

### 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.

ACCRUFER	CABLIVI
ACTEMRA	CABOMETYX
ACTEMRA ACTPEN	CALQUENCE
ACTHAR	CAPRELSA
ACTIMMUNE	CARGLUMIC ACID
ACTIQ	CARISOPRODOL 250 MG
ADEMPAS	CERDELGA
ADZENYS ER	CHOLBAM
ADZENYS XR-ODT	CIMZIA
AGAMREE	CINRYZE
ALECENSA	CLEMASTINE FUMARATE SYRUP
ALKINDI SPRINKLE	CLINDAMYCIN-BENZOYL PEROXIDE 1.2-3.75%
ALUNBRIG	CLOMIPRAMINE HCL
ALVAIZ	COMETRIQ
ALYQ	COPIKTRA
AMBRISENTAN	CORTROPHIN
AMPHETAMINE ER SUSPENSION	COSENTYX SENSOREADY PEN
APLENZIN	COSENTYX SYRINGE
ARCALYST	COSENTYX UNOREADY PEN
ARIKAYCE	COTELLIC
ASTAGRAF XL	COTEMPLA XR-ODT
AYVAKIT	CYLTEZO(CF)
AZELASTINE-FLUTICASONE	CYLTEZO(CF) PEN
BACLOFEN (ORAL SUSPENSION AND SOLUTION)	CYSTADROPS
BALVERSA	CYSTARAN
BERINERT	DAURISMO
BEXAROTENE	DAYBUE
BIMATOPROST	DEFLAZACORT
BOSENTAN	DESVENLAFAXINE ER
BOSULIF	DEXCOM G6 RECEIVER
BRAFTOVI	DEXCOM G6 SENSOR
BRENZAVVY	DEXCOM G6 TRANSMITTER
BREXAFEMME	DEXCOM G7 RECEIVER
BRIMONIDINE 0.33% GEL PUMP	DEXCOM G7 SENSOR
BRUKINSA	DIACOMIT
BUDESONIDE RECTAL FOAM	DICLOFENAC
BUPRENORPHINE PATCH	DISKETS 40 MG TABLET
BYLVAY	DOJOLVI

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DOPTELET	FORTEO
DOXEPIN HCL 5% CREAM	FREESTYLE LIBRE 14 DAY READER
DOXYLAMINE SUCC-PYRIDOXINE HCL	FREESTYLE LIBRE 14 DAY SENSOR
DROXIDOPA	FREESTYLE LIBRE 2 READER
DULOXETINE HCL 40 MG	FREESTYLE LIBRE 2 SENSOR
DUPIXENT PEN	FREESTYLE LIBRE 3 READER
DUPIXENT SYRINGE	FREESTYLE LIBRE 3 SENSOR
DYANAVEL XR SUSPENSION	FULPHILA
EGRIFTA	FYLNETRA
EGRIFTA SV	GABAPENTIN ER
EMFLAZA	GALAFOLD
EMPAVELI	GATTEX
EMVERM	GAVRETO
ENALAPRIL SOLUTION	GENOTROPIN
ENBREL	GILOTRIF
ENBREL MINI	GIMOTI
ENBREL SURECLICK	GLYCOPYRROLATE 1 MG/5 ML SOLUTION
ENDARI	GLYCOPYRROLATE 1.5 MG TABLET
ENSPRYNG	GOCOVRI
ENSTILAR	GRALISE
ENTERAL FORMULA	GRANIX
ENVARUSUS XR	HADLIMA
EPCLUSA	HADLIMA PUSHTOUCH
EPIDIOLEX	HADLIMA(CF)
ERIVEDGE	HADLIMA(CF) PUSHTOUCH
ERLEADA	HAEGARDA
ESOMEPRAZOLE STRONTIUM	HARVONI
EVEROLIMUS	HETLIOZ
EVRYSDI	HETLIOZ LQ
EXKIVITY	HORIZANT
FASENRA PEN	HUMATROPE
FENTANYL PATCH	HUMIRA
FENTANYL CITRATE	HUMIRA PEDIATRIC
FENTORA	HUMIRA PEN
FILSUVEZ	HUMIRA(CF)
FINASTERIDE 1 MG	HUMIRA(CF) PEDIATRIC
FINTEPLA	HUMIRA(CF) PEN
FIRDAPSE	HYDROCODONE BITARTRATE ER
FLEQSUVY	HYDROMORPHONE ER

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HYDROXYCHLOROQUINE (100 MG, 300 MG, 400 MG)	LIQREV
HYFTOR	LITFULO
HYSINGLA ER	LIVMARLI
IBRANCE	LONSURF
ICATIBANT	LORBRENA
IDHIFA	LOREEV XR
IMBRUVICA	LYNPARZA
IMPAVIDO	LYVISPAH
INCRELEX	MAVYRET
INLYTA	MEKINIST
INQOVI	MEKTOVI
INREBIC	METHADONE HCL
ISOTRETINOIN (25 MG, 35 MG)	METHADONE INTENSOL
ISTURISA	METHADOSE
IVERMECTIN	MIFEPRISTONE 300 MG TABLET
IWILFIN	MIGLUSTAT
JAKAFI	MIRVASO
JAVYGTOR	MORPHINE SULFATE ER
JOENJA	MOTPOLY XR
JUXTAPID	MOUNJARO
JYNARQUE	MULPLETA
KALYDECO	MYALEPT
KINERET	MYTESI
KISQALI	NAPROXEN-ESOMEPRAZOLE MAG
KISQALI FEMARA CO-PACK	NATPARA
KORLYM	NERLYNX
KOSELUGO	NEUPOGEN
KRISTALOSE	NEXLETOL
KYNMOBI	NEXLIZET
LACTULOSE PACKET	NGENLA
LAPATINIB	NINLARO
LATISSE	NITISINONE
LAZANDA	NITYR
LEDIPASVIR-SOFOSBUVIR	NIVESTYM
LENALIDOMIDE	NORDITROPIN FLEXPRO
LENVIMA	NUBEQA
LEVORPHANOL TARTRATE	NUCALA
LIDOCAINE-TETRACAINE	NUCYNTA ER

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NUEDEXTA	PALFORZIA
NUPLAZID	PALYNZIQ
NUTROPIN AQ NUSPIN	PAZOPANIB HCL
NUZYRA	PEGASYS
NYVEPRIA	PEGASYS PROCLICK
OCALIVA	PENICILLAMINE CAPSULE
ODOMZO	PEXEVA
OFEV	PIQRAY
OJJAARA	PIRFENIDONE
OLPRUVA	POMALYST
OLUMIANT	PROCYSBI
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	PROMACTA
OMNIPOD 5 G6-G7 PODS (GEN 5)	PROPECIA
OMNIPOD 5 G6 INTRO KIT (GEN 5)	PURIXAN
OMNIPOD 5 G6 PODS (GEN 5)	PYRIMETHAMINE
OMNIPOD CLASSIC PODS (GEN 3)	PYRUKYND
OMNIPOD DASH INTRO KIT (GEN 4)	QBRELIS
OMNIPOD DASH PODS (GEN 4)	QELBREE
OMNITROPE	QINLOCK
ONEXTON	QUILLICHEW ER
ONUREG	QUILLIVANT XR
OPSUMIT	QUININE SULFATE
OPZELURA	RASUVO
ORENCIA	RAVICTI
ORENCIA CLICKJECT	REDITREX
ORENITRAM ER	REFISSA
ORENITRAM TITRATION KT	RELEUKO
ORKAMBI	RELTONE
ORLADEYO	RENOVA
OSMOLEX ER	RENOVA PUMP
OTEZLA	RETEVMO
OTREXUP	REVCOVI
OXBRYTA	REVLIMID
OXERVATE	REZUROCK
OXYCODONE HCL ER	RHOFADE
OXYMORPHONE HCL ER	RIBAVIRIN
OZEMPIC	RINVOQ
OZOBAX	RIVFLOZA
OZOBAX DS	

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ROZLYTREK	SYMDEKO
RUBRACA	SYNAREL
RUCONEST	SYNDROS
RUKOBIA	SYNERA
RUZURGI	TABRECTA
RYBELSUS	TADALAFIL 20 MG TABLET
RYDAPT	TAFINLAR
RYPLAZIM	TAGRISSO
SAJAZIR	TAKHZYRO
SAPROPTERIN DIHYDROCHLORIDE	TALTZ AUTOINJECTOR
SEROSTIM	TALTZ SYRINGE
SIGNIFOR	TALZENNA
SIKLOS	TASIGNA
SILDENAFIL CITRATE SUSPENSION	TASIMELTEON
SILDENAFIL CITRATE 20 MG TABLET	TAVABOROLE
SIMPONI	TAVALISSE
SITAVIG	TAVNEOS
SIVEXTRO	TAZVERIK
SKYCLARYS	TEGSEDI
SKYRIZI	TERIPARATIDE
SKYRIZI ON-BODY	TETRABENAZINE
SKYRIZI PEN	THIOLA EC
SKYTROFA	TIBSOVO
SODIUM OXYBATE	TIOPRONIN
SOFOSBUVIR-VELPATASVIR	TRAMADOL HCL ER
SOGROYA	TREMFYA
SOHONOS	TRETINOIN (CREAM, GEL, EMOLLIENT CREAM)
SOLTAMOX	TRETINOIN MICROSPHERE
SOMAVERT	TRIENTINE HCL
SOTYLIZE	TRIKAFTA
SOVALDI	TRI-LUMA
SPRYCEL	TRULICITY
STELARA	TUKYSA
STIMUFEND	TYMLOS
STIVARGA	TYVASO
STRENSIQ	TYVASO DPI
SUBSYS	TYVASO INSTITUTIONAL START KIT
SUCRAID	TYVASO REFILL KIT
SUNOSI	

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TYVASO STARTER KIT	XYREM
UPTRAVI	XYWAV
VALCHLOR	YARGESA
VANIQA	YONSA
VENCLEXTA	ZEJULA
VENCLEXTA STARTING PACK	ZELAPAR
VERZENIO	ZELBORAF
VESICARE LS	ZIEXTENZO
VICTOZA	ZOKINVY
VIGABATRIN	ZOLINZA
VIGADRONE	ZOMACTON
VIJOICE	ZORBTIVE
VITRAKVI	ZTALMY
VIVJOA	ZURZUVAE
VIZIMPRO	ZYDELIG
VOSEVI	ZYKADIA
VOTRIENT	
VOXZOGO	
VYNDAMAX	
VYNDAQEL	
WAINUA	
WELIREG	
WINLEVI	
WYNZORA	
XALKORI	
XATMEP	
XDEMVY	
XELJANZ	
XELJANZ XR	
XENLETA	
XERMELO	
XHANCE	
XOLAIR	
XOSPATA	
XPOVIO	
XTAMPZA ER	
XTANDI	
XURIDEN	

**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.

EUCRISA  
FANAPT  
GELNIQUE  
GLUCOSE METER (OTHER THAN ABBOTT, ONE TOUCH)  
OXYTROL  
PHEBURANE  
SAVELLA  
TEST STRIPS (OTHER THAN ABBOTT, ONE TOUCH)  
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  
Phone: 1 (800) 499-1275**