



Medication Benefit Management

Medical & Pharmacy Benefit

2023

Updated 7/1/2023



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.

Providers can inquire about a specific medication's coverage status by calling Members Services at (855) 624-6463.

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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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>
ACTEMRA (IV-ONLY)*	<i>tocilizumab*</i>
ACTHAR GEL	<i>corticotropin</i>
ADAKVEO	<i>crizanlizumab-tmca</i>
ADCETRIS	<i>brentuximab</i>
ADSTILADRIN	<i>nadofaragene firadenovec-vncg</i>
ADVATE*	<i>antihemophilic factor*</i>
ADYNOVATE*	<i>antihemophilic factor*</i>
AFSTYLA*	<i>antihemophilic factor*</i>
ALDURAZYME*	<i>laronidase*</i>
ALIQOPA	<i>Copanlisib</i>
ALYMSYS	<i>bevacizumab-maly</i>
ALPHANATE*	<i>antihemophilic factor*</i>
ALPHANINE SD*	<i>coagulation factor ix*</i>
ALPROLIX*	<i>coagulation factor ix*</i>
AMJEVITA	<i>adalimumab-atto</i>
AMVUTTRA	<i>vutrisiran</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>

BRAND NAME	Generic Name
AVASTIN	<i>bevacizumab</i>
AVEED	<i>testosterone</i>
AVSOLA*	<i>infliximab-axxq*</i>
BAVENCIO	<i>avelumab</i>
BELEODAQ	<i>belinostat</i>
BENEFIX*	<i>coagulation factor ix*</i>
BENLYSTA*	<i>belimumab*</i>
BEOVU	<i>brovacizumab-bdll</i>
BERINERT*	<i>c1 esterase inhibitor*</i>
BESPONSIA	<i>inotuzumab ozogamicin</i>
BETHKIS	<i>tobramycin</i>
BIVIGAM*	<i>immune globulin*</i>
BLINCYTO	<i>blinatumomab</i>
BONIVA*	<i>ibandronate*</i>
BOTOX	<i>botulinum toxin</i>
BREYANZI	<i>lisocabtagene maraleucel</i>
BRINEURA	<i>cerliponase alfa</i>
BRIUMVI	<i>ublituximab-xiiy</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>
CEPROTIN*	<i>protein c concentrate*</i>

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BRAND NAME	Generic Name
CEREZYME*	<i>imiglucerase*</i>
CERIANNA	<i>fluoroestradiol f18</i>
CIMERLI	<i>ranibizumab-eqrn</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>
DACOGEN	<i>decitabine</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>
ELAHERE	<i>mirvetuximab soravtansine-gynx</i>
ELAPRASE*	<i>idursulfase*</i>
ELELYSO*	<i>taliglucerase alfa*</i>
ELIGARD	<i>leuprolide</i>
ELOCTATE*	<i>antihemophilic factor*</i>
ELZONRIS	<i>tagraozofusp</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>

BRAND NAME	Generic Name
EPOGEN*	<i>epoetin alfa*</i>
EPOPROSTENOL*	<i>epoprostenol sodium*</i>
ERBITUX	<i>cetuximab</i>
ESPEROCT*	<i>factor viii (recombinant)*</i>
EVENITY*	<i>romosozumab*</i>
EVKEEZA	<i>evinacumab-dgnb</i>
EYLEA	<i>aflibercept</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>
FYLNETRA	<i>pegfilgrastim-pbbk</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>
HEMGENIX	<i>etranacogene dezaparovovec-drlb</i>
HEMLIBRA*	<i>emicizumab-kxwh*</i>
HEMOFIL M*	<i>antihemophilic factor*</i>
HERCEPTIN	<i>trastuzumab</i>

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HERCEPTIN HYLECTA	<i>trastuzumab and hyaluronidase</i>
HERZUMA	<i>trastuzumab-pkrb</i>
HIZENTRA*	<i>immune globulin*</i>
HUMATE-P*	<i>antihemophilic factor*</i>
HUMATROPE	<i>somatropin</i>
HUMIRA*	<i>adalimumab*</i>
HYCANTIN	<i>topotecan</i>
HYQVIA*	<i>immune globulin hyaluronidase*</i>
IDACIO	<i>adalimumab-aacf</i>
IDELVION*	<i>coagulation factor IX*</i>
ILARIS*	<i>canakinumab*</i>
ILLUCCIX	<i>gallium ga-68 gozetotide</i>
ILUMYA*	<i>tildrakizumab*</i>
ILUVIEN	<i>fluocinolone acetone implant</i>
IMFINZI	<i>durvalumab</i>
IMJUDO	<i>tremelimumab-actl</i>
IMLYGIC	<i>imlygic</i>
INCRELEX	<i>mecasermin</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>

BRAND NAME	Generic Name
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>
KRYSTEXXA*	<i>pegloticase*</i>
KYMRIAH	<i>tisagenlecleucel</i>
KYPROLIS	<i>carilzomib</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>
LUNSUMIO	<i>mosunetuzumab-axgb</i>
LUPANETA PACK	<i>leuprolide + norethindrone</i>
LUPRON DEPOT*	<i>leuprolide*</i>
LUTRATE	<i>leuprolide acetate depot</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>
NAGLAZYME*	<i>galsufase*</i>
NATPARA	<i>parathyroid hormone</i>
NEULASTA*	<i>pegfilgrastim*</i>
NEUPOGEN*	<i>filgrastim*</i>
NEXVIAZYME*	<i>avalglucosidase alfa-ngpt*</i>

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BRAND NAME	Generic Name
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>
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-ejfv</i>
PANZYGA*	<i>immune globulin*</i>
PARAPLATIN	<i>carboplatin</i>
PEDMARK	<i>sodium thiosulfate</i>
PEMFEXY	<i>pemetrexed</i>
PERJETA	<i>pertuzumab</i>
PHESGO	<i>pertuzumab, trastuzumab, hyaluronidase</i>
PHOTREXA	<i>riboflavin 5'-phosphate opth</i>
PLEGRIDY	<i>interferon beta-1a</i>
PLUVICTO	<i>lutetium Lu 177 vipivotide tetraxetan</i>
POLIVY	<i>polatuzumab vedotin-piiq</i>

BRAND NAME	Generic Name
POTELIGEO	<i>mogamulizumab-kpkc</i>
PRECEDEX	<i>dexmedetomidine</i>
PRIVIGEN*	<i>immune globulin*</i>
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>piflufolastat f18</i>
QUZYTIR	<i>cetirizine</i>
RADICAVA	<i>edaravone</i>
REBINYN*	<i>coagulation factor ix*</i>
REBLOZYL	<i>luspatercept-aamt</i>
REBYOTA	<i>fecal microbiota</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>
RETISERT	<i>fluocinolone acetonide implant</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>
ROLVEDON	<i>eflapegrastim-xnst</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>

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BRAND NAME	Generic Name
SANDOSTATIN	<i>octreotide, non-depot</i>
SANDOSTATIN LAR DEPOT	<i>octreotide, depot</i>
SAPHNELO	<i>anifrolumab</i>
SARCLISA	<i>isatuximab-irfc</i>
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>
SPEVIGO	<i>spesolimab-sbzo</i>
SPINRAZA	<i>nusinersen</i>
SPRAVATO	<i>esketamine intranasal</i>
STELARA*	<i>ustekinumab*</i>
STIMATE	<i>desmopressin acetate</i>
STIMUFEND	<i>pegfilgrastim-fpgk</i>
SUNLENCA	<i>lenacapavir</i>
SUPPRELLIN LA	<i>histrelin acetate</i>
SYFOVRE	<i>pegcetacoplan</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>
TAXOTERE	<i>docetaxel</i>
TECARTUS	<i>brexucabtagene autoleucel</i>
TECENTRIQ	<i>atezolizumab</i>
TECVAYLI	<i>teclistamab-cqyv</i>
TEMODAR	<i>temozolomide</i>
TEPEZZA*	<i>teprotumumab-trbw*</i>
TESTOPEL	<i>testosterone</i>

BRAND NAME	Generic Name
TEZSPIRE*	<i>Tezepelumab-ekko*</i>
TIVDAK	<i>tisotumab vedotin-tftv</i>
TOBI	<i>tobramycin</i>
TRAZIMERA	<i>trastuzumab-qyyp</i>
TRELSTAR	<i>triptorelin pamoate</i>
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>
TZIELD	<i>teplizumab-mzwv</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>
VEGZELMA	<i>bevacizumab-adcd</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>
XENOVIEW	<i>xenon xe-129 hyperpolarized gas</i>
XENPOZYME	<i>olipudase alfa-rpcp</i>
XEOMIN	<i>botulinum toxin</i>
XGEVA*	<i>denosumab*</i>

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BRAND NAME	Generic Name
XIPERE	<i>triamcinolone acetonide, suprachoroidal</i>
XOLAIR*	<i>omalizumab*</i>
XYNTHA*	<i>antihemophilic factor*</i>
XYNTHA SOLOFUSE*	<i>antihemophilic factor*</i>
YERVOY	<i>ipilimumsb</i>
YESCARTA	<i>axicabtagene ciloleucel</i>
YUTIQ	<i>fluocinolone acetonide implant</i>
ZALTRAP	<i>ziv-aflibercept</i>
ZARXIO*	<i>filgrastim*</i>
ZEMAIRA*	<i>alpha 1-poteinase inhib*</i>
ZEPZELCA	<i>lurbinectedin</i>

BRAND NAME	Generic Name
ZIEXTENZO*	<i>pegfilgrastim-bmez*</i>
ZILRETTA	<i>triamcinolone acetonide</i>
ZIRABEV	<i>bevacizumab-bvzr</i>
ZOLADEX	<i>goserelin</i>
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

BRAND NAME	Generic Name
ACTIMMUNE	<i>interferon, gamma 1-b</i>
ADUHELM	<i>aducanumab-avwa</i>
AIMOVIG	<i>erenumab</i>
AJOVY	<i>fremanezumab</i>
AMONDYS	<i>casimersen</i>
AVONEX	<i>interferon beta-1a</i>
BETASERON	<i>interferon beta-1b</i>
BLENREP	<i>belantamab mafodotin-blmf</i>
BRAVELLE	<i>urofolitropin</i>
CAVERJECT	<i>alprostadil</i>
CELLCEPT	<i>mycophenolate mofetil</i>
CETROTIDE	<i>cetrorelix</i>
CHORIONIC GONADOTROPIN	<i>chorionic gonadotropin</i>
DUOPA	<i>carbidopa/levodopa</i>
DUROLANE	<i>sodium hyaluronate</i>
EMGALITY	<i>galcanezumab</i>
EXONDYS 51	<i>eteplirsen</i>
EXTAVIA	<i>interferon beta-1b</i>
FOLLISTIM	<i>folitropin beta</i>

BRAND NAME	Generic Name
GANIRELIX ACETATE	<i>ganirelix acetate</i>
GLEEVEC	<i>imatinib</i>
IRESSA	<i>gefitinib</i>
KEVZARA	<i>sarilumab</i>
LARTRUVO	<i>olaratumab</i>
MAKENA	<i>hydroxyprogesterone caproate</i>
MENOPUR	<i>fsh/lh</i>
MUSE	<i>alprostadil</i>
N/A	<i>bebtelovimab</i>
NOVAREL	<i>chorionic gonadotropin</i>
OVIDREL	<i>chorionic gonadotropin</i>
PEGASYS	<i>pegylated interferon alfa-2a</i>
PEPAXTO	<i>melphalan flufenamide</i>
PREGNYL	<i>chorionic gonadotropin</i>
PROSCAR	<i>finasteride</i>
REBIF	<i>interferon beta-1a</i>
REGRANEX	<i>becaplermin</i>
REPATHA	<i>evolocumab</i>
SUSVIMO	<i>ranibizumab</i>

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BRAND NAME	Generic Name
SYNAREL	<i>nafarelin</i>
TICOVAC	<i>tick-borne encephalitis vaccine</i>
TYMLOS	<i>abaloparatide</i>

BRAND NAME	Generic Name
VIDEX	<i>didanosine</i>
VILTEPSO	<i>viltolarsen</i>
VYONDYS 53	<i>golodirsen</i>

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) 417-8164
 - Fax: (877) 251-5896
 - 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>

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

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

- Telephone (PA line): (800) 417-8164
- Fax: (877) 251-5896
- 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>

Excluded Medications Under Pharmacy Benefit

Drug Class	Excluded Medications	Preferred Alternatives
ANTIINFECTIVES		
Antibiotic Agents – Vancomycins (Oral)	FIRVANQ	<i>vancomycin capsules, vancomycin oral solution</i>
Antifungal Agents (Oral)	TOLSURA	<i>itraconazole</i>
Antivirals (Oral)	SITAVIG, XERESE	<i>acyclovir oral or cream, famciclovir, valacyclovir</i>
Chagas Disease Agents	LAMPIT	BENZNIDAZOLE
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Alpha-2 Adrenergic Agonists (for Opioid Withdrawal)	LUCEMYRA	<i>clonidine</i>
Alzheimer's Agents	ADUHELM, LEQEMBI	No alternatives recommended
Amyotrophic Lateral Sclerosis (ALS) Agents	RELYVRIO	No alternatives recommended
Anticonvulsants	EPRONTIA	<i>topiramate sprinkle capsules</i>
	FINTEPLA	DIACOMIT, EPIDIOLEX
	ZONISADE	<i>zonisamide</i>
Antimigraine Agents	ONZETRA XSAIL, ZOLMITRIOTAN NASAL SPRAY 2.5 MG	<i>sumatriptan nasal spray, ZOMIG NASAL 2.5 MG</i>
	VYEPTI	AIMOVIG, AJOVY, EMGALITY
Antiparkinsonism Agents	APOKYN	KYNMOBI
	DHIVY	<i>carbidopa / levodopa</i>
	GOCOVRI ER	<i>amantadine capsules, amantadine tablets, amantadine oral solution</i>
	ONGENTYS	<i>entacapone</i>
	XADAGO, ZELAPAR	<i>rasagiline, selegiline</i>
Antipsychotics (Injectable)	INVEGA HAFYERA	ABILIFY MAINTENA, ARISTADA, RSIPERDAL CONSTA
Antipsychotics (Oral)	LYBALVI	<i>aripiprazole, asenapine, olanzapine, paliperidone er, quetiapine, quetiapine er, ziprasidone, LATUDA</i>

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	QUETIAPINE 150 MG TABLETS	<i>quetiapine, quetiapine er</i>
Antispasmodic Agents	BALCOFEN SOLUTION, FLEQSUVY, LYVISPAH, OZOBAX	<i>baclofen tablets</i>
Anxiolytic Agents	LOREEC XR	<i>lorazepam tablets</i>
Cataplexy Treatment	XYREM~	SODIUM OXYBATE, XYWAV
Central Nervous System Stimulants	METHYPHENIDATE ER 45 MG & 63 MG, METHYLPHENIDATE ER 72 MG~, RELEXII ER 45 MG & 63 MG, RELEXII ER 72 MG~	<i>dexmethylphenidate er, dextroamphetamine sulfate er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, DYANAVEL XR, MYDAVIS, QULLICHEW ER, QUILLIVANT XR, VYVANSE</i>
	XELSTRYM	<i>dextroamphetamine/amphetamine er, dextroamphetamine er, DYANAVEL XR, MYDAVIS ER, VYVANSE</i>
Duchenne Muscular Dystrophy (DMD) Agents	AMONDYS 45, EXONDYS 51, VILTEPSO, VYONDYS 53	No alternatives recommended
	EMFLAZA	<i>prednisone solution, prednisone tablets</i>
Multiple Sclerosis Agents	BRIUMVI	KESPIMTA, OCREVUS
	EXTAVIA	AVONEX, BETASERON, PLEGRIDY, REBIF
	TASCENSO ODT	<i> fingolimod, AUBAGIO, BAFIERTAM, MAYZENT, PONVORY, VUMERITY</i>
Narcotic Analgesics & Combinations	APADAZ, BENZHYDROCODONE/ACETAMINOPEHN	<i>hydrocodone/acetaminophen</i>
	CONZIP, QDOLO, TRAMADOL 100 MG TABLETS, TRAMADOL ER CAPSULES, TRAMADOL SOLUTION	<i>tramadol er tablets, tramadol tablets</i>
	NUCYNTA	<i>hydrocodone/acetaminophen, morphine sulfate, oxycodone, tramadol, tramadol/acetaminophen</i>
	NUCYTNA ER, OXYCODONE ER, XTAMPZA ER	<i>hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er, HYSINGLA ER, OXYCONTIN</i>
	PRIMLEV, PROLATE SOLUTION	<i>oxycodone/acetaminophen</i>
	ROXYBOND	<i>oxycodone</i>
	SEGLENTIS	<i>tramadol tablets plus celecoxib</i>
Narcotic Antagonists	ZIMHI	<i>naloxone syringes</i>
Sedative-Hypnotic Agents	DORAL, QUAZEPAM	<i>estazolam, lorazepam</i>
Selective Serotonin Reuptake Inhibitors (SSRIs) Antidepressants	CITALOPRAM CAPSULES, PEXEVA, SERTRALINE CAPSULES	<i>citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline</i>
Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants	DRIZALMA SPRINKLE, VENLAFAXINE BESYLATE ER	<i>desvenlafaxine er. Duloxetine, venlafaxine hcl er, FETZIMA</i>
Transmucosal Fentanyl Analgesics	FENTANYL CITRATE BUCCAL TABLETS, DENTORA, LAZANDA, SUBSYS	<i>fentanyl citrate lozenges</i>
Miscellaneous Antidepressants	AUVELITY ER	<i>bupropion, citalopram, duloxetine, paroxetine, sertraline, venlafaxine, FETZIMA</i>
	BUPROPION XL 450 MG, FORVIVO XL	<i>bupropion xl 150 mg or 300 mg</i>
	SPRAVATO	<i>olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline</i>
CARDIOVASCULAR		

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ACE Inhibitors	QBRELIS	<i>lisinopril</i>
Alpha-Adrenergic Agonists	CLONIDINE ER 0.17 MG, NEXICLON XR	<i>clonidine patches, clonidine tablets</i>
Angiotensin Receptor Blockers (ARBs) and Combinations	EDARBI	<i>candesartan, irbesartan, losartan, Olmesartan, telmisartan, valsartan</i>
	EDARBYCLOR	<i>candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, Olmesartan/hydrochlorothiazide, telmisartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, chlorthalidone plus valsartan</i>
	VALSARTAN SOLUTION	<i>valsartan tablets</i>
Anticoagulants	PRADAXA, SAVAYSA	ELIQUIS, XARELTO
Beta Blockers & Combinations	HEMANGEOL	<i>propranolol solution</i>
	INDERAL XL, INNOPRAN XL	<i>propranolol er</i>
	KAPSPARGO SPRINKLE	<i>metoprolol succinate</i>
Calcium Channel Blockers	CONJUPRI, LEVAMLODIPINE	<i>amlodipine, felodipine er, nifedipine er, nisoldipine</i>
	KATERZIA, NORLIQVA	<i>amlodipine tablets</i>
Diuretics	CAROSPIR	<i>spironolactone</i>
	FUROCIX, SOAANZ	<i>bumetanide, furosemide, torsemide</i>
	THALITONE	<i>chlorthalidone</i>
Fenofibrates	ANTARA, FENOFIBRATE CAPSULES (30 MG, 50 MG, 90 MG, 150 MG), LIPOFEN	<i>fenofibrate capsules (43 mg, 67 mg, 130 mg, 134 mg, 200 mg), fenofibrate tablets, fenofibric acid</i>
HMG & Cholesterol Inhibitor Combinations	ALTOPREV, EZALLOR SPRINKLE	<i>atorvastatin, Fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, LIVALO</i>
	ROSUVASTATIN/EZETIMIBE	<i>ezetimibe plus atorvastatin or rosuvastatin</i>
PCSK9 & siRNA Inhibitors	LEQVIO, PRALUENT	REPATHA
Miscellaneous Cardiovascular Agents	ASPRUZYO SPRINKLE ER	<i>ranolazine er</i>
	CORLANOR	<i>atenolol, bisoprolol, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol</i>
	NORPACE CR	<i>amiodarone, quinidine sulfate, sotalol</i>
DERMATOLOGICAL		
Agents for Hyperhidrosis	DRYSOL, QBREXZA	<i>Over-the-Counter aluminum chloride containing products</i>
Oral Agents for Acne	ABSORICA LD	<i>isotretinoin capsules</i>
	DORYX DR 80 MG, DORYX MPC, DOXYCYCLINE HYCLATE DR 80 MG	<i>doxycycline hyclate, doxycycline monohydrate</i>
	MINOCYCLINE BIPHASIC TABLETS, MINOCYCLINE ER CAPSULES, XIMINO	<i>minocycline 24 hour er tablets</i>
Rosacea Agents (Oral)	DOXYCYCLINE 40 MG CAPSULES, ORACEA	<i>Oral: doxycycline hyclate, doxycycline monohydrate Topical: azelaic acid, ivermectin, metronidazole</i>
Rosacea Agents (Topical)	NORITATE	<i>metronidazole</i>
	ZILXI	<i>Oral: doxycycline hyclate, doxycycline</i>

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		<i>monohydrate</i> <i>Topical: azelaic acid, ivermectin, metronidazole</i>
Topical Agents for Acne	CLENIA PLUS, SULFACETAMIDE/SULFUR 9%-4.25% SUSPENSION	<i>sodium sulfacetamide/sulfur 8%-4% suspension</i>
	FABIOR, TAZAROTENE FOAM	<i>tazarotene cream, tretinoin</i>
	VELTIN	<i>clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ONEXTON</i>
	WINLEVI	<i>azelaic acid, clindamycin phosphate gel, clindamycin/tretinoin, dapsone, erythromycin gel, tretinoin, ONEXTON</i>
Topical Agents for Actinic Keratosis	CARAC, FLUOROURACIL 0.5% CREAM, KLISYRI, ZYCLARA	<i>diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream</i>
Topical Antifungals	ECOZA, ERTACZO, LULICONAZOLE, OXISTAT LOTION, SULCONAZOLE, XOLEGEL	<i>ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole</i>
	MICONAZOLE/ZINC OXIDE/PETROLATUM, VUSION	<i>clotrimazole, ketoconazole, miconazole, nystatin</i>
Topical Corticosteroids	CLOCORTOLONE PUMP, IMPEKLO, HALOBETASOL 0.05% FOAM, IMPOYZ, LEXETTE, SERNIVO, ULTRAVATE, VERDESO FOAM	<i>generic topical corticosteroids</i>
Vitamin D Analogs (Topical)	CALCIPOTRIENE FOAM, SORILUX	<i>calcipotriene, calcitriol</i>
Miscellaneous Topical Dermatological Agents	ACLORTIN A	<i>generic topical corticosteroids plus mupirocin</i>
	CONDYLOX, VEREGEN	<i>imiquimod 5% cream, podofilox solution</i>
	LIDOCAINE/TETRACAINE, PLIAGLIS	<i>lidocaine cream, lidocaine/prilocaine cream</i>
	TAZORAC 0.05% CREAM	<i>tazarotene 0.1% cream</i>
	TRI-LUMA	<i>fluocinolone acetonide, hydroquinone, tretinoin</i>
DIABETES		
Biguanide Agents	METFORMIN 625 MG TABLETS	<i>metformin 500 mg or 850 mg tablets</i>
Blood Glucose Meters & Test Strips	ASCENSIA (CONTOUR) ONETOUCH SOLUTIONS STARTER KIT ROCHE (ACCU-CHEK) TEMPO (WELCOME KIT, REFILL KIT, SMART BUTTON) TRIVIDIA (TRUETEST, TRUETRACK) ALL OTHER METERS & TEST STRIPS THAT ARE NOT LISTED AS PREFERRED	FREESTYLE KITS/METERS (FREESTYLE FREEDOME, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE) FREESTYLE TEST STRIPS (FREESTYLE, FREESTYLE INSULINX, FREESTYLE LITE) ONETOUCH KITS/METERS (ULTRA2, ULTRAMINI, VERIO, VERIO FLEX) ONETOUCH TEST STRIPS (ULTRA, VERIO) PRECISION XTRA METERS, TEST STRIPS
Diabetic Pen Needles & Syringes	PEN NEEDLES 7 SYRINGES BY: ARKRAY HOME AID DIAGNOSTICS HTL-STREFA NOVO NORDISK OWEN MUMFORD PRODIGY DIABETES CARE SIMPLE DIAGNOSTICS TRIVIDIA (NIPRO DIAGNOSTICS) ULTIMED ALL OTHER DIABETIC PEN NEEDLES & SYRINGES THAT ARE NOT LISTED AS PREFERRED	BD DIABETES PEN NEEDLES BD DIABETS SYRINGES
Dipeptidyl Peptidase-4 (DDP-4) Inhibitors & Combinations	ALOGLIPTIN, NESINA, ONGLYZA, TRADJENTA	JANUVIA
	ALOGLIPTIN/METFORMIN, JENTADUETO,	JANUMET, JANUMET XR

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	JENTADUETO XR, KAZANO, KOMBIGLYZE XR	
	ALOGLIPTIN/PIOGLITAZONE	<i>pioglitazone plus JANUVIA</i>
Dipeptidyl Peptidase-4 (DDP-4) Inhibitors/Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitor Combinations	QTERN	GLYXAMBI, STEGLUJAN
Glucagon-Like Peptide-1 Agonists	ADLYXIN, VICTOZA	BYDUREON BCISE, BYETTA, OZEMPIC, TRULICITY
Glucose-Elevating Drugs	GLUCAGON HYPOKIT, GLUCAGON EMERGENCY KIT (by Fresenius), ZEGALOGUE	<i>glucagon emergency kit</i> (by Amphastar), BAQSIMI, GVOKE
Insulins	ADMELOG, AFREZZA, APIDRA, FIASP, HUMALOG TEMPO, INSULIN ASPART, INSULIN LISPRO, LYUMJEV TEMPO, NOVOLOG, RELION NOVOLOG	HUMALOG, LYUMJEV
	BASAGLAR TEMPO, INSULIN DEGLUDEC, INSULIN GLARGINE (BY WINTHROP), INSULIN GLARGINE-YFGN, LANTUS	LEVEMIR, SEMGLEE (YFGN), TOUJEO, TRESIBA
	INSULIN ASPART PROTAMINE, NOVOLOG 70/30 MIX, RELION NOVOLOG 70/30 MIX	HUMALOG 75/25 MIX
	NOVOLIN, RELION NOVOLIN	HUMULIN
Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors & Combinations	INVOKAMET, INVOKAMET XR	SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
	INVOKANA	FARXIGA, JARDIANCE, STEGLATRO
EAR/NOSE		
Nasal Steroids	BECOMASE AQ, OMNARIS, QNASAL, ZETONNA	<i>flunisolide, fluticasone, mometasone</i>
OTIC Antibiotics & Combination Products	CETRALAX	<i>ciprofloxacin otic, ofloxacin otic</i>
	CIPRO HC, CIPROFLOXACIN/FLUOCINOLONE OTIC	<i>ciprofloxacin/dexamethasone otic</i>
ENDOCRINE		
Cushing's Agents	ISTURISA	SIGNIFOR
	KORLYM	<i>ketoconazole</i> , LYSODREN, SIGNIFOR
	RECORLEV	<i>ketoconazole</i> , LYSODREN
Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty)	FENSOLVI	LUPRON DEPOT-PED, TRIPTODUR
Growth Hormones	HUMATROPE, NUTROPIN AQ NUSPIN, SAIZEN, SAIZENPREP, SKYTROFA, ZOMACTON	GENOTROPIN, NORDITROPIN FLEXPRO, OMNITROPE
Somatostatin Analogs	LANREOTIDE, SANDOSTATIN LAR DEPOT	SOMATULINE DEPOT
	SIGNIFOR LAR	For Acromegaly: SOMATULINE DEPOT For Cushing's Disease: SIGNIFOR
Testosterone Products	AVEED	<i>testosterone cypionate, testosterone enanthate</i>
	KYZATREX, TLANDO	<i>testosterone gel, testosterone solution, ANDRODERM PATCHES</i>
Thyroid Replacement Therapy	LEVOTHYROXINE CAPSULES, THYQUIDITY, TIROSANT, TIROSANT-SOL	<i>levothyroxine tablets</i>
Miscellaneous Endocrine Agents	CORTROPHIN GEL	<i>No alternatives recommended</i>
GASTROINTESTINAL		
Antidiarrheal Agents	MYTESI	<i>diphenoxylate/atropine, loperamide</i>
Antiemetics (Oral)	AKYNZEO CAPSULES	<i>granisetron, ondansetron, aprepitant, VARUBI TABLETS</i>
	ANTIVERT	<i>meclizine</i>

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	ANZEMET	<i>granisetron, ondansetron</i>
	BONJESTA	<i>doxylamine/pyridoxine hcl</i>
	EMEND POWDER PACKETS	<i>aprepitant, VARUBI TABLETS</i>
Bowel Evacuants	CLENPIQ, OSMOPREP, PLENVU, SUTAB	<i>magnesium sulfate/potassium sulfate/sodium sulfate solution, peg 3350/ascorbic acid powder packets</i>
Corticosteroids (Rectal Formulations)	CORTIFOAM	<i>hydrocortisone enema, UCERIS FOAM</i>
Fecal Microbiota Agents	REBYOTA	No alternatives recommended
Gallstone Dissolution Agents	RELTONE	<i>ursodiol</i>
Gastroparesis Agents	GIMOTI	No alternatives recommended
Helicobacter Pylori Agents	PYLERA	<i>lansoprazole/amoxicillin/clarithromycin, TALICIA</i>
Hemorrhoidal Preparations	HYDROCORTISONE/PRAMOXINE 25-18 MG SUPPOSITORIES	<i>hydrocortisone ac suppositories, pramoxine/hydrocortisone cream</i>
	PROCTOFOAM-HC	<i>pramoxine/hydrocortisone cream</i>
Inflammatory Bowel Agents	DIPENTUM	<i>balsalazide disodium, mesalamine dr, mesalamine er, sulfasalazine, PENTASA 250 MG CAPSULES</i>
Irritable Bowel Syndrome & Chronic Constipation Agents	IBSRELA, MOTEGRITY, ZELNORM	<i>lubiprostone, LINZESS, TRULANCE</i>
Pancreatic Enzymes	PERTZYE	CREON, PANCREAZE, ZENPEP
Proton Pump Inhibitors	ESOMEPRAZOLE STRONTIUM, NEXIUM PACKETS, PRILOSEC SUSPENSION, RABEPRAZOLE DR SPRINKLE	<i>dexlansoprazole, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole</i>
Miscellaneous Gastrointestinal Agents	DARTISLA ODT	<i>glycopyrrolate tablets</i>
HEMATOLOGICAL		
Antiplatelet Agents	ASPIRIN/OMEPRAZOLE DR, YOSPRALA DR	<i>aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole or rabeprazole</i>
Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT, RETACRIT
Factor Deficiency Agents & Related Products	NOVOSEVEN RT	SEVENFACT
	NUWIQ, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE	ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, ESPEROCT, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT
Granulocyte Colony Stimulating Factors	FYLNETHA, NEULASTA, NYVEPRIA, ROLVEDON, STIMUFEND, UDENYCA	FULPHILA, ZIEXTENZO
Iron Replacement Agents	MONOFERRIC	<i>sodium ferric gluconate complex, VENOFER</i>
Sickle Cell Disease Agents	OXBRYTA	<i>hydroxyurea, DROXIA</i>
	SIKLOS	DROXIA
Thrombocytopenia Agents	MULPLETA	DOPTELET
HEPATITIS		
Hepatitis C	LEDIPASVIR/SOFOSBUVIR, MAVYRET, SOFOSBUVIR/VELPATASVIR, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
HIV		
Antiretrovirals Note: Current patients established on therapy are allowed to continue therapy.	CABENUVA	<i>atazanavir plus lamivudine, darunavir plus lamivudine, lopinavir/ritonavir plus lamivudine, DOVATO, JULUCA, TIVICAY plus lamivudine, TIVICAY plus EDURANT</i>

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	COMPLERA	ODEFSY
	DELSTRIGO	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate, efavirenz/lamivudine/tenofovir disoproxil fumarate, BIKTARVY, GENVOYA, ODEFSY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ</i>
	PIFELTRO	<i>efavirenz, EDURANT</i>
	PREZCOBIX	<i>atazanavir, lopinavir/ritonavir, ritonavir, PREZISTA</i>
	RUKOBIA ER	Coverage may be approved for the treatment of human immunodeficiency virus-1 infection in heavily treatment-experienced patients with multidrug-resistant infection.
	STRIBILD	BIKTARVY, GENVOYA
MUSCULOSKELETAL & RHEUMATOLOGY		
Gout Therapy	ALLOPURINOL 200 MG TABLETS	<i>allopurinol 100 mg tablets</i>
	COLCHICINE CAPSULES	<i>colchicine tablets, MITIGARE</i>
Muscle Relaxants & Antispasmodic Agents	METHOCARBAMOL 1,000 MG TABLETS	<i>methocarbamol 500 mg tablets</i>
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DICLOFENAC 35 MG CAPSULES, INDOMETHACIN 20 MG CAPSULES, KETOROLAC NASAL SPRAY, RELAFEN DS, TIVORBEX, ZIPSOR, ZORVOLEX	<i>diclofenac, etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam</i>
	ELYXYB	<i>celecoxib</i>
	FENOPROFEN 200 MG CAPSULES, FENORTHO	<i>fenoprofen calcium tablets, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone</i>
	INDOCIN SUPPOSITORIES	<i>etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone, naproxen</i>
	INDOCIN SUSPENSION, MELOXICAM SUSPENSION	<i>ibuprofen suspension, naproxen suspension</i>
Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DICLOFENAC EPOLAMINE PATCHES	FLECTOR PATCHES, LICART PATCHES
OBSTETRICAL & GYNECOLOGICAL		
Combination Patches	CLIMARA PRO	COMBIPATCH
Contraceptives	BALCOLTRA, LO LOESTRIN FE, NATAZOA, NEXTSTELLIS, TWIRLA, TYBLUME	generic oral, patch and ring contraceptives
	PHEXXI	Barrier methods of contraception, such as condoms, diaphragms, spermicides, or sponges
	SLYND	generic progestin-only oral contraceptives
Estrogen & Estrogen Modifiers for Vaginal Symptoms	ESTRING, IMVEXXY, INTRAROSA, OSPHENA	<i>estradiol cream, estradiol vaginal inserts, PREMARIN CREAM</i>
	FEMRING	<i>estradiol cream, estradiol patches, estradiol tablets, estradiol vaginal inserts, PREMARIN CREAM</i>
Estrogen/Progestin Combinations (Oral)	BIJUVA, PREMPHASE, PREMPRO	<i>estradiol/norethindrone acetate, ethinyl estradiol/norethindrone acetate</i>
Estrogens (Oral)	MENEST, PREMARIN TABLETS	<i>estradiol tablets</i>
Human Chorionic Gonadotropin	PREGNLY, NOVAREL, OVIDREL	No alternatives recommended*
Ovulatory Stimulants (Follicotropins)	FOLLISTIM AQ, GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT	No alternatives recommended*
Prenatal Vitamins	PREGENNA, TRINAZ	<i>generic prenatal vitamins</i>

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Topical Estrogen Agents	ELESTRIN, ESTROGEL, EVAMIST	<i>estradiol gel, estradiol patches</i>
Vaginal Progestones	CRINONE 4%	<i>medroxyprogesterone, megestrol, norethindrone, progesterone capsules</i>
	CRINONE 8%	No alternatives recommended*
ONCOLOGY		
Acute Myeloid Leukemia (AML) Agents	ONUREG	No alternatives recommended
	REZLIDHIA	TIBSOVO
Bendamustine Agents	VIVIMUSTA	<i>bendamustine</i> , BENDEKA, TREANDA
Bevacizumab-Containing Agents	ALYMSYS, AVASTIN	ZIRABEV
Breast Cancer Agents	KISQALI, KISQALI FEMARA CO-PACK, PIQRAY	IBRANCE, VERZENIO
Interferons	BESREMI	<i>hydroxyurea</i> , PEGASYS
Multiple Myeloma Agents	BLENREP, XPOVIO	<i>bortezomib</i> , DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALMOID
Myelodysplastic Syndrome Agents	INQOVI	<i>decitabine</i>
Myelofibrosis Agents	INREBIC	JAKAFI
Non-Small Cell Lung Cancer Agents	KRAZATI	Coverage may be approved for the treatment of KRAS G12C-mutated non-small cell lung cancer
	TEPMETKO	TABRECTA
Prostate Cancer Agents	CAMCEVI, LEUPROLIDE DEPOT, TRELSTAR	ELIGARD, FIRMAGON
Renal Cell Cancer Agents	FOTIVDA	CABOMETYX, INLYTA, LENVIMA
Rituximab-Containing Agents	RIABNI, RITUXAN, RITUXAN HYCELA, TRUXIMA	RUXIENCE
Trastuzumab-Containing Agents	HERCEPTIN, HERCEPTIN HYLECTA, HERZUMA, OGIVRI, ONTRUZANT	KANJINTI, TRAZIMERA
	PHESGO	PERJETA plus KANJINTI or TRAZIMERA
Tyrosine Kinase Inhibitors	QINLOCK	<i>imatinib, sorafenib, sunitinib malate</i> , SPRYCEL, STIVARGA, TASIGNA, VOTRIENT
	SCEMBLIX	<i>imatinib</i> , BOSULIF, ICLUSIG, SPRYCEL, TASIGNA
	TRUSELTIQ	PEMAZYRE
OPHTHALMIC		
Antiglaucoma Agents (Beta-Adrenergic Blockers)	BETIMOL	<i>timolol drops, betaxolol drops, carteolol drops, levobunolol drops</i>
Antiglaucoma Agents (Ophthalmic Prostaglandins)	DURYSTA, XELPROS	<i>bimatoprost drops, latanoprost drops, tafluprost drops, travoprost drops</i>
Antiglaucoma Agents (Other)	RHOPRESSA, ROCKLATAN	<i>betaxolol drops, bimatoprost drops, dorzolamide/timolol drops, latanoprost drops, levobunolol drops, tafluprost drops, timolol drops, travoprost drops</i>
Blepharoptosis Agents	UPNEEQ	No alternatives recommended
Ophthalmic Agents – Vascular Endothelial Growth Inhibitors	LUCENTIS~	BYOOVIZ, CIMERLI
	SUSVIMO	No alternatives recommended
	VABYSMO	EYLEA
Ophthalmic Agents – Other	CYSTADROPS	CYSTARAN
	VERKAZIA	<i>azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops</i>
	VUITY	No alternatives recommended

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Ophthalmic Anti-Allergic	ALOCRI, ALOMIDE, ALREX, LASACFT, ZERVIAE	<i>azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops</i>
Ophthalmic Anti-Inflammatory	FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD	<i>dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops</i>
Ophthalmic Combinations	TOBRADEX ST, ZYLET	<i>tobramycin/dexamethasone drops</i>
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL, BROMSITE, NEVANAC	<i>bromfenac drops, diclofenac drops, ketorolac drops</i>
Ophthalmic Quinolone Antibiotics	BESIVANCE, CILOXAN OINTMENT	<i>ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops</i>
OSTEOARTHRITIS		
Hyaluronic Acid Derivatives	DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNOJOYNT, SYNVIS, SYNVIS-ONE, TRILURON, TRIVISC, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
RENAL		
Nephropathic Cystinosis Agents	PROCYSBI	CYSTAGON
Nocturnal Polyuria Agents	NOCTIVIA	<i>desmopressin tablets</i>
Overactive Bladder Agents	VESICARE LS	<i>oxybutynin, oxybutynin er, MYRBETRIQ ER SUSPENSION</i>
Phosphate Binders	FOSRENOL POWDER PACKETS	<i>lanthanum, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO</i>
RESPIRATORY		
Epinephrine Auto-Injector Systems	EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, AMNEAL PHARMACY, AVKARE)	<i>epinephrine auto-injector (by Mylan, Teva), EPIPEN, EPIPEN JR</i>
Idiopathic Pulmonary Fibrosis Agents	PIRFENIDONE 534 mg Tablets	<i>pirfenidone, OFEV</i>
Immunological Agents for Asthma	CINQAIR	DUPIXENT, FASENRA, NUCALA, TEZSPIRE, XOLAIR
Long-Acting Beta Agonist Inhalers	STRIVERDI RESPIMAT	SEREVENT DISKUS
Long-Acting Muscarinic Antagonist Inhalers	INCRUSE ELLIPTA, TURDORZA PRESSAIR	SPRIVIA HANDIHALER, SPIRIVIA RESPIMAT
Long-Acting Muscarinic/Long-Acting Beta-Agonist Combination Inhalers	DUAKLIR PRESSAIR	ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLOTO RESPIMAT
Pulmonary Anti-Inflammatory Inhalers	ALVESCO~, ARMONAIR DIGIHALER, FLOVENT DISKUS~, FLOVENT HFA~, FLUTICASONE PROPIONATE HFA, PULMICORT FLEXHALER	ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, QVAR REDIHALER
Pulmonary Anti-Inflammatory/Beta-Agonist Combination Inhalers	AIRDUO RESPICLICK, BUDESONIDE/FORMOTEROL, FLUTICASONE/SALMETEROL (BY A-S MEDICATION, TEVA), FLUTICASONE/VILANTEROL	<i>fluticasone/salmeterol (by Hikma, Prasco, Proficient Rx), ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT</i>
Pulmonary Arterial Hypertension (PAH) Agents	TADLIQ	<i>sildenafil 20 mg tablets, sildenafil oral suspension, tadalafil 20 mg tablets</i>
Short-Acting Beta₂-Agonist Inhalers	ALBUTEROL HFA (BY A-S MEDICATION, PRASCO), LEVALBUTEROL HFA, PROAIR DIGIHALER, PROAIR RESPICLICK, VENTOLIN HFA, XOPENEX HFA	<i>albuterol sulfate HFA (By Cipla, Civica, Exelan, Lupin, Perrigo, Sandoz, Teva & West-Ward)</i>
MISCELLANEOUS AGENTS		
Allergen Immunotherapy	PALFORZIA	No alternatives recommended
Benign Prostatic Hyperplasia Agents	ENTADFI	<i>finasteride 5 mg plus tadalafil 5 mg</i>
Gaucher Disease Agents	ELEYSO, VPRIV	CEREZYME

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Glucocorticoids	ALKINDI SPRINKLE	hydrocortisone tablets
	HEMADY	dexamethasone tablets
Hereditary Angioedema	BERINERT	CINRYZE, RUCONEST
Immune Globulins	CUTAQUIG	SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
	GAMMAKED	IV: GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
Immunosuppressant Agents	ENVARUS XR	tacrolimus
	LUPKYNIS	mycophenolate mofetil plus systemic corticosteroid
	OTREXUP, REDITREX	RASUVO
	XATMEP	methotrexate
Infused TNF Antagonists	AVSOLA, INFILIXIMAB, REMICADE, RENFLEXIS	INFLECTRA
Metabolic Agents	RAVICTI~	sodium phenylbutyrate, PHEBURANE
Neuromyelitis Optica Spectrum Disorder Agents	UPLIZNA	ENSPRYNG
Osteoporosis – Bone Modifiers	EVENITY, PROLIA	alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, TYMLOS
Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis	AMVUTTRA, ONPATTRO	No alternatives recommended
Vasculitis Agents	TAVNEOS	azathioprine, methotrexate, mycophenolate, RUXIENCE
Spinal Conditions (nr-axSpA)	COSENTYX	Preferred: TALTZ, CIMZIA Preferred after Step through CIMZIA: RINVOQ ER
Inflammatory Conditions	AMJEVITA (NDCs starting with 72511)	Preferred: AMJEVITA (NDCs starting with 55513), ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SC, TALTZ, TREMFY Preferred after Step through AMJEVITA (NDCs starting with 55513) or HUMIRA: ACTEMRA SC Preferred after Step through AMJEVITA (NDCs starting with 55513), ENBREL or HUMIRA: RINVOQ ER, XELJANZ, XELJANZ XR ULCERATIVE COLITIS ONLY Preferred after Step through AMJEVITA (NDCs starting with 55513), HUMIRA or STELARA SC: ZEPOSIA
	COSENTYX	
	SOTYKTU	
	All other Brand Name medications for Inflammatory Conditions are Nonpreferred. Approval may be granted following a coverage review. A trial of one or more Preferred medications is required prior to initiating therapy with a Nonpreferred medication. A formulary exception may be granted for a patient already established on therapy with a Nonpreferred	

~ Excluded medication as of 7/1/2023

*Excluded Benefit



Multi-Source Brand Exclusions

BRAND NAME	Generic Name
ABILIFY	<i>aripiprazole</i>
ACANYA	<i>clindamycin and benzoyl peroxide</i>
ACIPHEX	<i>rabeprazole</i>
ADCIRCA	<i>tadalafil</i>
ADDERALL, ADDERALL XR	<i>dextroamphetamine and amphetamine</i>
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>
ALINIA TABLETS	<i>nitazoxanide</i>
AMBIEN, AMBIEN CR	<i>zolpidem</i>
AMITIZA	<i>lubiprostone</i>
AMPYRA	<i>dalfampridine</i>
AMRIX	<i>cyclobenzaprine</i>
ANDROGEL	<i>testosterone</i>
ANUSOL-HC	<i>hydrocortisone</i>
APTENSIO XR	<i>methylphenidate</i>
ARIMIDEX	<i>anastrozole</i>
ASACOL HD	<i>mesalamine</i>
ATACAND, ATACAND HCT	<i>candesartan</i>
ATRALIN	<i>topical tretinoin</i>
ATRIPLA	<i>efavirenz, emtricitabine, tenofovir disoproxil fumarate</i>
AVALIDE, AVAPRO	<i>irbesartan and hydrochlorothiazide, irbesartan</i>
AVODART	<i>dutasteride</i>
AZOPT	<i>brinzolamide</i>
AZOR	<i>amlodipine and olmesartan</i>
BANZEL	<i>rufinamide</i>
BARACLUDE TABLETS	<i>entecavir</i>
BENICAR, BENICAR HCT	<i>olmesartan</i>
BEPREVE	<i>bepotastine</i>
BRISDELLE	<i>paroxetine</i>
BUPAP	<i>butalbital and acetaminophen</i>
BUTRANS	<i>buprenorphine</i>
BYSTOLIC	<i>nebivolol</i>
CANASA	<i>mesalamine</i>
CELEBREX	<i>celecoxib</i>
CELEXA	<i>citalopram</i>
CIALIS	<i>tadalafil</i>
CLINDAGEL	<i>clindamycin (topical)</i>

BRAND NAME	Generic Name
COLCRYS	<i>colchicine</i>
CONCERTA	<i>methylphenidate</i>
COREG	<i>carvedilol</i>
COSOPT, COSOPT PF	<i>dorzolamide and timolol</i>
COZAAR, HYZAAR	<i>losartan, losartan and hydrochlorothiazide</i>
CRESTOR	<i>rosuvastatin</i>
CUPRIMINE	<i>penicillamine</i>
CUVPOSA	<i>systemic glycopyrrolate (glycopyrronium)</i>
CYMBALTA	<i>duloxetine</i>
CYSTADANE	<i>betaine (anhydrous)</i>
CYTOMEL	<i>liothyronine</i>
DALIRESP	<i>roflumilast</i>
DELZICOL	<i>mesalamine</i>
DETROL, DETROL LA	<i>tolterodine</i>
DEXILANT	<i>dexlansoprazole</i>
DIOVAN, DIOVAN HCT	<i>valsartan</i>
DIVIGEL	<i>estradiol transdermal gel</i>
DORYX DR 50 MG & 200 MG	<i>doxycycline</i>
DUREZOL	<i>difluprednate</i>
EFFEXOR XR	<i>venlafaxine er</i>
ELIDEL	<i>pimecrolimus</i>
EMEND CAPSULES, TRIFOLD PACK	<i>aprepitant</i>
EPANED	<i>enalapril</i>
ESBRIET TABLETS	<i>pirfenidone</i>
ESTRACE CREAM	<i>estradiol</i>
EVEKEO	<i>amphetamine (single ingredient)</i>
EXFORGE, EXFORGE HCT	<i>valsartan and amlodipine; amlodipine, valsartan, hydrochlorothiazide</i>
EXJADE	<i>deferasirox</i>
FERAHEME	<i>ferumoxytol</i>
FIRAZYR	<i>icatibant</i>
FOCALIN, FOCALIN XR	<i>dexmethylphenidate</i>
FOSRENOL CHEWABLE TABLETS	<i>lanthanum</i>
GENERESS FE	<i>ethinyl estradiol and norethindrone</i>
GILENYA	<i>fingolimod</i>

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BRAND NAME	Generic Name
GLEEVEC	<i>imatinib</i>
GLUMETZA	<i>metformin</i>
IMITREX	<i>sumatriptan</i>
INDERAL LA	<i>propranolol</i>
INTUNIV	<i>guanfacine</i>
ISTALOL	<i>timolol</i>
JADENU, JADENU SPRINKLE	<i>deferasirox</i>
KEPPRA, KEPPRA XR	<i>levetiracetam</i>
KERYDIN	<i>tavorole</i>
KLONOPIN	<i>clonazepam</i>
LAMICTAL, LAMICTAL ODT, LAMICAL XR	<i>lamotrigine</i>
LETAIRIS	<i>ambrisentan</i>
LEXAPRO	<i>escitalopram</i>
LIALDA	<i>mesalamine</i>
LIBRAX	<i>clidinium and chlordiazepoxide</i>
LIDODERM	<i>lidocaine</i>
LIPITOR	<i>atorvastatin</i>
LOCOID, LOCOID LIPOCREAM	<i>hydrochlorothiazide</i>
LOESTRIN, LOESTRIN FE	<i>ethinyl estradiol and norethindrone</i>
LOTREL	<i>amlodipine and benazepril</i>
LOTRONEX	<i>alosetron</i>
LOVAZA	<i>omega-3-acid ethyl esters (fish oil)</i>
LOVENOX	<i>enoxaparin</i>
LUNESTA	<i>eszopiclone</i>
LYRICA, LYRICA CR	<i>pregabalin</i>
MAXALT, MAXALT MLT	<i>rizatriptan</i>
MESTINON	<i>pyridostigmine</i>
MICARDIS, MICARDIS HCT	<i>telmisartan</i>
MINASTRIN 24 FE	<i>ethinyl estradiol and norethindrone</i>
MINIVELLE	<i>estradiol</i>
MIRCETTE	<i>ethinyl estradiol and desogestrel</i>
MOVIPREP	<i>polyethylene glycol and electrolyte solution</i>
NALFON CAPSULES	<i>fenoprofen</i>
NAMENDA XR	<i>memantine</i>
NATROBA	<i>spinosad</i>
NEURONTIN	<i>gabapentin</i>

BRAND NAME	Generic Name
NEXIUM CAPSULES	<i>esomeprazole</i>
NORPACE	<i>disopyramide</i>
NORTHERA	<i>droxidopa</i>
NORVASC	<i>amlodipine</i>
NOXAFIL TABLETS	<i>posaconazole</i>
NUVARING	<i>ethinyl estradiol and etonogestrel</i>
NUVIGIL	<i>armodafinil</i>
ONFI	<i>clobazam</i>
OXISTAT CREAM	<i>oxiconazole</i>
PENNSAID	<i>diclofenac</i>
PERCOCET	<i>oxycodone and acetaminophen</i>
PERFOROMIST	<i>formoterol</i>
PLAQUENIL	<i>hydroxychloroquine</i>
PLAVIX	<i>clopidogrel</i>
PREVACID, PREVACID SOLUTAB	<i>lansoprazole</i>
PRISTIQ	<i>desvenlafaxine</i>
PROAIR HFA	<i>albuterol hfa</i>
PROTONIX	<i>pantoprazole</i>
PROVENTIL HFA	<i>albuterol hfa</i>
PROVIGIL	<i>modafinil</i>
PROZAC	<i>fluoxetine</i>
PULMICORT RESPULES	<i>budesonide</i>
PYRIDIUM	<i>phenazopyridine</i>
QUARTETTE	<i>ethinyl estradiol and levonorgestrel</i>
RANEXA	<i>ranolazine</i>
RAPAFLO	<i>silodosin</i>
RELPAX	<i>eletriptan</i>
RETIN-A MICRO	<i>tretinoin (topical)</i>
RITALIN, RITALIN LA	<i>methylphenidate, methylphenidate er (24 hour)</i>
ROZEREM	<i>ramelteon</i>
SABRIL	<i>vigabatrin</i>
SAFYRAL	<i>ethinyl estradiol and drospirenone with levomefolate</i>
SAMSCA	<i>tolvaptan</i>
SAPHRIS	<i>asenapine</i>
SEASONIQUE, LOSEASONIQUE	<i>ethinyl estradiol and levonorgestrel</i>
SENSIPAR	<i>cinacalcet</i>
SEROQUEL, SEROQUEL XR	<i>quetiapine</i>

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BRAND NAME	Generic Name
SINGULAIR	<i>montelukast</i>
STRATTERA	<i>atomoxetine</i>
SUBOXONE	<i>buprenorphine and naloxone</i>
SUPREP	<i>sodium, potassium, and magnesium sulfates bowel preparation kit</i>
SYNTHROID	<i>levothyroxine</i>
TARGRETIN CAPSULES	<i>bexarotene</i>
TAYTULLA	<i>ethinyl estradiol and norethindrone</i>
TAZORAC 0.1% CREAM, TAZORAC GEL	<i>tazarotene</i>
TECFIDERA	<i>dimethyl fumarate</i>
TEKTURNA	<i>aliskiren</i>
TESTIM	<i>testosterone</i>
THIOLA	<i>tiopronin</i>
TIKOSYN	<i>dofetilide</i>
TIMOPTIC OCUDOSE	<i>timolol</i>
TOBI SOLUTION	<i>tobramycin</i>
TOPAMAX	<i>topiramate</i>
TOPICORT SPRAY	<i>desoximetasone</i>
TOPROL XL	<i>metoprolol succinate</i>
TRANSDERM-SCOP	<i>scopolamine</i>
TRAVATAN Z	<i>travoprost</i>
TREXIMET	<i>sumatriptan and naproxen</i>
TRIBENZOR	<i>amlodipine, olmesartan, and hydrochlorothiazide</i>
TRICOR	<i>fenofibrate</i>
TRILEPTAL	<i>oxcarbazepine</i>
TRUVADA	<i>tenofovir disoproxil fumarate and emtricitabine</i>
ULORIC	<i>febuxostat</i>

BRAND NAME	Generic Name
UROXATRAL	<i>alfuzosin</i>
VAGIFEM	<i>estradiol</i>
VALIUM	<i>diazepam</i>
VALTREX	<i>valacyclovir</i>
VANOS	<i>fluocinonide</i>
VESICARE	<i>solifenacin</i>
VIAGRA	<i>sildenafil</i>
VIIIBRYD	<i>vilazodone</i>
VIMOVO	<i>esomeprazole and naproxen</i>
VIMPAT	<i>lacosamide</i>
VIVELLE-DOT	<i>estradiol</i>
VIVLODEX	<i>meloxicam</i>
VYTORIN	<i>ezetimibe and simvastatin</i>
WELCHOL	<i>colesevelam</i>
WELLBUTRIN SR, WELLBUTRIN XL	<i>bupropion</i>
XALATAN	<i>latanoprost</i>
XANAX, XANAX XR	<i>alprazolam</i>
XENAZINE	<i>tetrabenazine</i>
YASMIN	<i>ethinyl estradiol and drospirenone</i>
ZAVESCA	<i>miglustat</i>
ZEGERID	<i>omeprazole and sodium bicarbonate</i>
ZETIA	<i>ezetimibe</i>
ZIOPTAN	<i>tafluprost</i>
ZOCOR	<i>simvastatin</i>
ZOLOFT	<i>sertraline</i>
ZOMIG TABLETS	<i>zolmitriptan</i>
ZONEGRAN	<i>zonisamide</i>
ZOVIRAX OINTMENT	<i>acyclovir</i>
ZYTIGA	<i>abiraterone</i>

This document provides general guidance regarding Notification and Prior Approval Requirements. It is not all-inclusive and is subject to change without notice. Providers will receive a 60-day notice of any substantive changes.

All benefits listed are subject to Member Benefit Agreement or plan document, contract terms and medical review.

Effective 7/1/2023