



Medication Benefit Management

Medical & Pharmacy Benefit
2023



Medication Coverage Guidelines

This guide provides an overview of medication management for both the medical and pharmacy benefit, including Prior Authorization requirements, through Health Options Medical Management and Express Scripts, Health Options Pharmacy Benefit Manager (PBM).

Medical Benefit

Prior Approval Requirements

The current Medication Prior Approval Form must be used for all medication-related requests. This guide includes a representative, but not all-inclusive, list of outpatient medications that require Prior Approval. If the medication falls within one of the following drug classes and there is any doubt if Prior Approval is required, submit an authorization request. Our Medical Management team will then provide additional guidance as needed.

Submit authorization requests via:

Provider Portal (preferred): Provider.HeathOptions.org

Health Options (Medical Management):

Fax: (877) 314-5693

Phone: (855) 542-0880

Medications – Recent Approvals

All medications require FDA approval.

PLEASE NOTE: Medications that are newly approved (within prior 12 months) by FDA and medications designated with a "Q" code require Prior Approval unless explicitly stated otherwise (see page 3 of this document). Medications designated with an "A" code require Prior Approval if there is no corresponding authorization on file for an associated radiology procedure unless others noted on the list of drugs requiring Prior Approval. Medications designated with a "C" code require Prior Approval unless performed as part of an inpatient stay or Emergency Department visit.

Providers can submit Prior Approval requests for exception to coverage considerations for medications denoted as non-covered.

Temporary Codes

Temporary codes (S-codes) are a non-covered benefit once CMS assigns another code to the item/service. The provider is required to use a current year HCPCs reference guide for codes and modifiers for billing purposes.

Medication Classifications that generally require Prior Approval

- Alpha-1 proteinase inhibitor (human)
- Botulinum toxins
- Blood clotting factors
- Enzyme replacement drugs
- Erythropoiesis-stimulating agents
- Gene Therapy
- Granulocyte-colony stimulating factors
- Growth Hormones
- Hepatitis C drugs
- Hereditary angioedema agents
- HeR2 Receptor drugs
- Immunoglobulins
- Immunologic agents
- Lyme Disease (IV/Injectable antibiotics)
- Metabolic Disorders
- Miscellaneous High-Cost Infusions/Injections
- Newly approved/Temporary Codes
- Multiple sclerosis drugs
- Oncology agents (infusions, injections)
- Oral agents covered under the pharmacy benefit
- Ophthalmic injections
- Osteoporosis agents
- Pegylated interferons
- Pulmonary arterial hypertension drugs
- Unclassified biologics/drugs*

***Per Community Health Options National Drug Code (NDC) Billing Requirements, providers are required to submit the NDC number for all hospital outpatient and professional medical drug claims.**

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Effective 1/1/2023



Prior Approval Required through Health Options

This list includes medications that require Prior Approval submission to Health Options. We have listed current Brand names, but due to new drugs coming to the market on a regular basis, it may not be all-inclusive and may be subject to change.

Coverage designations for all HCPCS codes are denoted in our provider portal online authorization platform located at Provider.HealthOptions.org NOTE: some medications on this list may be eligible for distribution through our specialty Pharmacy or home infusion.

Health Options Medical Management team will contact Members and providers to discuss these options, when applicable.

Medications Requiring Prior Approval Through Medical Benefit

Medications that are subject to voluntary Site of Care transition are denoted with an asterisk (*).

BRAND NAME	Generic Name
ABECMA	<i>idecabtagene vicleucel</i>
ABRAXANE	<i>paclitaxil</i>
ACTEMRA (IV-ONLY)*	<i>tocilizumab*</i>
ACTHAR GEL	<i>corticotropin</i>
ACTIMMUNE	<i>interferon gamma-1b</i>
ADAKVEO	<i>crizanlizumab-tmca</i>
ADCETRIS	<i>brentuximab</i>
ADVATE*	<i>antihemophilic factor*</i>
ADYNOVATE*	<i>antihemophilic factor*</i>
AFSTYLA*	<i>antihemophilic factor*</i>
ALDURAZYME*	<i>laronidase*</i>
ALIMTA	<i>pemetrexed</i>
ALIQOPA	<i>Copanlisib</i>
ALPHANATE*	<i>antihemophilic factor*</i>
ALPHANINE SD*	<i>coagulation factor ix*</i>
ALPROLIX*	<i>coagulation factor ix*</i>
APOKYN*	<i>apomorphine*</i>
ARALAST NP*	<i>alpha 1-poteinase*</i>
ARANESP*	<i>darbepoetin alfa*</i>
ARCALYST	<i>rilonacept</i>
ARZERRA	<i>ofatumumab</i>
ASCENIV	<i>immune globulin</i>
ASPARLAS	<i>calaspargase pegol</i>
ATGAM	<i>lymphocyte immune globulin, antithymocyte globulin, equine</i>
AVASTIN	<i>bevacizumab</i>
AVEED	<i>testosterone</i>

BRAND NAME	Generic Name
AVONEX	<i>interferon beta-1a</i>
AVSOLA*	<i>infliximab-axxq*</i>
BAVENCIO	<i>avelumab</i>
BELEODAQ	<i>belinostat</i>
BELRAPZO	<i>bendamustine</i>
BENDEKA	<i>bendamustin</i>
BENEFIX*	<i>coagulation factor ix*</i>
BENLYSTA*	<i>belimumab*</i>
BEOVU	<i>brolicizumab-bdll</i>
BERINERT*	<i>c1 esterase inhibitor*</i>
BESPONSIA	<i>inotuzumab ozogamicin</i>
BETASERON	<i>interferon beta-1a</i>
BETHKIS	<i>tobramycin</i>
BIVIGAM*	<i>immune globulin*</i>
BLENREP	<i>belantamab mafodotin-blmf</i>
BLINCYTO	<i>blinatumomab</i>
BONIVA*	<i>ibandronate*</i>
BOTOX	<i>botulinum toxin</i>
BREYANZI	<i>lisocabtagene maraleucel</i>
BRINEURA	<i>cerliponase alfa</i>
BYOOVIZ	<i>ranibizumab-nuna</i>
CABENUVA	<i>cabotegravir/rilpivirine</i>
CABLIVI	<i>caplacizumab</i>
CAMCEVI	<i>leuprolide</i>
CARIMUNE NF*	<i>immune globulin*</i>
CARVYKTI	<i>ciltacabtagene autoleucel</i>

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BRAND NAME	Generic Name
CEPROTIN*	<i>protein c concentrate*</i>
CEREZYME*	<i>imiglucerase*</i>
CERIANNA	<i>fluoroestradiol f18</i>
CIMZIA*	<i>certolizumab*</i>
CINQAIR*	<i>reslizumab*</i>
CINRYZE*	<i>c1 esterase inhibitor*</i>
COAGADEX	<i>coagulation factor x</i>
COPAXONE	<i>glatiramer acetate</i>
CORIFACT*	<i>factor xiii*</i>
COSELA	<i>trilaciclib</i>
COSENTYX	<i>secukinumab</i>
CRYSVITA*	<i>burosumab-twza*</i>
CUTAQUIG*	<i>immune globulin subcutaneous (human)-hipp*</i>
CUVITRU*	<i>immune globulin*</i>
CYRAMZA	<i>ramucirumab</i>
CYTOGAM*	<i>cytomegalovirus immune globulin*</i>
DANYELZA	<i>naxitamab-gqgk</i>
DARZALEX	<i>daratumumab</i>
DARZALEX FASPRO	<i>daratumumab and hyaluronidase</i>
DDAVP*	<i>desmopressin*</i>
DOTATOC GA 68	<i>gallium ga-68</i>
DUPIXENT	<i>dupilumab</i>
DURYSTA	<i>bimatoprost implant</i>
DYSPORT	<i>botulinum toxin</i>
ELAPRASE*	<i>idursulfase*</i>
ELELYSO*	<i>taliglucerase alfa*</i>
ELIGARD	<i>leuprolide</i>
ELOCTATE*	<i>antihemophilic factor*</i>
ELZONRIS	<i>tagrazofusp</i>
EMPAVELI	<i>pegcetacoplan</i>
EMPLICITI	<i>elotuzumab</i>
ENBREL	<i>etanercept</i>
ENHERTU	<i>fam-trastuzumab</i>
ENJAYMO	<i>sutimlimab-jome</i>
ENSPRYNG	<i>Satralizumab-mwge</i>
ENTYVIO*	<i>vedolizumab*</i>
EPOGEN*	<i>epoetin alfa*</i>
EPOPROSTENOL*	<i>epoprostenol sodium*</i>

BRAND NAME	Generic Name
ERBITUX	<i>cetuximab</i>
ESPEROCT*	<i>factor viii (recombinant)*</i>
EXTAVIA	<i>interferon beta-1a</i>
EVENITY*	<i>romosozumab*</i>
EVKEEZA	<i>evinacumab-dgnb</i>
EYLEA	<i>afibercept</i>
FABRAZYME*	<i>agalsidase beta*</i>
FASENRA	<i>benralizumab</i>
FASLODEX	<i>fulvestrant</i>
FEIBA NF*	<i>anti-inhibitor coagulant*</i>
FENSOLVI	<i>leuprolide acetate</i>
FIBRYGA	<i>fibrinogen concentrate (human)</i>
FIRAZYR*	<i>icatibant*</i>
FLEBOGAMMA*	<i>immune globulin*</i>
FLOLAN*	<i>epoprostenol*</i>
FOLOTYN	<i>pralatrexate</i>
FORTEO	<i>teriparatide</i>
FULPHILA*	<i>pegfilgrastim-jmbd*</i>
FYARRO	<i>sirolimus protein-bound particles</i>
GAMIFANT	<i>emapalumab</i>
GAMMAGARD LIQUID*	<i>immune globulin*</i>
GAMMAGARD S-D*	<i>immune globulin*</i>
GAMMAKED*	<i>immune globulin*</i>
GAMMAPLEX*	<i>immune globulin*</i>
GAMMUNEX-C	<i>immune globulin*</i>
GAZYVA	<i>oinutuzumab</i>
GENTROPIN	<i>somatropin</i>
GIVLAARI*	<i>givosiran*</i>
GLASSIA*	<i>alpha 1-proteinase inhibitor*</i>
GLATOPA	<i>glatiramer acetate</i>
GRANIX*	<i>tbo-filgrastim*</i>
HAEGARDA*	<i>c1 esterase inhibitor*</i>
HELIXATE FS*	<i>antihemophilic factor*</i>
HEMLIBRA*	<i>emicizumab-kxwh*</i>
HEMOFIL M*	<i>antihemophilic factor*</i>
HERCEPTIN	<i>trastuzumab</i>
HERCEPTIN HYLECTA	<i>trastuzumab and hyaluronidase</i>
HERZUMA	<i>trastuzumab-pkrb</i>
HIZENTRA*	<i>immune globulin*</i>

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BRAND NAME	Generic Name
HUMATE-P*	<i>antihemophilic factor*</i>
HUMATROPE	<i>somatropin</i>
HUMIRA*	<i>adalimumab*</i>
HYCAMTIN	<i>topotecan</i>
HYQVIA*	<i>immune globulin hyaluronidase*</i>
IDELVION*	<i>coagulation factor IX*</i>
ILARIS*	<i>canakinumab*</i>
ILLUCCIX	<i>gallium ga-68 gozetotide</i>
ILUMYA*	<i>tildrakizumab*</i>
IMFINZI	<i>durvalumab</i>
IMLYGIC	<i>imlygic</i>
INCRELEX	<i>mecasermin</i>
INFERGEN	<i>Interferon alfacon-1</i>
INFLECTRA*	<i>infliximab*</i>
INFUGEM	<i>gemcitabine</i>
ISTODAX	<i>romidepsin</i>
IXIFI*	<i>infliximab-qbtx*</i>
IXINITY*	<i>coagulation factor IX *</i>
JELMYTO	<i>mitomycin</i>
JEMPERLI	<i>dostarlimab-gxly</i>
JEVTANA	<i>cabazitaxel</i>
JIVI*	<i>factor viii (antihemophilic factor, recombinant, pegylated-aucl)*</i>
KADCYLA	<i>ado-trastuzumab</i>
KALBITOR	<i>ecallantide</i>
KANJINTI	<i>trastuzumab-anns</i>
KANUMA*	<i>sebelipsae alfa*</i>
KEPIVANCE	<i>palifermin</i>
KESIMPTA	<i>ofatumumab</i>
KEYTRUDA	<i>pembrolizumab</i>
KHAPZORY	<i>levoleucovorin</i>
KIMMTRAK	<i>tebentafusp-tebn</i>
KINERET	<i>anakinra</i>
KITABIS	<i>tobramycin</i>
KOATE*	<i>antihemophilic factor*</i>
KOATE-DVI*	<i>antihemophilic factor*</i>
KOGENATE FS*	<i>antihemophilic factor*</i>
KORSUVA	<i>difelikefalin</i>
KOVALTRY*	<i>antihemophilic factor*</i>

BRAND NAME	Generic Name
KRYSTEXXA*	<i>pegloticase*</i>
KYMRIAH	<i>tisagenlecleucel</i>
KYPROLIS	<i>carilzomib</i>
LARTRUVO	<i>olaratumab</i>
LEKVIO	<i>inclisiran</i>
LEMTRADA*	<i>alemtuzumab*</i>
LEUKINE*	<i>sargramostim*</i>
LIBTAYO	<i>cemiplimab</i>
LOCAMETZ	<i>gallium ga 68 gozetotide (psma-11)</i>
LUCENTIS	<i>ranibizumab</i>
LUMIZYME*	<i>alglucosidase alfa*</i>
LUMOXITI	<i>moxetumomab pasidotox</i>
LUPANETA PACK	<i>leuprolide + norethindrone</i>
LUPRON DEPOT*	<i>leuprolide*</i>
LUXTURNA	<i>voretigene neprarvovec</i>
MAKENA	<i>hydroxyprogesterone caproate</i>
MARGENZA	<i>margetuximab-cmkb</i>
MEPSEVII*	<i>vestronidase alfa*</i>
MIRCERA	<i>epoetin beta</i>
MONJUVI	<i>tafasitamab-cxix</i>
MONOCLATE-P*	<i>antihemophilic factor*</i>
MONONINE*	<i>coagulation factor ix*</i>
MOZOBIL*	<i>plerixafor*</i>
MVASI	<i>bevacizumab-awwb</i>
MYALEPT	<i>metreleptin</i>
MYLOTARG	<i>gemtuzumab ozogamicin</i>
MYOBLOC	<i>botulinum toxin</i>
N/A	<i>bebtelovimab</i>
NAGLAZYME*	<i>galsufase*</i>
NATPARA	<i>parathyroid hormone</i>
NEULASTA*	<i>pegfilgrastim*</i>
NEUPOGEN*	<i>filgrastim*</i>
NEXVIAZYME*	<i>avalglucosidase alfa-ngpt*</i>
NITRIC OXIDE	<i>inhaled nitric oxide</i>
NIVESTYM*	<i>filgrastim g-csf*</i>
NORDITROPIN	<i>somatropin</i>
NOVOEIGHT*	<i>antihemophilic factor*</i>
NOVOSEVEN RT*	<i>coagulation factor viia*</i>

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BRAND NAME	Generic Name
NPLATE*	<i>romiplostim*</i>
NUCALA*	<i>mepolizumab*</i>
NULIBRY	<i>fosdenopterin</i>
NULOJIX*	<i>belatacept*</i>
NUTROPIN	<i>somatropin</i>
NUWIQ*	<i>antihemophilic factor*</i>
NYVEPRIA*	<i>pegfilgrastim-apgf*</i>
OBIZUR	<i>antihemophilic factor</i>
OCREVUS*	<i>ocrelizumab*</i>
OCTAGAM*	<i>immune globulin*</i>
OGIVRI	<i>trastuzumab-dkst</i>
OMNITROPE	<i>somatropin</i>
ONIVYDE	<i>irinotecan</i>
ONCASPAR	<i>pegaspargase</i>
ONPATTRO	<i>patisiran</i>
ONTRUZANT	<i>trastuzumab-dttb</i>
OPDIVO	<i>nivolumab</i>
OPDUALAG	<i>nivolumab and relatlimab-rmbw</i>
ORENCIA*	<i>abatacept*</i>
ORENCIA CLICKJECT*	<i>abatacept*</i>
OTIPRIO	<i>ciprofloxacin</i>
OXLUMO	<i>lumasiran</i>
PADCEV	<i>enfortumab vedotin-efjv</i>
PANZYGA*	<i>immune globulin*</i>
PARAPLATIN	<i>carboplatin</i>
PEGASYS	<i>peginterferon alfa-2b</i>
PEGINTRON	<i>peginterferon alfa-2b</i>
PEMFEXY	<i>pemetrexed</i>
PEPAXTO	<i>melphalan flufenamide</i>
PERJETA	<i>pertuzumab</i>
PHEGO	<i>pertuzumab, trastuzumab, hyaluronidase</i>
PHOTREXA	<i>riboflavin 5'-phosphate oph</i>
PLEGRIDY	<i>interferon beta-1a</i>
PLUVICTO	<i>lutetium Lu 177 vipivotide tetraxetan</i>
POLIVY	<i>polatuzumab vedotin-piiq</i>
POTELIGEO	<i>mogamulizumab-kpkc</i>
PRECEDEX	<i>dexmedetomidine</i>
PRIVIGEN*	<i>immune globulin*</i>

BRAND NAME	Generic Name
PROCRIT*	<i>epoetin alfa*</i>
PROFILNINE*	<i>factor ix complex*</i>
PROLASTIN-C	<i>alpha 1-poteinase inhib</i>
PROLIA*	<i>denosumab*</i>
PROLEUKIN	<i>aldesleukin</i>
PROPEL	<i>mometasone furoate sinus implant</i>
PROVENGE	<i>sipuleucel-t</i>
PYLARIFY	<i>pflufolastat f18</i>
QUZYTIR	<i>cetirizine</i>
RADICAVA	<i>edaravone</i>
REBIF	<i>interferon beta-1a</i>
REBIF REBIDOSE	<i>interferon beta-1a</i>
REBINYN*	<i>coagulation factor ix*</i>
REBLOZYL	<i>luspatercept-aamt</i>
RECARBRIO	<i>imipenem, cilastatin, relebactam</i>
RECLAST*	<i>zoledronic acid*</i>
RECOMBINATE*	<i>antihemophilic factor*</i>
RELEUKO*	<i>filgrastim-ayow*</i>
REMICADE*	<i>infliximab*</i>
REMODULIN*	<i>treprostinil*</i>
RENFLEXIS*	<i>infliximab*</i>
RETACRIT*	<i>epoetin alfa*</i>
RIABNI*	<i>rituximab-arrx*</i>
RIASTAP*	<i>fibrinogen concentrate*</i>
RITUXAN*	<i>rituximab*</i>
RITUXAN HYCELA	<i>rituximab and hyaluronidase</i>
RIXUBIS*	<i>coagulation factor ix*</i>
RUCONEST*	<i>c1 esterase inhibitor*</i>
RUXIENCE*	<i>rituximab-pvvr*</i>
RYBREVANT	<i>amivantamab-vmjw</i>
RYLAZE	<i>recombinant erwinia asparaginase</i>
RYPLAZIM	<i>plasminogen, human-tvmh</i>
SAIZEN	<i>somatropin</i>
SAIZEN-SAIZENPREP	<i>somatropin</i>
SANDOSTATIN	<i>octreotide, non-depot</i>
SANDOSTATIN LAR DEPOT	<i>octreotide, depot</i>
SAPHNELO	<i>anifrolumab</i>
SARCLISA	<i>isatuximab-irfc</i>

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SCENESSE	<i>afamelanotide implant</i>
SEROSTIM	<i>somatropin</i>
SEVENFACT*	<i>factor via*</i>
SIGNIFOR*	<i>pasireotide*</i>
SIGNIFOR LAR*	<i>pasireotide*</i>
SILIQ	<i>brodalumab</i>
SIMPONI*	<i>golimumab*</i>
SIMPONI ARIA*	<i>golimumab*</i>
SINUVA	<i>mometasone furoate</i>
SKYRIZI	<i>risankizumab</i>
SOLIRIS*	<i>eculizumab*</i>
SOMATULINE*	<i>lanreotide*</i>
SOMAVERT	<i>pegvisomant</i>
SPINRAZA	<i>nusinersen</i>
SPRAVATO	<i>esketamine intranasal</i>
STELARA*	<i>ustekinumab*</i>
STIMATE	<i>desmopressin acetate</i>
SUBLOCADE	<i>buprenorphine er</i>
SUPPRELLIN LA	<i>histrelin acetate</i>
SYLATRON	<i>peginterferon alfa-2b</i>
SYLVANT	<i>siltuximab</i>
SYNAGIS	<i>palivizumab</i>
SYNRIBO	<i>omacetaxine</i>
TAKHZYRO	<i>lanadelumab-flyo</i>
TALTZ*	<i>ixekizumab*</i>
TAUVID	<i>flortaucipir f 18</i>
TAXOL	<i>paclitaxel</i>
TAXOTERE	<i>docetaxel</i>
TECARTUS	<i>brexucabtagene autoleucl</i>
TECENTRIQ	<i>atezolizumab</i>
TEMODAR	<i>temozolomide</i>
TEPEZZA*	<i>teprotumumab-trbw*</i>
TESTOPEL	<i>testosterone</i>
TEZSPIRE*	<i>Tezepelumab-ekko*</i>
TIVDAK	<i>tisotumab vedotin-tftv</i>
TOBI	<i>tobramycin</i>
TRAZIMERA	<i>trastuzumab-qyyp</i>
TREANDA	<i>bendamustin</i>
TRELSTAR	<i>triptorelin pamoate</i>

BRAND NAME	Generic Name
TREMFYA*	<i>guselkumab*</i>
TRETEN*	<i>coagulation factor xiii*</i>
TRIPTODUR	<i>triptorelin</i>
TRODELVY	<i>sacituzumab govitecan</i>
TROGARZO*	<i>ibalizumab-uiyk*</i>
TRUXIMA*	<i>rituximab-abbs*</i>
TYSABRI*	<i>natalizumab*</i>
TYVASO*	<i>treprostinil*</i>
UDENYCA*	<i>pegfilgrastim-cbqv*</i>
ULTOMIRIS*	<i>ravulizumab-cwvz*</i>
UNITUXIN	<i>dinutuximab</i>
UPLIZNA*	<i>inebilizumab-cdon*</i>
UPTRAVI	<i>selexipag</i>
VARITHENA	<i>polidocanol</i>
VECTIBIX	<i>panitumumab</i>
VEKLURY	<i>remdesivir</i>
VELCADE	<i>bortezomib</i>
VELETRI*	<i>epoprostenol sodium*</i>
VABYSMO	<i>faricimab-svoa</i>
VENTAVIS*	<i>iloprost*</i>
VIMIZIM*	<i>elosulfase alfa*</i>
VONVENDI*	<i>von willebrand factor*</i>
VPRIV*	<i>velaglycerase alfa*</i>
VYEPTI	<i>eptinezumab-jjmr</i>
VYVGART	<i>efgartigimod alfa-fcab</i>
VYXEOS	<i>daunorubicin-cytarabine</i>
WILATE*	<i>von willebrand factor*</i>
XEMBIFY*	<i>immune globulin*</i>
XEOMIN	<i>botulinum toxin</i>
XGEVA*	<i>denosumab*</i>
XIPERE	<i>triamcinolone acetoneide, suprachoroidal</i>
XOLAIR*	<i>omalizumab*</i>
XYNTHA*	<i>antihemophilic factor*</i>
XYNTHA SOLOFUSE*	<i>antihemophilic factor*</i>
YERVOY	<i>ipilimumsb</i>
YESCARTA	<i>axicabtagene ciloleucl</i>
YUTIQ	<i>fluocinolone acetoneide implant</i>
ZALTRAP	<i>ziv-aflibercept</i>

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BRAND NAME	Generic Name
ZARXIO	<i>filgrastim</i>
ZEMAIRA*	<i>alpha 1-poteinase inhib*</i>
ZEPZELCA	<i>lurbinectedin</i>
ZIEXTENZO*	<i>pegfilgrastim-bmez*</i>
ZILRETTA	<i>triamcinolone acetonide</i>
ZIRABEV	<i>bevacizumab-bvzr</i>
ZOLADEX	<i>goserelin</i>

BRAND NAME	Generic Name
ZOLGENSMA	<i>onasemnogene abeparvovec</i>
ZOMACTON	<i>somatropin</i>
ZOMETA*	<i>zoledronic acid*</i>
ZORBTIVE	<i>somatropin</i>
ZULRESSO	<i>brexanolone</i>
ZYNLONTA	<i>loncastuximab tesirine-lpyl</i>

Excluded Medications/Supplies Under Medical Benefit

Oral medications (e.g., pills, capsules, tablets, syrups) are not covered under the medical benefit for outpatient services, but they may be covered under the pharmacy benefit when dispensed by a pharmacy. Please refer to the Pharmacy section below for Prior Approval requirements and the Health Options' formulary for oral medication coverage at [HealthOptions.org/Formulary](https://www.healthoptions.org/Formulary).

This list is not all-inclusive and is subject to change

Excluded Medications/Supplies

BRAND NAME	Generic Name
ADUHELM	<i>aducanumab-avva</i>
AIMOVIG	<i>erenumab</i>
AJOVY	<i>fremanezumab</i>
AMONDYS	<i>casimersen</i>
BRAVELLE	<i>urofollitropin</i>
CAVERJECT	<i>alprostadil</i>
CELLCEPT	<i>mycophenolate mofetil</i>
CETROTIDE	<i>cetorelix</i>
CHORIONIC GONADOTROPIN	<i>chorionic gonadotropin</i>
DUOPA	<i>carbidopa/levodopa</i>
DUROLANE	<i>sodium hyaluronate</i>
EMGALTY	<i>galcanezumab</i>
EXONDYS 51	<i>eteplirsen</i>
FOLLISTIM	<i>follitropin beta</i>
GANIRELIX ACETATE	<i>ganirelix acetate</i>
GLEEVEC	<i>imatinib</i>
IRESSA	<i>gefitinib</i>

BRAND NAME	Generic Name
KEVZARA	<i>sarilumab</i>
MENOPUR	<i>fsh/lh</i>
MUSE	<i>alprostadil</i>
NOVAREL	<i>chorionic gonadotropin</i>
OVIDREL	<i>chorionic gonadotropin</i>
PREGNYL	<i>chorionic gonadotropin</i>
PROSCAR	<i>finasteride</i>
REGANEX	<i>becaplermin</i>
REPATHA	<i>evolocumab</i>
SUSVIMO	<i>ranibizumab</i>
SYNAREL	<i>nafarelin</i>
TICOVAC	<i>tick-borne encephalitis vaccine</i>
TYMLOS	<i>abaloparatide</i>
VIDEX	<i>didanosine</i>
VILTEPSO	<i>viltolarsen</i>
VYONDYS 53	<i>golodirsen</i>

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Pharmacy Benefit

Health Options utilizes a drug formulary provided by our Pharmacy Benefit Manager, Express Scripts, to ensure rational selection and use of medications, and to ensure quality, cost-effective prescribing. The formulary is developed with the input of practicing providers and pharmacists that participate in the Express Scripts® National Pharmacy and Therapeutics (P&T) Committee. The P&T Committee reviews medications for clinical appropriateness, formulary management activities (therapeutic or generic substitution, formulary exceptions) and is responsible for approving changes to existing or new utilization management criteria, such as Prior Authorization, Step Therapy, and Quantity Limits. The Pharmacy Benefit Manager in coordination with Health Options continually reviews new medications as well as information related to medications currently included in the Formulary.

Formulary changes are made each year in January and July. These changes will be included in the Provider Bulletin.

A minimum of sixty (60) days' advance notice is provided to Members utilizing medications being removed from the formulary. No advanced notice is provided when the approval or withdrawal of a medication is made by the Food and Drug Administration.

The formulary provides the following pharmaceutical management information:

- Covered pharmaceuticals
- Explanation of limits
- Tiering information
- Restrictions and limits, such as prior authorization, step therapy, and quantity limit

Because Health Option's formulary is updated frequently, we recommend that you consult it before writing a prescription for a Health Options Member. This will better enable you to prescribe a covered medication and minimize the Member's out-of-pocket costs. The current Health Options formulary can be found at: HealthOptions.org/Formulary

Requesting Prior Approval

Health Option's Pharmacy Benefit Manager, Express Scripts, maintains a process by which prescribing practitioners can:

- Request Prior Approval for medication(s) designated in the formulary by:
 - PA (Prior Approval)
 - ST (Step Therapy)
 - QL (Quantity Limit)
- Request an exception to coverage consideration for non-formulary medications
 - Information to support the request can be submitted via the following:
 - Telephone (PA line): (800) 753-2851
 - Fax: (877) 329-3760
 - Electronic PA (ePA): www.esrx.com/pa
 - ExpressPath: <https://www.express-path.com/login.aspx>
 - Cover My Meds: <https://www.covermymeds.com>
 - SureScripts: <https://providerportal.surescripts.net/ProviderPortal/login>

Prior Authorization forms are available in the provider portal and on the www.HealthOptions.org website under HealthCare Providers > Resources > Forms

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Prescribing Practitioners can initiate such requests by contacting Express Scripts via the following:

- Telephone (PA line): (800) 753-2851
- Fax: (877) 329-3760
- Electronic PA (ePA): www.esrx.com/pa
- ExpressPath: <https://www.express-path.com/login.aspx>
- Cover My Meds: <https://www.covermymeds.com>
- SureScripts: <https://providerportal.surescripts.net/ProviderPortal/login>

2023 Excluded Medication Changes

Drug Class	Excluded Medications	Preferred Alternatives
Diabetic Pen Needles & Syringes	ARKRAY HOME AIDE DIAGNOSTICS HTL-STREFA NOVO NORDISK OWEN MUMFORD SIMPLE DIAGNOSTICS TRIVIDIA (NIPRO DIAGNOSTICS) ULTIMED ALL OTHER DIABETEC PEN NEEDLES & SYRINGES THAT ARE NOT LISTED AS PREFERRED	BD DIABETES PEN NEEDLES BD DIABETES SYRINGES
Fenofibrates	ANTARA*, LIPOFEN, FENOFIBRATE CAPSULES (30 MG, 50 MG, 90 MG, 150 MG)	<i>fenofibrate tablets, fenofibrate capsules (43 mg, 67 mg, 130 mg, 134 mg, 200 mg), fenofibric acid</i>
Glucose-Elevating Drugs	GLUCAGON HYPOKIT, GLUCAGON EMERGENCY KIT (by Fresenius), ZEGALOGUE	BAQSIMI, GLUCAGON EMERGENCY KIT (by Eli Lilly), GVOKE
Idiopathic Pulmonary Fibrosis Agents	ESBRIET CAPSULES	<i>pirfenidone tablets, OFEV</i>
Irritable Bowel Syndrome & Chronic Constipation Agents	AMITZA*, IBSRELA*, LUBIPROSTONE*, MOTTEGRITY, ZELNORM	LINZESS, TRULANCE
Long-Acting Muscarinic Antagonist Inhalers	INCRUSE ELLIPTA, TUDORZA PRESSAIR*	SPIRIVA HANDIHALER, SPIRIVA RESPIMAT
Miscellaneous Cardiovascular Agents	NORPACE CR	<i>amiodarone, quinidine sulfate, sotalol</i>
Narcotic Analgesics & Combinations	CONZIP, QDOLO*, TRAMADOL SOLUTION*, TRAMADOL 100 MG TABLET, TRAMADOL ER CAPSULE	<i>tramadol tablets, tramadol er tablets</i>
Topical Antifungals	MICONAZOLE-ZINC OXIDE-PETROLATUM, VUSION	<i>miconazole, clotrimazole, ketoconazole, nystatin</i>
	ECOZA*, ERTACZO*, LULICONAZOLE*, OXISTAT LOTION, SULCONAZOLE*, XOLEGEL*	<i>ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole</i>

*Current 2022 exclusion

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Multi-Source Brand Exclusions

BRAND NAME	Generic Name
BANZEL	<i>rufinamide</i>
CUVPOSA	<i>systemic glycopyrrolate (glycopyrronium)</i>
CYSTADANE	<i>betaine (anhydrous)</i>
ESBRIET TABLETS	<i>pirfenidone</i>
EVEKEO	<i>amphetamine (single ingredient)</i>
FERAHEME	<i>ferumoxylol</i>
KLONOPIN	<i>clonazepam</i>
LOVAZA	<i>omega-3-acid ethyl esters (fish oil)</i>
NORPACE	<i>disopyramide</i>

BRAND NAME	Generic Name
ONFI	<i>clobazam</i>
OXISTAT CREAM	<i>oxiconazole</i>
PERFOROMIST	<i>formoterol</i>
PYRIDIUM	<i>phenazopyridine</i>
RITALIN, RITALIN LA	<i>methylphenidate, methylphenidate er (24 hour)</i>
SABRIL	<i>vigabatrin</i>
SAMSCA	<i>tolvaptan</i>
THIOLA	<i>tiopronin</i>
VIMPAT	<i>lacosamide</i>

Preferred Medication Now Non-Preferred

Abraxane