

Prior Authorization Drug List

Effective Jan. 1, 2023

Most benefit plans include the prior authorization program. Check your plan materials to see if this information applies to you.

What Is Prior Authorization?

Prior authorization is a quality and safety program that promotes the proper use of certain medications. If your doctor prescribes a medication that is included in our prior authorization program, you must get prior approval before your plan will cover your medication.

We base the prior authorization program on U.S. Food and Drug Administration and manufacturer guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design.

Which Medications Are Included?

This list includes both specialty and non-specialty drugs that require prior authorization under your **pharmacy benefit**. You will also find information on where your doctor should send requests for prior authorization.

Note that before your plan will cover some drugs, you must try one or more covered alternatives first.

If your health plan requires prior authorization for specialty drugs under the **medical benefit**, you can find more information on the Medical Drug List online at your health plan's website.

What Are the Possible Outcomes of a Prior Authorization Request?

- If you meet the requirements, your drug will be approved, and we will cover it. Your drug may be approved for up to one year or more. You will be sent a letter letting you know that your drug has been approved.
- If you do not meet the requirements, your prior authorization will be denied. Also, if your doctor does not send in the requested information within a

certain period of time, your prior authorization will be denied. If your request is denied, both you and your doctor will be sent a letter explaining the denial. The letter will include information about how you can appeal the decision.

What Happens at the Pharmacy?

The pharmacist enters your prescription information into the computer system. If your medication needs prior authorization and you already have it, the pharmacist will fill your prescription. If you do not have prior authorization, you have three choices:

- You or your pharmacist can call your doctor and get a prescription for a different medication that does not need prior authorization.
- You can pay full price for your medication.
- You or your pharmacist can ask your doctor to get prior authorization for you.

If you do not meet the requirements for prior authorization, you can still choose another option. You and your doctor make the final decision about the medication that is right for you.

If you submit your prescription to your plan's home delivery (mail-order) pharmacy and do not get the required prior authorization, the pharmacy will not fill your prescription. You will receive notification by mail.

What Happens at a Specialty Pharmacy?

Usually, your doctor will call or fax a prescription directly to the specialty pharmacy. If your prescription requires prior authorization, the specialty pharmacy will tell your doctor how to request this.

Your benefit document defines actual benefits available and may exclude coverage for certain drugs listed here. Check your benefit information to verify coverage or view your personal benefit information on our website. This list may contain trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with your health plan. This list may change or expand from time to time without prior notice. When we list brand-name drugs, programs may also apply to any available generic equivalents.

Drugs Requiring Prior Authorization (Specialty)

This list applies to specialty drug coverage under the *pharmacy benefit*. Please call **855-811-2218** to request prior authorization for these drugs. Preferred drugs under the pharmacy benefit are listed with a hashtag (#).

Note that some drugs listed may require use of one or more alternative drugs before authorization will be granted. Please see **Table A** for more information.

| | | | | |
|---|--|--|--|---|
| A <hr/> <ul style="list-style-type: none">Abiraterone Acetate (#)AbraxaneActemraActharActimmuneAdcetrisAdempas (#)AldurazymeAlecensaAliqopaAlunbrigAlyqAmbrisentan (#)Amondys 45ApokynAralast NPAranespArcalystArzerraAubagio (#)AvastinAvonexAvsola (#)AyvakitAzacididine (#) | <ul style="list-style-type: none">BraftoviBrukinsa C <hr/> <ul style="list-style-type: none">CabometyxCalquenceCaprelsaCarbagluCarimuneCaystonCerdelgaCerezymeCholbamCimzia (#)Cinacalcet Hydrochloride (#)CinryzeCometriqCopaxone (#)CopiktraCortrophinCoselaCosentyxCotellicCyramzaCystadropsCystaranCytogam | <ul style="list-style-type: none">ElapraseElelysoEligardEmpaveliEmplicitiEnbrelEndariEnhertuEnspryngEntyvioEpclusa (#)EpidiolexEpogenEpoprostenol Sodium (#)ErbixutErivedgeErleada (#)Erlotinib HydrochlorideEuflexxaEverolimusEvrysdiExkivityExtaviaEylea F <hr/> <ul style="list-style-type: none">FabrazymeFarydakFensolviFerriproxFinteplaFirazyrFirmagonFlebogamma DIFFlolanFolotylinForteo (#)Fotivda G <hr/> <ul style="list-style-type: none">GalafoldGamastanGammagardGammagard S/DGammakedGammaplexGamunex-C | <ul style="list-style-type: none">GattexGavretoGazyvaGel-OneGelsyn-3Gemcitabine HclGenotropinGilenya (#)GilotrifGivlaariGlassiaGlatiramer AcetateGlatopa (#)GleevecGranix H <hr/> <ul style="list-style-type: none">HaegardaHalavenHarvoni (#)HerceptinHetlioz/LQHizentraHumatrope (#)Humira (#)HyalganHycamtinHyqvia | J <hr/> <ul style="list-style-type: none">JakafiJemperliJetreaJevtanaJuxtapidJynarque K <hr/> <ul style="list-style-type: none">KadcylaKalbitorKalydecoKanjinti (#)KanumaKesimptaKevzaraKeytrudaKineretKisqali (#)Kitabis PakKoateKoate-DVIKorlymKoselugoKynmobiKyprolis L <hr/> <ul style="list-style-type: none">Lapatinib DitosylateLartruvoLemtradaLenvimaLeukineLeuprolide Acetate (#)Levoleucovorin/ CalciumLivtencyLonsurfLorbrenaLucentisLumakrasLumizymeLupanetaLupkynisLupron Depot/PedLynparza |
|---|--|--|--|---|

M

- Macugen
- Margenza
- Mavyret (#)
- Mayzent (#)
- Mekinist
- Mektovi
- Miglustat
- Mitoxantrone HCL
- Monjuvi
- Monovisc
- Mozobil
- Mulpleta
- Mvasi
- Myalept
- Mycapssa
- Myobloc

N

- Naglazyme
- Natpara
- Nerlynx
- Neulasta/Onpro (#)
- Neupogen
- Nexviazyme
- Ninlaro
- Nitisinone
- Nivestym (#)
- Norditropin (#)
- Nplate
- Nubeqa
- Nulibry
- Nutropin AQ

O

- Ocrevus
- Octagam
- Octreotide Acetate
- Odomzo
- Ofev
- Omnitrope
- Oncaspar
- Onivyde
- Onureg
- Opdivo
- Opsumit (#)
- Orenicia
- Orenitram
- Orfadin
- Orkambi
- Orladeyo
- Orthovisc
- Otezla (#)
- Oxlumio

P

- Padcev
- Pegasys (#)
- Pegintron
- Pemazyre
- Pepaxto
- Perjeta
- Phesgo
- Plegridy
- Pomalyst
- Ponvory (#)
- Poteligeo
- Prialt
- Privigen
- Procrit (#)
- Procysbi
- Prolastin-C
- Proleukin
- Prolia
- Promacta
- Pulmozyme
- Purixan

Q

- Qinlock

R

- Radicava
- Rasuvo
- Ravicti
- Rebif/Rebifose (#)
- Rebzoyl
- Remicade
- Renflexis
- Retevmo
- Revlimid
- Rinvoq (#)
- Romidepsin
- Rozlytrek
- Rubraca
- Ruconest
- Ruxience (#)
- Rybrevant
- Rydapt
- Rylaze

S

- Saizen/Saizenprep
- Sajazir
- Sandostatin/LAR
- Sapropterin Dihydrochloride
- Sarclisa
- Scemblix
- Serostim
- Signifor/LAR
- Simponi/Aria (#)
- Skyrizi (#)
- Sodium Hyaluronate
- Sodium Phenylbutyrate
- Soliris
- Somatuline Depot
- Somavert
- Sprycel (#)
- Stelara (#)
- Stivarga
- Strensiq
- Sunitinib Malate
- Supartz FX
- Supprelin LA
- Sutent
- Sylvant
- Synagis
- Synribo
- Synvisc/One

T

- Tabrecta
- Tadalafil (#)
- Tafinlar
- Tagrisso
- Taltz
- Talzenna
- Tarceva
- Targretin
- Tavalisse
- Taxotere
- Tazverik
- Tecentriq
- Temozolomide (#)
- Temsirolimus (#)
- Tepmetko
- Tetrabenazine (#)
- Thalomid
- Tivdak
- Tobi Podhaler
- Tobramycin (#)
- Topotecan HCL
- Torisel
- Tracleer
- Trazimera (#)
- Treanda
- Trelstar Mixject
- Tremfya (#)
- Trikafta
- Triluron
- Trodelvy
- Truseltyq
- Truxima (#)

- Tukysa
- Tykerb
- Tysabri
- Tyvaso

U

- Ukoniq
- Uplizna
- Uptravi (#)

V

- Valchlor
- Valrubicin
- Valstar
- Vantas
- Vectibix
- Venclexta
- Verzenio
- Vidaza
- Vigabatrin (#)
- Vigadrone
- Vimizim
- Visudyne
- Vitrakvi
- Vosevi (#)
- Votrient
- Vpriv

W

- Welireg

X

- Xalkori
- Xeljanz/XR (#)
- Xeomin
- Xermelo
- Xgeva
- Xiaflex
- Xolair (#)
- Xospata
- Xtandi (#)
- Xyrem (#)
- Xywav

Y

- Yervoy
- Yondelis

Z

- Zaltrap
- Zaxio (#)
- Zavesca
- Zejula
- Zelboraf
- Zemaira
- Zepzelca
- Ziextenzo (#)
- Zirabev (#)
- Zokinvy
- Zoladex
- Zoledronic Acid (#)
- Zolinza
- Zomacton
- Zorbtive
- Zydelig
- Zykadia
- Zynlonta

Table A: Specialty Drugs That May Require Use of an Alternative First

| Condition or Drug Class | Before you have coverage for one of these drugs ... | ... you must have tried one (or more) of these alternative drugs first. |
|--|---|--|
| Brain cancer | Temodar | temozolomide |
| Colon cancer | Xeloda | capecitabine |
| Cystic fibrosis | TOBI Podhaler | tobramycin inhalation |
| Decrease in white blood cells | Neupogen | Nivestym, Zarxio |
| Growth deficiency | Genotropin, Nutropin/AQ, Omnitrope, Saizen, Zomacton | Humatrope, Norditropin |
| High cholesterol | Juxtapid, Kynamro | Repatha |
| Inflammatory conditions (<i>Crohn's disease, psoriasis, rheumatoid arthritis</i>) | Actemra, Cosentyx, Entyvio, Inflectra, Kevzara, Kineret, Orencia, Remicade, Rituxan, Silliq, Taltz | Cimzia, Enbrel, Humira, Otezla, Rinvoq, Simponi/Aria, Skyrizi, Stelara, Tremfya, Xeljanz/XR |
| Leukemia or multiple cancers | Gleevec | imatinib |
| Multiple sclerosis | Extavia, Ocrevus, Plegridy, Tysabri | Aubagio, Avonex, Betaseron, Copaxone, dimethyl fumerate, Gilenya, glatiramer, Glatopa, Kesimpta, Rebif |
| Osteoarthritis of the knee | Gel-One, Genvisc, Hyalgan, Hymovis, Monovisc, Orthovisc, Sodium Hyaluronate, Supartz, Synvisc, Triluron, Trivisc, Visco-3 | Euflexxa, Gelsyn 3, Durolane |
| Pulmonary arterial hypertension | Adcirca, Revatio | tadalafil, sildenafil |

Drugs Requiring Prior Authorization (Non-Specialty)

To request prior authorization for these drugs, please have your doctor call **855-811-2218**.

Note that some drugs listed may require use of one or more alternative drugs before authorization will be granted. Please see **Table B** for more information.

| | | | | |
|--|--|--|---|--|
| A <ul style="list-style-type: none"> Acitretin Aimovig Alogliptin Alogliptin/Metformin HCL Alogliptin/Pioglitazone Alosetron Hydrochloride Amitiza Anadrol-50 Apidra/Solostar Apretude Armodafinil Avalide | <ul style="list-style-type: none"> Compound Drugs (<i>costing \$300 or more</i>) Cresemba | I <ul style="list-style-type: none"> Incruse Ellipta Insulin Lispro Itraconazole Ivermectin | O <ul style="list-style-type: none"> Omnaris Omnipod Onglyza Oralair Orilissa Oseni Oxytrol | <ul style="list-style-type: none"> Toviaz Tradjenta Tresiba Tudorza Pressair |
| B <ul style="list-style-type: none"> Basaglar Beconase AQ Belsomra Bronchitol Buprenorphine HCL Bydureon/Bcise Byetta | D <ul style="list-style-type: none"> Dexcom G4/G5/G6 (<i>receiver only</i>) Diabetic Test Strips (other than OneTouch) Dojolvi Dulera Dymista | J <ul style="list-style-type: none"> Jentadueto/XR | P <ul style="list-style-type: none"> Pancreaze Pertzye Posaconazole/DR | U <ul style="list-style-type: none"> Ubrelvy Upneeq |
| C <ul style="list-style-type: none"> Cabenuva Capecitabine Clindamycin Phosphate/Tretinoin Clobetasol Propionate | E <ul style="list-style-type: none"> Edarbi Edarbyclor Edluar Emgality | K <ul style="list-style-type: none"> Kazano Kombiglyze XR | Q <ul style="list-style-type: none"> Qnasl | V <ul style="list-style-type: none"> Verquvo Viberzi Viokace |
| | F <ul style="list-style-type: none"> Freestyle Libre Glucose Monitoring System | L <ul style="list-style-type: none"> Lescol XL Levemir Lidocaine Lidocaine Patch 5% Livalo Lotronex Lubiprostone Lybalvi | R <ul style="list-style-type: none"> Regranex Gel Repatha Restasis Riomet | W <ul style="list-style-type: none"> Wakix |
| | G <ul style="list-style-type: none"> N/A | M <ul style="list-style-type: none"> Metformin HCL Modafinil Motegrity Myrbetriq | S <ul style="list-style-type: none"> Seebri Neohaler Soriatane Sporanox Stimate Stromectol Sunosi Sustol | X <ul style="list-style-type: none"> Xifaxan |
| | H <ul style="list-style-type: none"> Humalog Humalog Mix 50/50 Humalog Mix 75/25 Humulin 70/30 Humulin N/R Hyftor | N <ul style="list-style-type: none"> Nesina Nexletol Nexlizet Noxafil Nurtec | T <ul style="list-style-type: none"> Tekturna/HCT Tobacco Cessation Tovet | Z <ul style="list-style-type: none"> Zelnorm Zetonna |

Table B: Non-Specialty Drugs That May Require Use of an Alternative First

| Condition or Drug Class | Before you have coverage for one of these drugs ... | ... you must have tried one (or more) of these alternative drugs first. |
|--|--|--|
| Arthritis or pain | Flector (<i>diclofenac epolamine</i>) patch, Naprelan | Generic oral immediate release NSAIDs |
| Asthma or COPD (A) | Dulera | Advair Diskus, Advair HFA, Symbicort |
| Asthma or COPD (B) | Incruse Ellipta, Seebri Neohaler, Tudorza Pressair | Spiriva, Spiriva Respimat |
| Blood clots | Savaysa, Pradaxa | Xarelto, Eliquis |
| Cholesterol lowering (<i>high potency</i>) | Crestor | atorvastatin, ezetimibe/simvastatin (<i>generic for Vytorin</i>), rosuvastatin |
| Cholesterol lowering | Lescol/XL, Lipitor, Livalo, Mevacor, Pravachol, Zocor | atorvastatin, fluvastatin, fluvastatin ext-rel, lovastatin, pravastatin, rosuvastatin, simvastatin |
| Depression | Oleptro | trazodone |
| Dermatologic | Olux-E | Clobetasol propionate foam 0.05% |
| Diabetes (<i>insulin</i>) | All Apidra, Humalog (<i>insulin lispro</i>), Humulin (<i>except U-500</i>), Novolin Relion | Novolog, Novo Novolin |
| Diabetes (<i>long-acting insulin</i>) | Basaglar, Levemir, Tresiba | Lantus, Toujeo |
| Diabetes (<i>biguanides</i>) | Riomet | metformin/XR (<i>generics for Glucophage/XR</i>) |
| Diabetes (<i>DPP-4</i>) | Jentaduetto/XR, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, Tradjenta | Januvia, Janumet/XR |
| Diabetes (<i>SGLT2</i>) | Invokana, Invokamet/XR | Farxiga, Jardiance, Synjardy/XR, Xigduo XR |
| Diabetes (<i>GLP-1</i>) | Bydureon/BCISE, Byetta | Ozempic, Rybelsus, Trulicity, Victoza <i>These drugs require prior use of metformin, metformin ER (generic Glucophage XR) or prior authorization.</i> |
| Diabetes supplies | All test strips other than OneTouch <i>Members on insulin pumps that require specific test strips other than OneTouch may be granted a lifetime approval to continue to fill their current test strips.</i> | OneTouch |
| Glaucoma | Lumigan | latanoprost, Travatan Z, Zioptan |
| Hypertension | Avapro, Avalide, Cozaar, Hyzaar, Diovan/HCT, Edarbi, Edarbyclor, Micardis/HCT, Tekturna/HCT, Teveten/HCT | generic ARBs |
| Irritable bowel syndrome (<i>constipation predominant</i>) | Amitiza | Linzess |
| Irritable bowel syndrome (<i>diarrhea predominant</i>) | Viberzi, Xifaxan 550 mg | loperamide, diphenoxylate/atropine |
| Nasal steroids | Beconase AQ, Dymista, Flonase, Nasacort AQ, Omnaris, Qnasl, Rhinocort AQ, Zetonna | budesonide nasal spray, flunisolide, fluticasone nasal, mometasone furoate nasal spray, triamcinolone |
| Overactive bladder | Detrol/LA, Ditropan XL, Myrbetriq, Oxytrol, Toviaz, Vesicare | oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, Gelnique |
| Sleep medications | Ambien/CR, Belsomra, Edluar, Intermezzo, Sonata | eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zaleplon |

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。(Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háída biká'aná nílwo'ígíí díí Béeso Ách'ááh naa'níligi háá'ída yí na' ídíl kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'íshíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é la' bich'í' ha desdzhíh nínizingo, kojí' béesh bee hólne' 1-844-516-6328. (Navajo)

Vann du adda ebbah es du am helfa bisht, ennichi questions hend veyyich *deah health plan*, hend diah's recht fa hilf un information greeya in eiyah aykni shprohch unni kosht. Fa shvetza mitt en interpreter, roof deah nummah oh 1-833-584-1829. (Pennsylvania Dutch)