

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.

ABSTRAL	CALQUENCE
ACCRUFER	CAPRELSA
ACTEMRA	CARGLUMIC ACID
ACTEMRA ACTPEN	CARISOPRODOL 250 MG
ACTHAR	CARISOPRODOL-ASPIRIN-CODEINE
ACTIMMUNE	CERDELGA
ACTIQ	CHOLBAM
ADEMPAS	CIMZIA
ADZENYS ER	CINRYZE
ADZENYS XR-ODT	CLEMASTINE FUMARATE SYRUP
ALECENSA	CLINDAMYCIN PHOS-BENZOYL PEROX 1.2-2.5%
ALKINDI SPRINKLE	CLINDAMYCIN PHOS-TRETINOIN 1.2-0.025%
ALUNBRIG	CLINDAVIX
ALYQ	CLOMIPRAMINE HCL
AMBRISENTAN	COMETRIQ
AMLODIPINE-VALSARTAN	COPIKTRA
AMLODIPINE-VALSARTAN-HCTZ	CORTROPHIN
AMPHETAMINE SUSPENSION	COSENTYX SENSOREADY PEN
APLENZIN	COSENTYX SYRINGE
APTIOM	COSENTYX UNOREADY PEN
ARCALYST	COTELIC
ARIKAYCE	COTEMPLA XR-ODT
ARYMO ER	CUVPOSA
ASTAGRAF XL	CYLTEZO(CF)
AUSTEDO XR TITRATION KT(WK1-4)	CYLTEZO(CF) PEN
AVITA	CYPROHEPTADINE HCL SYRUP
AYVAKIT	CYSTADROPS
AZELASTINE-FLUTICASONE	CYSTARAN
BALVERSA	DAURISMO
BERINERT	DAYBUE
BEXAROTENE	DERMACINRX SILAZONE
BIMATOPROST	DESVENLAFAXINE ER
BOSENTAN	DEXCOM G6 RECEIVER
BRAFTOVI	DEXCOM G6 SENSOR
BRIMONIDINE TARTRATE 0.33% GEL	DEXCOM G6 TRANSMITTER
BRUKINSA	DEXCOM G7 RECEIVER
BUDESONIDE RECTAL FOAM	DEXCOM G7 SENSOR
BUPRENORPHINE PATCH	DIACOMIT
BYLVAY	DICLOFENAC 35 MG CAPSULE
CABLIVI	DOJOLVI
CABOMETYX	DOPTELET

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DOXEPIN HCL 5% CREAM	FREESTYLE LIBRE 2 SENSOR
DOXYLAMINE SUCC-PYRIDOXINE HCL	FREESTYLE LIBRE 3 SENSOR
DROXIDOPA	FULPHILA
DULOXETINE HCL 40 MG	FYLNETRA
DUPIXENT PEN	GALAFOLD
DUPIXENT SYRINGE	GATTEX
DYANAVEL XR	GAVRETO
EGRIFTA	GENOTROPIN
EGRIFTA SV	GILOTRIF
EMFLAZA	GIMOTI
EMPAVELI	GLYCOPYRROLATE
EMVERM	GOCOVRI
ENALAPRIL MALEATE SOLUTION	GONITRO
ENBREL	GRALISE
ENBREL MINI	GRANIX
ENBREL SURECLICK	HADLIMA
ENDARI	HADLIMA PUSHTOUCH
ENSPRYNG	HADLIMA(CF)
ENSTILAR	HADLIMA(CF) PUSHTOUCH
ENTERAL FORMULA	HAEGARDA
ENVARUS XR	HARVONI
EPCLUSA	HETLIOZ
EPIDIOLEX	HETLIOZ LQ
ERIVEDGE	HORIZANT
ERLEADA	HUMATROPE
ESOMEPRAZOLE STRONTIUM	HUMIRA
EVEROLIMUS	HUMIRA PEDIATRIC CROHN'S
EVRYSDI	HUMIRA PEN
EXALGO	HUMIRA(CF)
EXKIVITY	HUMIRA(CF) PEDIATRIC CROHN'S
FASENRA PEN	HUMIRA(CF) PEN
FENTANYL PATCH	HYDROCODONE BITARTRATE ER
FENTANYL CITRATE	HYDROMORPHONE ER
FENTORA	HYDROXYCHLOROQUINE (100 MG, 300 MG, 400 MG)
FINASTERIDE 1 MG	HYFTOR
FINTEPLA	HYSINGLA ER
FIRDAPSE	IBRANCE
FORTEO	ICATIBANT
FREESTYLE LIBRE 14 DAY READER	IDHIFA
FREESTYLE LIBRE 14 DAY SENSOR	IMBRUVICA
FREESTYLE LIBRE 2 READER	IMPAVIDO

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INCRELEX	MAVYRET
INLYTA	MEDOLOR PAK
INQOVI	MEKINIST
INREBIC	MEKTOVI
ISOTRETINOIN (25 MG, 35 MG)	METHADONE HCL
ISTURISA	METHADONE INTENSOL
IVERMECTIN	METHADOSE
JAKAFI	MIGLUSTAT
JAVYGTOR	MIRVASO
JOENJA	MORPHINE SULFATE ER
JUXTAPID	MULPLETA
JYNARQUE	MYALEPT
KADIAN	MYTESI
KALYDECO	NAPROXEN-ESOMEPRAZOLE MAG
KERYDIN	NATPARA
KEVEYIS	NERLYNX
KEVZARA	NEULASTA
KINERET	NEULASTA ONPRO
KISQALI	NEUPOGEN
KISQALI FEMARA CO-PACK	NEXLETOL
KLOFENSAID II	NEXLIZET
KORLYM	NGENLA
KOSELUGO	NINLARO
KRISTALOSE	NITISINONE
KYNMOBI	NITROGLYCERIN
LACTULOSE PACKET	NITYR
LATISSE	NIVESTYM
LAZANDA	NORDITROPIN FLEXPRO
LEDIPASVIR-SOFOSBUVIR	NUBEQA
LENALIDOMIDE	NUCALA
LENVIMA	NUCYNTA ER
LEVORPHANOL TARTRATE	NUDICLO
LIDOCAINE-TETRACAINE	NUDEXTA
LIPROZONEPAK	NUPLAZID
LIQREV	NUTROPIN AQ NUSPIN
LITFULO	NUZYRA
LIVMARLI	NYVEPRIA
LONSURF	OICALIVA
LORBRENA	ODOMZO
LOREEV XR	OFEV
LYNPARZA	OLPRUVA

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OLUMIANT	RAVICTI
OMNITROPE	REDITREX
ONEXTON	REFISSA
ONUREG	RELEUKO
OPSUMIT	RENOVA
OPZELURA	RENOVA PUMP
ORENCIA	RETEVMO
ORENCIA CLICKJECT	REVCOVI
ORENITRAM ER	REVLIMID
ORENITRAM TITRATION KT	REZUROCK
ORKAMBI	RHOFADE
ORLADEYO	RIBAVIRIN
OSMOLEX ER	RINVOQ
OTEZLA	ROZLYTREK
OTREXUP	RUBRACA
OXBRYTA	RUCONEST
OXERVATE	RUKOBIA
OXYCODONE HCL ER	RUZURGI
OXYMORPHONE HCL ER	RYDAPT
PALFORZIA	RYPLAZIM
PALYNZIQ	SAIZEN
PEGASYS	SAIZEN-SAIZENPREP
PEGASYS PROCLICK	SAJAZIR
PENICILLAMINE CAPSULE	SAPROPTERIN DIHYDROCHLORIDE
PENNSAICIN	SEROSTIM
PEXEVA	SIGNIFOR
PIQRAY	SIKLOS
PIRFENIDONE	SILAZONE-II
POMALYST	SILDENAFIL CITRATE SUSPENSION
PROCYSBI	SILDENAFIL CITRATE 20 MG TABLET
PROMACTA	SILIQ
PROPECIA	SIMPONI
PURIXAN	SITAVIG
PYRUKYND	SIVEXTRO
QBRELIS	SKYCLARYS
QELBREE	SKYRIZI
QINLOCK	SKYRIZI ON-BODY
QUILLICHEW ER	SKYRIZI PEN
QUILLIVANT XR	SKYTROFA
QUININE SULFATE	SODIUM OXYBATE
RASUVO	SOFOSBUVIR-VELPATASVIR

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SOGROYA	TRETINOIN MICROSPHERE
SOLTAMOX	TRIENTINE HCL
SOMAVERT	TRIKAFTA
SOTYLIZE	TRI-LUMA
SOVALDI	TUKYSA
SPRYCEL	TYMLOS
STELARA	TYVASO
STIMUFEND	TYVASO DPI
STIVARGA	TYVASO INSTITUTIONAL START KIT
STRENSIQ	TYVASO REFILL KIT
SUBSYS	TYVASO STARTER KIT
SUCRAID	UCERIS
SUNOSI	UDENYCA
SYMDEKO	UDENYCA AUTOINJECTOR
SYNAREL	UPTRAVI
SYNDROS	VALCHLOR
SYNERA	VANIQA
SYPRINE	VENCLEXTA
TABRECTA	VENCLEXTA STARTING PACK
TADALAFIL 20 MG TABLET	VERZENIO
TAFINLAR	VESICARE LS
TAGRISSE	VIGABATRIN
TAKHZYRO	VIGADRONE
TALTZ AUTOINJECTOR	VIJOICE
TALTZ SYRINGE	VITRAKVI
TALZENNA	VIVJOA CAPSULE
TASIGNA	VIZIMPRO
TASIMELTEON	VOSEVI
TAVABOROLE	VOTRIENT
TAVALISSE	VOXZOGO
TAVNEOS	VYNDAMAX
TAZVERIK	VYNDAQEL
TEGSEDI	WELIREG
TERIPARATIDE	WHYTEDERM TRILASIL PAK
TETRABENAZINE	WINLEVI
THIOLA EC	WYNZORA
TIBSOVO	XALKORI
TIOPRONIN	XATMEP
TRAMADOL HCL ER	XDEMVY
TREMFYA	XELJANZ
TRETINOIN (CREAM, GEL)	XELJANZ XR

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XENLETA
XERMELO
XHANCE
XOLAIR
XOSPATA
XPOVIO
XTAMPZA ER
XTANDI
XURIDEN
XYREM
XYWAV
YONSA
ZEJULA
ZELAPAR
ZELBORAF
ZIEXTENZO
ZOKINVY
ZOLINZA
ZOMACTON
ZORBTIVE
ZTALMY
ZYDELIG
ZYKADIA

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.

AUBAGIO
BREXAFEMME
DEXLANSOPRAZOLE DR
EUCRISA
FANAPT
GELNIQUE
LATUDA
OMNIPOD 5 G6 INTRO KIT (GEN 5)
OMNIPOD 5 G6 PODS (GEN 5)
OMNIPOD CLASSIC PODS (GEN 3)
OMNIPOD DASH INTRO KIT (GEN 4)
OMNIPOD DASH PODS (GEN 4)
OXYTROL
OZEMPIC
RYBELSUS
SANCUSO
SAVELLA
TERIFLUNOMIDE
TRULICITY
VICTOZA
VRAYLAR
XERESE

Please submit completed PA and Step Therapy forms to:
Pharmacy Help Desk
Mail to: 165 Court Street, Rochester, NY 14647
Fax: 1 (800) 956-2397