

## MANAGED MEDICAID 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	AVITA
ABSTRAL	AXIRON
ACANYA	BALVERSA
ACIPHEX SPRINKLE	BEBULIN
ACTEMRA	BENEFIX
ACTICLATE	BENLYSTA
ACTIMMUNE	BERINERT
ACTIQ	<i>bexarotene</i>
<i>adapalene</i>	BONJESTA
ADCIRCA	BOSULIF
ADEMPAS	BRAFTOVI
ADVATE	BRIVIACT
ADYNOVATE	<i>budesonide er</i>
ADZENYS ER	<i>buprenorphine</i>
ADZENYS XR-ODT	<i>buprenorphine patch</i>
AFINITOR	BUTRANS
AFSTYLA	CABLIVI
AIMOVIG AUTOINJECTOR	CABOMETYX
AIMOVIG AUTOINJECTOR (2 PACK)	CALQUENCE
ALECENSA	CAPRELSA
ALPHANATE	CARAC
ALPHANINE SD	CARBAGLU
ALPROLIX	<i>carisoprodol 250mg</i>
ALUNBRIG	CENTANY AT
AMPYRA	CERDELGA
AMRIX	<i>chlorzoxazone 250mg</i>
ANDRODERM	CHOLBAM
ANDROGEL	CIMZIA
ANDROID	CINRYZE
ANDROXY	<i>clindamycin phos-benzoyl perox</i>
APTIOM	<i>clindamycin phos-tretinoin</i>
ARCALYST	COAGADEX
ARIKAYCE	COMETRIQ
ARYMO ER	
ASTAGRAF XL	
AUSTEDO	
AUVI-Q	

COPEGUS  
COPIKTRA  
CORIFACT  
COSENTYX  
COTELLIC  
COTEMPLA XR-ODT  
CUPRIMINE  
CUVPOSA  
*cyclobenzaprine hcl 7.5mg*  
*cyproheptadine syrup*  
CYSTARAN  
DAKLINZA  
*dalfampridine er*  
DAURISMO  
*dexamethasone therapy pack*  
DICLEGIS  
*diclofenac sodium 3%*  
DICLOFEX DC  
DICLOPR  
DICLOZOR  
DITHOL  
DOLOTRANZ  
DOPTELET  
*doxycycline hyclate tab*  
DUEXIS  
DUPIXENT  
DURAGESIC  
DXEVO  
DYANAVAL XR  
DYMISTA  
ELOCTATE  
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  
FEIBA NF  
*fenoprofen calcium*  
FENORTHO  
*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  
HELIXATE FS  
HEMLIBRA  
HEMOFIL M  
HETLIOZ  
HORIZANT  
HUMATE-P  
HUMATROPE  
HYCAMTIN  
*hydrocodone-guaifenesin*  
*hydromorphone er*  
HYSINGLA ER  
HUMIRA  
IBRANCE  
ICLUSIG  
IDELVION  
IDHIFA  
IMBRUVICA  
IMPAVIDO  
INBRIJA  
INCRELEX  
INFLAMMACIN  
INGREZZA  
INGREZZA INITIATION PACK  
INLYTA  
IRESSA

IXINITY  
JAKAFI  
JIVI  
JUBLIA  
JUXTAPID  
JYNARQUE  
KADIAN  
KALYDECO  
KERYDIN  
KEVEYIS  
KEVZARA  
KINERET  
KISQALI  
KISQALI FEMARA CO-PACK  
KOATE  
KOGENATE FS  
KORLYM  
KOVALTRY  
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  
MONOCLATE-P  
MONONINE MORGIDOX  
MORPHABOND ER  
*morphine sulfate er*  
MOXATAG  
MOZOBIL  
MULPLETA  
MYALEPT  
MYTESI  
NALFON  
NAMZARIC  
NATESTO  
NATPARA  
NERLYNX  
NEUPOGEN  
NEUPRO  
NEURCAINE  
NEXAVAR  
NINLARO  
*nitroglycerin spray* NITYR  
NIVESTYM  
NORDITROPIN FLEXPRO  
NORTHERA  
*nortriptyline dose cup*  
NOVOEIGHT

NOVOSEVEN RT  
NUCYNTA ER  
NUDICLO  
NUEDEXTA  
NUPLAZID  
NUTRESTORE  
NUTRIARX NUTROPIN  
AQ NUWIQ  
NUZYRA  
OBIZUR  
OCALIVA  
ODOMZO  
OFEV  
OLUMIANT  
OLYSIO  
OMNITROPE  
ONEXTON  
ONMEL  
OPSUMIT  
ORAVIG  
ORENCIA  
ORENITRAM ER  
ORFADIN  
ORILISSA  
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  
PRILOLID  
PROCYSBI  
PROFENO  
PROFILNINE  
PROMACTA  
PURIXAN  
QBRELIS  
QUALAQUIN  
QUDEXY XR  
QUILLICHEW ER  
QUILLIVANT XR  
*quinine sulfate*  
RASUVO  
RAVICTI  
RAYOS  
REBETOL  
REBINYN  
RECOMBINATE  
REPATHA  
REVATIO  
REVLIMID  
RIBASPHERE  
RIBASPHERE RIBAPAK  
RIBATAB  
*ribavirin*  
RIXUBIS  
ROSDAN  
ROWASA  
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  
SOLUPAK  
SOMA  
SOMAVERT  
SORILUX  
SOTYLIZE  
SOVALDI  
SPRITAM  
SPRIX  
SPRYCEL  
STELARA  
STIVARGA  
STRENSIQ  
STRIANT  
SUBSYS  
SUCRAID  
SUTENT  
SYLATRON  
SYMDEKO

SYNALAR TS  
SYNDROS  
SYPRINE  
TACLONEX SUSP  
*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 caps*  
TRACLEER  
*tramadol er caps*  
*tramadol hcl er*  
TREMIFYA  
TRETIN-X  
*tretinoin 0.5% cream*  
*tretinoin microsphere*  
TRETEN  
TRI-SILA

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

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

## MANAGED MEDICAID 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.

ALOGLIPTIN BENZOATE/METFORMIN HCL	NORDITROPIN FLEXPRO
ALOGLIPTIN BENZOATE/PIOGLITAZONE HCL	NUTROPIN AQ
BYDUREON	OLEPTRO ER
BYDUREON BCISE	OLYSIO
BYDUREON PEN	ORENCIA
BYETTA	PROGRAF GRANULE PACKET
CAMBIA	REXULTI
CIMZIA	ROZEREM
COSENTYX	SAIZEN
DAKLINZA	SAPHRIS
DESVENLAFAXINE FUMARATE	SEGLUROMET
ENTRESTO	SILENOR
EPCLUSA	SILIQ
FANAPT	SIMPONI
GENOTROPIN	STEGLATRO
HARVONI	TECHNIVIE
HUMATROPE	TREMFYA
INVOKAMET	TALTZ
INVOKAMET XR	VICTOZA 2-PAK
INVOKANA	VICTOZA 3-PAK
KEVZARA	VIEKIRA PAK
KINERET	VIEKIRA XR
LATUDA	XOPENEX HFA
LEVALBUTEROL TARTRATE HFA	ZEPATIER
LYRICA	ZINBRYTA

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  
Phone: 1 (800) 499-1275