



# 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  |
| Accrufer                    | Accrufer  | Ensures appropriate use based on FDA labeling, guidelines, or clinical studies.   |
| Actinic Keratosis           | <i>Diclofenac Gel</i> : diclofenac gel<br><i>Fluorouracil Cream</i> : Carac, Efudex/fluorouracil cream, Fluoroplex, Tolak<br><i>Imiquimod Cream</i> : Aldara, Zyclara/imiquimod<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       | 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, Depo-Testosterone, Fortesta, Jatenzo, Kyzatrex, Methitest, Methyltestosterone, Natesto, Testim, Testopel, testosterone cypionate, 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.   |

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| 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 (CGM)                           | Dexcom G4 Platinum CGM System, Dexcom G5 Mobile CGM System, 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 Orlistat)                     | 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

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| 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. |
| 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.  |
| 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.  |
| 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 Pumps   | Omnipod Classic Pods, Omnipod DASH Kit Intro, Omnipod DASH pods, Omnipod GO, 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.   |

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| 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.   |
| Opioids  | Oxycontin   | Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines.  |
| Opzelura   | Opzelura  | Helps ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.   |
| Oral Tetracycline Derivatives                                  | <i>Doxycycline products:</i> Acticlate/generic doxycycline, doxycycline monohydrate, Doryx (and generic equivalents), Doryx MPC (and generic equivalents), Doxycycline, Monodox, Oracea, Targadox, Vibramycin<br><i>Minocycline products:</i> Minocin, minocycline tablet, Minocycline SR (and generic equivalents), Minolira, Solodyn (and generic equivalents), Ximino<br><i>Tetracycline products:</i> Seysara | 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.   |
| 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.  |
| 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

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| 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, 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, Konvomep suspension, levorphanol, Lexette, Librax, Lorzone, Luzu 1% cream, mefenamic acid, metaxalone tablet, 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

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| 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.            |
| 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

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|---|--|--|
| 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.  |
| 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, Orencia subcutaneous, Rinvoq, Siliq, Simponi, Skyrizi, Sotyktu, Stelara, Taltz, Tremfya, Velsipity, Xeljanz, Xeljanz XR, Yuflyma, Yusimry | 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.   |
| 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.  |



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|---|--|---|
| 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.  |
| 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.   |
| Erythropoiesis Stimulating Agents (ESAs)  | Aranesp, Epogen, Mircera, Procrit, Retacrit  | Encourages appropriate use of ESAs to ensure that hemoglobin levels are within an acceptable range.   |
| Factor VIII and von Willebrand Factor and Hemophilia Factor IX (formerly Factor VIII and von Willebrand Factor) | Advate, Adynovate, Afstyla, Alphanate, AlphaNine SD, Alprolix, Altuviiio, BeneFIX, Eloctate, Esperoct, Hemofil M, Humate-P, Idelvion, Ixinity, Jivi, Koāte, Kogenate FS, Kovaltry, Mononine, NovoEight, Nuwiq, Profilnine SD, Rebinyn, Recombinate, Rixubis, 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.                               |
| 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).  |



Specialty Prior Authorization

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| Growth Hormone/Egrifta  | 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.   |
| 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 treatment according to product labeling, clinical studies and/or clinical guidelines, and according to dosing recommended 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, Austedo XR, 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   | 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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| 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.             |
| Interleukin-13 (IL-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 (ILD) (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. |
| 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.   |
| Multiple Sclerosis (Ampyra)  | Ampyra/dalfampridine  | Encourages appropriate use in ambulatory patients with multiple sclerosis. A quantity limit encourages FDA-approved dosing.   |

## Specialty Prior Authorization

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| 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.  |
| 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. |

## Specialty Prior Authorization

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| Phenylketonuria<br>(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<br>(formerly Oral Pulmonary Hypertension Agents ) | Adcirca/tadalafil, Adempas, Alyq, Letairis/ambriasantan, Liqrev, Opsumit, Orenitram, Revatio, Sildenafil suspension, Tadliq, 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. |
| 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, Exkivity, 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, Lorbrenea, 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 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, 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) | 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.  |
| 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.   |
| 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.  |

## Specialty Prior Authorization

| Drug Category | Target Drugs | Program Intent  |
|---------------|--------------|---|
| 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, 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, 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>2</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, sulfonyleurea, insulin or insulin/GLP-1. A quantity limit is applied to these agents to encourage FDA-approved dosing.   |
| 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.  |



| Step Therapy   |  |   |
|--|--|---|
| Drug Category  | Target Drugs   | Program Intent  |
| 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 Agents   | Soliqua, Xultophy  | Helps ensure appropriate selection of patients based on product labeling and/or clinical guidelines and/or clinical studies.  |
| Methotrexate Injectable  | 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>3</sup> , Flovent HFA <sup>3</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, FDA-labeled contraindication, hypersensitivity or when calcium containing binders are clinically inappropriate.  |
| Sodium-glucose Co-transporter (SGLT) Inhibitors and Combinations (formerly SGLT-2 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 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 New Mexico 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> The GLP-1 Agonists Step Therapy program only applies to members with a 2023 Metallic medical plan.

<sup>3</sup> Manufacturer is discontinuing product in early 2024.

<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.