



# 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         |   |   |
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| Drug Category               | Target Drugs  | Program Intent  |
| Actinic Keratosis           | <i>Diclofenac Gel</i> : diclofenac gel<br><i>Fluorouracil Cream</i> : Carac, Efudex/fluorouracil cream, Efudex Cream Kit, Fluoroplex, Tolak<br><i>Imiquimod Cream</i> : Aldara, Zyclara/imiquimod<br><i>Ingenol Gel</i> : Picato<br><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 Agents       | Nurtec ODT, Reyvow, Ubrelvy   | 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, Carospir (spironolactone) oral suspension, Cimetidine solution, Cuvposa solution, Digoxin solution, Diphenoxylate-atropine liquid, Diuril suspension, Epaned solution, Furosemide solution, Indocin suppository, Indocin suspension, Katerzia suspension, Naprosyn/naproxen suspension, Nizatidine solution, Ozobax solution, Qbrelis solution, Riomet/metformin suspension, Riomet ER suspension, Sotylize solution, Sprix/ketorolac nasal spray, Tiglutik suspension, Vtol (butalbital-acetaminophen-caffeine) oral solution, Welchol (colesevelam) packet for 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.   |

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| 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.   |
| 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   | 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  | 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)                       | 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, 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 (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 Orilissa)                               | Oriaahn, 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. |

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| 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.   |
| 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. |
| 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 DASH pods   | 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.  |

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| 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.  |
| Northera                                   | Northera   | 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.  |
| 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.   |

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| 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   | Absorica, Absorica LD, Cambia, Daraprim, Rytary  | Helps ensure the appropriate use of cost-effective, clinically appropriate, preferred alternatives over other high-cost agents.  |
| Therapeutic Alternatives                | Adapalene, Allzital, Alphagan-P, Amrix, Aplenzin, Ativan, Auvi-Q, Azelex, Bethkis, Bupap, Cardizem CD, Chlorzoxazone/Parafon Forte, Cuprimine, Dexpak, Diflorasone/Psorcon cream, diflorasone ointment, Doral, Dutoprol, Dxevo, Epinephrine, Extina, Fenoprofen, Fexmid/cyclobenzaprine, Innopran XL, Kenalog spray, Ketoprofen ER, levorphanol, Librax, Lorzone, mefenamic acid, Migranal, mupirocin cream, Nalfon, Naprelan, Noritate, Oxistat, Pandel, Prolate, Reltone, Sitavig, Sorilux, Taperdex Pak, Tivorbex, TOBI/Kitabis, Vanos, Vivlodex, Wellbutrin XL, Xerese, Xolegel, ZCORT, Zegerid/omeprazole-sodium bicarbonate, Zipsor, 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, 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.  |
| 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/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.            |

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| Vitamin B12 Deficiency | Nascobal     | Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical 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. |

| Specialty Prior Authorization                              |  |  |
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| 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.  |
| 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.  |
| 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.                                      |
| Coagulation Factor VIIa                                    | NovoSeven RT, Sevenfact  | Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies and/or clinical guidelines.   |
| 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.   |

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| 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.  |
| Empaveli                                 | Empaveli   | 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.  |
| 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.  |
| Enzyme Deficiency                        | Kuvan/sapropterin, 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.  |
| 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, 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.   |

## Specialty Prior Authorization

| Drug Category   | Target Drugs  | Program Intent   |
|---|---|--|
| Hepatitis C Direct Acting Antivirals  | Daklinza, Epclusa, 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, Cinryze, Firazyr/icatibant, Haegarda, Orladeyo, 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.  |
| Imcivree  | Imcivree  | Helps ensure appropriate selection of patients for treatment according to product labeling, clinical studies, and/or clinical guidelines.  |
| 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.   |

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|-----------------------------------|---|--|
| 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.  |
| Multiple Sclerosis                | Aubagio, Avonex, Bafiertam, Betaseron, Copaxone, Extavia, Glatopa, Gilenya, Kesimpta, Mavenclad, Mayzent, Plegridy, Ponvory, Rebif, Tecfidera, Vumerity | Helps ensure that patients prescribed therapy are appropriately selected according to FDA product labeling and/or clinical studies.  |
| Multiple Sclerosis (Ampyra)       | Ampyra/dalfampridine  | 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. |
| 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) | Xyrem, Xyvav  | 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.             |

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| Parathyroid Hormone Analog<br>Osteoporosis (formerly Osteoporosis) | Bonsity/teriparatide, Forteo, 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.   |
| 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, Uptravi, 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. |
| Risdiplam  | Evrysdi  | Helps ensure appropriate selection of patients for treatment when prescribed for indications approved in product labeling.  |

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| Self-administered Oncology                      | Afinitor/everolimus, Afinitor Disperz, Alecensa, Alunbrig, Ayvakit, Balversa, Bosulif, Braftovi, Brukinsa, Cabometyx, Calquence, Caprelsa, Cometriq, Copiktra, Cotellic, Daurismo, Erivedge, Erleada, Farydak, Fotivda, Gavreto, Gilotrif, Gleevec/imatinib, Hexalen, Hycamtin, Ibrance, Iclusig, Idhifa, Imbruvica, Inlyta, Inqovi, Inrebic, Iressa, Jakafi, Kisqali, Kisqali Femara Pack, Koselugo, Lenvima, Lonsurf, Lorbrena, Lumakras, Lynparza, Lysodren, Matulane, Mekinist, Mektovi, Nerlynx, Nexavar, Ninlaro, Nubeqa, Odomzo, Onureg, Orgovyx, Pemazyme, Piqray, Pomalyst, Qinlock, Retevmo, Revlimid, Rozlytrek, Rubraca, Rydapt, Sprycel, Stivarga, Sutent, Sylatron, Tabrecta, Tafinlar, Tagrisso, Talzenna, Tarceva/erlotinib, Targretin/bexarotene, Tasigna, Tazverik, Temodar/temozolomide, Tepmetko, Thalomid, Tibsovo, Tretinoin, Truseltiq Tukysa, Turalio, Tykerb/lapatinib, Ukoniq, Venclexta, Verzenio, Vitrakvi, Vizimpro, Votrient, Xalkori, Xeloda/capecitabine, Xopata, 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.  |
| Short Bowel Syndrome                            | Gattex   | Helps ensure appropriate use of Gattex in the treatment of patients with short bowel syndrome (SBS).   |
| Somatostatin Analogs                            | Bynfezia, 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, 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.  |
| 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. |

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| 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.   |
| 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         | Celexa, Cymbalta, desvenlafaxine ER tabs, Drizalma Sprinkle, Effexor, Effexor XR, Fetzima, fluoxetine 60 mg tabs, Fluoxetine delayed release, Forfivo XL, Khedezla, Lexapro, Paxil, Paxil CR, Pexeva, Pristiq, Prozac, Remeron, Remeron SolTab, Trintellix, Viibryd, 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 Mycite, Caplyta, Clozapine ODT, Clozaril, Fanapt, Geodon, Invega, Risperdal, Risperdal M-Tab, 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. |

| Step Therapy  |  |   |
|---|--|---|
| Drug Category   | Target Drugs   | Program Intent  |
| Atypical Antipsychotics – Extended Maintenance Agents | Abilify Maintena, Aristada, Aristada Initio, Invega Sustenna, Invega Trinza, Perseris, Risperdal Consta, Zyprexa Relprevv                | 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.   |
| Diabetes (GLP-1 Receptor Agonists)                    | Adlyxin, Bydureon, Bydureon Bcise, Byetta, Ozempic, Rybelsus, 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, sulfonylurea, 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.  |
| Fibrates  | Antara, Fenofibrate, Fenofibric Acid, Fenoglide, Fibricor, 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, 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 Agents                            | Soliqua, Xultophy  | Helps ensure appropriate selection of patients based on product labeling and/or clinical guidelines and/or clinical studies.  |
| Lipid Management                                      | Altoprev, Crestor, Ezallor Sprinkle, Flolipid, Lescol, Lescol XL, Lipitor, Livalo, Mevacor, Pravachol, Roszet, 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.   |

| Step Therapy                                 |  |  |
|--|--|--|
| Drug Category                                | Target Drugs   | Program Intent   |
| Methotrexate Injectable                      | Otrexup, Rasuvo, RediTrex  | Encourages the use of generic methotrexate injectable agents over brand agents.  |
| 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  |
| Infertility <sup>†</sup> | Gonal F, Gonal F RFF | 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. Refer to the member's benefit materials or call the phone number on the member's Blue Cross and Blue Shield of Texas ID card to determine whether a particular category is part of the member's benefit.

<sup>†</sup>The erectile dysfunction prior authorization program and infertility step therapy program do not apply to all pharmacy benefit plans.

This list is subject to change without notice. Call 800-289-1525 to confirm the status of a particular drug.

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