

## CHILD HEALTH PLUS PRIOR AUTHORIZATION LIST

### The following prescription drugs require Prior Authorization

Certain medications require prior authorization, which means approval is needed before the prescription can be filled. If approval is not received, the drug may not be covered.

ABSORICA	BRAFTOVI
ABSTRAL	BRIVIACT
ACANYA	<i>budesonide er</i>
ACIPHEX SPRINKLE	<i>buprenorphine</i>
ACTEMRA	<i>buprenorphine patch</i>
ACTEMRA ACTPEN	BUTRANS
ACTICLATE	CABLIVI
ACTIMMUNE	CABOMETYX
ACTIQ	CALQUENCE
<i>adapalene</i>	CAPRELSA
ADCIRCA	CAPSFENAC PAK
ADEMPAS	CARAC
ADZENYS ER	CARBAGLU
ADZENYS XR-ODT	<i>carisoprodol 250mg</i>
AFINITOR	CERDELGA
ALECENSA	<i>chlorzoxazone 250mg</i>
ALUNBRIG	CHOLBAM
AMPYRA	CIMZIA
AMRIX	CINRYZE
ANDRODERM	CLINDACIN ETZ
ANDROGEL	CLINDACIN PAC
ANDROID	<i>clindamycin phos-benzoyl perox</i>
ANDROXY	<i>clindamycin phos-tretinoin</i>
APTIOM	COMETRIQ
ARCALYST	COPEGUS
ARIKAYCE	COPIKTRA
ARYMO ER	COSENTYX
ASTAGRAF XL	COTELLIC
AUSTEDO	COTEMPLA XR-ODT
AUVI-Q	CUPRIMINE
AVITA	CUVPOSA
AXIRON	<i>cyclobenzaprine hcl 7.5mg</i>
BALVERSA	<i>cyproheptadine hcl syrup</i>
BENLYSTA	
BERINERT	
<i>bexarotene</i>	
BONJESTA	
BOSULIF	

CYSTARAN  
DAKLINZA  
*dalfampridine er*  
DAURISMO  
*dexamethasone therapy pack*  
DICLEGIS  
DICLO GEL  
DICLO GEL-XRYLIX SHEET  
*diclofenac epolamine*  
*diclofenac sodium 3%*  
DOPTELET  
*doxycycline hyclate tab*  
DUEXIS  
DUPIXENT  
DYANAVEL XR  
DYMISTA  
EGRIFTA  
EMBEDA  
EMFLAZA  
EMVERM  
ENBREL  
ENBREL MINI  
ENBREL SURECLICK  
ENDARI  
ENSTILAR  
ENTERAL FORMULA REQUIRES PRIOR  
AUTHORIZATION  
ENVARUSUS XR  
EPANED SOLUTION  
EPCLUSA  
EPIDIOLEX  
ERIVEDGE  
ERLEADA

ESBRIET  
ESOMEPE-EZS  
esomeprazole strontium  
EXALGO  
EXTAVIA  
FABIOR  
FARYDAK  
*fentanyl citrate*  
*fentanyl patch*  
FENTORA  
FEXMID  
FIRAZYR  
FIRDAPSE  
FLECTOR  
*fluorouracil 0.5% cream*  
FORTEO  
FORTESTA  
FULYZAQ  
GALAFOLD  
GATTEX  
GENOTROPIN  
GIAZO  
GILOTRIF  
GLYCATE  
*glycopyrrolate 1.5mg*  
GOCOVRI  
GONITRO  
GRALISE  
GRANIX  
H.P. ACTHAR  
HAEGARDA  
HARVONI

HETLIOZ  
HORIZANT  
HUMATROPE  
HYCAMTIN  
*hydrocodone-guaifenesin*  
*hydromorphone er*  
HYSINGLA ER  
HUMIRA  
IBRANCE  
ICLUSIG  
IDHIFA  
IMBRUVICA  
IMPAVIDO  
INBRIJA  
INCRELEX  
INFLAMMACIN  
INGREZZA  
INGREZZA INITIATION PACK  
INLYTA  
IRESSA  
JAKAFI  
JUBLIA  
JUXTAPID  
JYNARQUE  
KADIAN  
KALYDECO  
KERYDIN  
KEVEYIS  
KEVZARA  
KINERET  
KISQALI  
KISQALI FEMARA CO-PACK  
KORLYM  
KRISTALOSE  
KUVAN  
KYNAMRO  
*lactulose packet*  
LAMISIL GRANULES  
LAZANDA  
*ledipasvir-sofosbuvir*  
LENVIMA

LETAIRIS  
*levorphanol tartrate*  
LEXIXRYL  
LONSURF  
LOPROX  
LORBRENA  
LORZONE  
LYNPARZA  
LYRICA CR  
MAVYRET  
MEKINIST  
MEKTOVI  
*methadone hcl*  
METHADONE  
INTENSOL  
METHADOSE  
METHITEST  
*methyltestosterone*  
*miglustat*  
*minocycline hcl er tab*  
MINOLIRA ER  
MODERIBA  
MORGIDOX  
MORPHABOND ER  
*morphine sulfate er*  
MOXATAG  
MOZOBIL  
MULPLETA  
MYALEPT  
MYTESI  
NAMZARIC ER  
NATESTO  
NATPARA  
NERLYNX

NEUPOGEN  
NEUPRO  
NEURCAINE  
NEXAVAR  
NINLARO  
*nitroglycerin spray*  
NITYR  
NIVESTYM  
NORDITROPIN FLEXPRO  
NORTHERA  
*nortriptyline hcl*  
NUCYNTA ER  
NUDICLO  
NUEDEXTA  
NUPLAZID  
NUTRESTORE  
NUTRIARX  
NUTROPIN AQ  
NUZYRA  
OCALIVA  
ODOMZO  
OFEV  
OLUMIANT  
OLYSIO  
OMNITROPE  
ONEXTON  
ONMEL  
OPSUMIT  
ORAVIG  
ORENCIA  
ORENITRAM ER  
ORFADIN  
ORKAMBI  
OSMOLEX ER

OTEZLA  
OTREXUP  
OXERVATE  
OXTELLAR XR  
*oxycodone hcl er*  
OXYCONTIN  
*oxymorphone hcl er*  
PAINGO KFT  
PALYNZIQ  
*paroxetine mesylate 7.5mg*  
PEDIADERM HC  
PEGASYS  
PEGASYS PROCLICK  
PEGINTRON  
PEGINTRON REDIPEN  
PENNSAID  
POMALYST  
PRALUENT  
PROCYSBI  
PROMACTA  
PURIXAN  
QBRELIS  
QUALAQUIN  
QUDEXY XR  
QUILLICHEW ER  
QUILLIVANT XR  
*quinine sulfate*  
RASUVO  
RAVICTI  
RAYOS  
REBETOL  
REPATHA  
REVATIO  
REVLIMID  
RIBASPHERE  
RIBASPHERE RIBAPAK  
RIBATAB  
*ribavirin*

RUBRACA  
RUCONEST  
RYDAPT  
RYTARY  
SABRIL  
SAIZEN  
SEROSTIM  
SEYSARA  
SIGNIFOR  
SIKLOS  
SILAZONE-II  
*sildenafil 20mg*  
SILIQ  
SIMPONI  
SITAVIG  
SIVEXTRO  
SKYRIZI  
SKYRIZI (2 SYRINGES) KIT  
*sofosbuvir-velpatasvir*  
SOLARAZE  
SOLODYN  
SOLTAMOX  
SOMA  
SOMAVERT  
SORILUX  
SOTYLIZE  
SOVALDI  
SPRITAM  
SPRIX  
SPRYCEL  
STELARA  
STIVARGA  
STRENSIQ  
STRIANT  
SUBSYS  
SUCRAID  
SUTENT

SYLATRON  
SYMDEKO  
SYNALAR TS  
SYNDROS  
SYPRINE  
TACLONEX  
*tadalafil 20mg*  
TAFINLAR  
TAGRISSO  
TAKHZYRO  
TALZENNA  
TAPERDEX  
TARCEVA  
TARGRETIN  
TASIGNA  
TAVALISSE  
TECHNIVIE  
TEGSEDI  
TESTIM  
*testosterone - topical*  
*tetrabenazine*  
Therapeutic Kits and  
Convenience Packs  
(That are Formulary)  
TIBSOVO  
TICALAST  
TICANASE  
TICASPRAY  
TIVORBEX  
*topiramate er*  
TRACLEER  
*tramadol er caps*  
*tramadol hcl er*  
TREMIFYA  
TRETIN-X  
*tretinoin*  
*tretinoin microsphere*

TRI-SILA  
*trientine hcl*  
TRIXYLITRAL  
TROKENDI XR  
TYKERB  
TYMLOS  
TALTZ  
TYVASO  
UCERIS  
ULTRAVATE X  
UPTRAVI  
VACUSTIM BLACK  
VACUSTIM SILVER  
VALCHLOR  
VELTIN  
VENCLEXTA  
VERZENIO  
VIEKIRA PAK  
VIEKIRA XR  
*vigabatrin*  
VIMOVO  
VITRAKVI  
VIVLODEX  
VIZIMPRO  
VOGELXO  
VOSEVI  
VOTRIENT  
XALKORI  
XARTEMIS XR  
XATMEP  
XELITRAL  
XELJANZ  
XELJANZ XR  
XERESE  
XERMELO  
XHANCE  
XIMINO  
XOSPATA

XTAMPZA ER  
XTANDI  
XURIDEN  
XYOSTED  
XYREM  
YONSA  
ZEJULA  
ZELAPAR  
ZELBORAF  
ZEPATIER  
ZEYOCAINE  
ZIANA  
ZIPSOR  
ZODEX  
ZOHYDRO ER  
ZOLINZA  
ZOMACTON  
ZONTIVITY  
ZORBTIVE  
ZORVOLEX  
ZYDELIG  
ZYKADIA  
ZYTIGA

## CHILD HEALTH PLUS STEP THERAPY LIST

### **The following prescription drugs require Step Therapy**

Step Therapy requires that members try certain First Line options before other medications will be considered medically necessary for treatment of a specific condition. Step therapy requirements may apply to both brand and generics. Typically, First Line medications are classified as generics, but there are instances where brand name medications may be preferred.

ACZONE	LIVALO
AMITIZA	LUMIGAN
APLENZIN	MENTAX
AUBAGIO	MORPHINE SULFATE
BETASERON	NAFTIN GEL
BIMATOPROST 0.03% DROPS	NEXIUM
CAMBIA	NORDITROPIN FLEXPRO
CIMZIA	NUTROPIN AQ
CLOCORTOLONE PIVALATE 0.1 %	OLEPTRO ER
CREAM(G)	OLYSIO
CLODERM	ORACEA
COSENTYX	ORENCIA
DAKLINZA	OXISTAT LOTION
DESONATE	OXYTROL
DESVENLAFAXINE FUMARATE	PANDEL
DEXILANT	PEXEVA
DIFICID	PROGRAF GRANULE PACKET
DORYX	RAPAFLO
DOXYCYCLINE MONOHYDRATE 40 MG	REXULTI
DURAGESIC	ROZEREM
EDLUAR	SAIZEN
EMSAM	SANCUSO
ERTACZO	SAPHRIS
EXTINA	SAVELLA
FANAPT	SILENOR
FOSAMAX PLUS D	SILIQ
GELNIQUE	SIMPONI
GENOTROPIN	TECHNIVIE
GLATIRAMER ACETATE 20mg	TEST STRIPS (OTHER THAN ABBOTT
GLATOPA 20mg/ml	AND ONE TOUCH)
GUAIFENESIN-CODEINE	TREMFYA
HALOG	TRIANEX
HUMATROPE	TUZISTRA XR
INTERMEZZO	TALTZ
KADIAN	ULORIC
KENALOG	VENLAFAXINE ER TAB (BRAND/GENERIC
KEVZARA	STATUS DEPENDENT ON
KHEDEZLA	MANUFACTURER. UCB BRAND,
KINERET	OTHERS GENERIC)
LATUDA	VERDESO
LEVALBUTEROL TARTRATE HFA	

VIEKIRA PAK  
VIEKIRA XR  
VRAYLAR  
XOLEGEL  
XOPENEX  
XOPENEX CONCENTRATE  
XOPENEX HFA  
Z-TUSS AC  
ZEGERID  
ZEPATIER  
ZINBRYTA  
ZOLPIMIST  
ZOMIG

Please submit completed PA and Step Therapy forms to:  
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