afinitor Disperz	Ninlaro Odomzo

	Alecensa	Pomalyst
	Bosulif	Revlimid
	Cabometyx	Sprycel
	Caprelsa	Stivarga
	Cometriq	Sutent
	Cotellic	Sylatron
	Erivedge	Tafinlar
	Farydak	Tagrisso
	Gilotrif	Tarceva
	Gleevec/ imatinib	Targretin/ bexarotene
	Hexalen	Tasigna
	Hycamtin	Temodar/ temozolomide
	Ibrance	Thalomid
	Iclusig	Tretinoin (oral)
	Imbruvica	Tykerb
	Inlyta	Venclexta
	Iressa	Votrient
	Jakafi	Xalkori
	Lenvima	Xeloda/ capecitabine
	Lonsurf	Xtandi
	Lynparza	Zelboraf
	Lysodren	Zolinza
	Matulane	Zydelig
	Mekinist	Zykadia
	Nexavar	Zytiga
<b>Short Bowel Syndrome</b>	Gattex	
<b>Thrombopoietin Receptor Agonists</b>	Promacta	
<b>Urea Cycle Disorders</b>	Buphenyl	Ravicti
<b>Xyrem</b>	Xyrem	

## Step Therapy

This program requires a “step” approach to receive coverage for certain high-cost medications under your benefit plan. This means that you may need to use a safe, cost-effective ‘first-line’ drug before your benefit plan may cover another less preferred ‘second-line’ medication included in the step therapy program.

If you and your doctor determine no alternate drug (including any available generic equivalent) is right for you, your doctor may submit a PA request for coverage consideration of your current medication.

As always, cost is only one factor in choosing a medication and treatment decisions are between you and your doctor. Examples of drug categories and specific drugs for which a step therapy program may be included as part of your benefit plan are listed below. **Please Note:** Not all drug categories or drugs are included in all benefit plans. Additional drug categories may be added and the drugs listed are only examples. Call the Pharmacy Program number on the back of your ID card if you have questions about a specific drug.

Drug Category*	Prescription Drugs within the Category*	
<b><i>Non-Specialty Step Therapy</i></b>		
<b>Atopic Dermatitis</b>	Elidel	Protopic/ tacrolimus
<b>Atypical Antipsychotics</b>	Abilify Abilify Discmelt Abilify Maintena Aripiprazole ODT Aristada Clozaril Fanapt FazaClo/ clozapine ODT Geodon Invega Invega Sustenna Invega Trinza Latuda	Rexulti Risperdal Risperdal M-tab Risperdal Consta Saphris Seroquel Seroquel XR Versacloz Vraylar Zyprexa Zyprexa Relprevv Zyprexa Zydis
<b>Depression</b>	Aplenzin Celexa Cymbalta Desvenlafaxine ER Desvenlafaxine fumarate Duloxetine Effexor Effexor XR Fetzima Fluoxetine 60 mg Forfivo XL Irenka Khedezla Lexapro Luvox CR Maprotiline Oleptro	Paxil Paxil CR Pexeva Pristiq Prozac Prozac Weekly Remeron Remeron SolTab Trintellix Venlafaxine ER Viibryd Viibryd Starter Kit Wellbutrin Wellbutrin SR Wellbutrin XL Zoloft
<b>Diabetes (GLP-1 Receptor Agonists)</b>	Bydureon	Trulicity

	Byetta Tanzeum	Victoza
<b>Fibrates</b>	Antara Fenoglide Fibricor Lipofen	Lofibra Tricor Triglide Trilipix
<b>Glucose Test Strips</b>	All non-preferred brand test strips and disks	
<b>Lipid Management (Cholesterol)</b>	Advicor Altoprev Crestor Lescol Lescol XL Liptruzet Lipitor	Livalo Mevacor Pravachol Simcor Vytorin Zocor
<b>NSAID/GI-Protectant</b>	Duexis	Vimovo
<b>Ophthalmic Prostaglandins</b>	Lumigan Rescula Travatan Z	Travoprost Xalatan Zioptan
<b>Topical NSAID</b>	Flector Pennsaid/ diclofenac	Voltaren/ diclofenac
<b>Specialty Step Therapy</b>		
<b>Infertility**</b>	Bravelle Gonal F	Gonal F RFF
<b>Iron Chelator</b>	Ferripox	
<b>Multiple Sclerosis</b>	Aubagio Avonex Extavia	Gilenya Zinbryta

If you have any questions, call the Pharmacy Program number on the back of your member ID card.

*\*Third-party brand names are the property of their respective owners. These programs are subject to change from time to time and additional drugs may be added to the categories listed.*

*\*\*Does not apply to standard HMO plans.*