

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

Doxycycline/ Minocycline	Acticlate Adoxa/ doxycycline Alodox Avidoxy DK Doryx/ doxycycline doxycycline monohydrate doxycycline hyclate Dynacin Minocin/ minocycline Minocin Kit	Monodox Morgidox Kit Niczaldoxy Nutridox Kit Ocudox Kit Oracea Oraxyl Solodyn/ minocycline Targadox Vibramycin
Erectile Dysfunction	Caverject Cialis Edex Levitra	Muse Staxyn Stendra Viagra
Hyperpolarization-Activated Cyclic Nucleotide-Gated (HCN) Channel Blocker	Corlanor	
Lidocaine Transdermal	Lidoderm/ lidocaine patches	lidocaine ointment
Narcolepsy	Nuvigil/ armodafinil	Provigil/ modafinil
Nepriylsin Inhibitor	Entresto	
Northera	Northera	
Ophthalmic Immunomodulators	Restasis	Xiidra
Opioid Antidote	Evzio	
Oral Immunotherapy	Grastek Oralair	Ragwitek
Rayos	Rayos	
Therapeutic Alternatives	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
Transmucosal Immediate Release	Abstral Actiq/ fentanyl Fentora	Lazanda Subsys
Specialty Prior Authorization		

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

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

Fibrates	Antara Fenoglide Fibricor Lipofen	Lofibra Tricor Triglide Trilipix
Lipid Management (Cholesterol)	Advicor Altoprev Crestor Lescol Lescol XL Liptruzet Lipitor	Livalo Mevacor Pravachol Simcor Vytorin Zocor
NSAID/GI-Protectant	Duexis	Vimovo
Topical NSAID	Flector Pennsaid/ diclofenac	Voltaren/ diclofenac
Specialty Step Therapy		
Iron Chelator	Ferripox	
Multiple Sclerosis	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.*