

The table below outlines the medications requiring a review by the Clinical Pharmacist, and if necessary, a Health Alliance Medical Director. If a provider wished for coverage of a drug designated as preauthorization required (PA), they must provide documentation to meet criteria for that particular medication. Provider must request prior authorization from Health Alliance for drugs on the following list:

Drug Class	Drug Name	Comments
ASTHMA/ COPD	Advair® (fluticasone-salmeterol) Breo™ Ellipta® (fluticasone-vilanterol)	See Non-Preferred ICS/LABA Combination Inhalers policy
	Arnuity™ Ellipta® (fluticasone-salmeterol) ArmonAir™ RespiClick® (fluticasone propionate)	See Non-Preferred ICS Inhalers policy
	Daliresp® (roflumilast)	See Daliresp policy
BEHAVIORAL HEALTH: ADHD	Dyanavel™ XR (amphetamine suspension) Quillichew® ER (methylphenidate ER) Quillivant XR® (methylphenidate suspension) Vyvanse® chewable (lisdexamfetamine)	Member aged 6 to 12; documentation of inability to swallow tablets for members older than 12
BEHAVIORAL HEALTH: Antidepressants	desvenlafaxine ER Fetzima™ (levomilnacipran ER) Khedezla™ (desvenlafaxine ER) Pristiq® (desvenlafaxine) Trintellix® (vortioxetine) Viibryd® (vilazodone)	See Behavioral Health policy; two Tier 1 SSRIs and two Tier 1 SNRIs (duloxetine and venlafaxine/venlafaxine ER)
BEHAVIORAL HEALTH: Atypical Antipsychotics	aripiprazole Rexulti® (brexpiprazole)	See Behavioral Health policy; as adjunct therapy for Major Depressive Disorder: TWO Tier 1 SSRIs, AND TWO Tier 1 SNRIs; for Bipolar Disorder and Schizophrenia: TWO of the following: olanzapine, quetiapine, risperidone or ziprasidone
	Fanapt® (iloperidone) Latuda® (lurasidone) paliperidone quetiapine ER Saphris® (asenapine) Vraylar™ (cariprazine)	See Behavioral Health policy; for Bipolar Disorder and Schizophrenia: TWO of the following: olanzapine, quetiapine, risperidone or ziprasidone
BEHAVIORAL HEALTH: Parkinson's Disease Psychosis	Nuplazid™	See Nuplazid policy

Drug Class	Drug Name	Comments
CARDIOVASCULAR: ARNI	Entresto™ (sacubitril/ valsartan)	See Entresto policy
CARDIOVASCULAR: Lipotropics	omega-3-acid ethyl esters Vascepa® (icosapent ethyl)	See Fish Oil (Lovaza and Vascepa) policy
CARDIOVASCULAR: Miscellaneous Agents	phenoxybenzamine	See phenoxybenzamine policy
CARDIOVASCULAR: Statins	Altoprev® (lovastatin ER) Lescol® XL (fluvastatin) Livalo® (pitavastatin) Zypitamag™ (pitavastatin)	See Brand Name Statin policy
CENTRAL NERVOUS SYSTEM: Anticonvulsants	Qudexy™ XR (topiramate ER) Trokenidi™ XR (topiramate ER)	See Qudexy XR and Trokenidi policy
DERMATOLOGY: Miscellaneous Agents	Aczone® (dapsone) Azelex® (azelaic acid)	Documentation of acne vulgaris; trial of two Tier 1 agents
	Picato® (ingenol mebutate) tazarotene Tazorac® (tazarotene)	Documentation of a non-cosmetic diagnosis (acne, actinic keratosis, etc.); trial of two Tier 1 agents
	Eucrisa® (crisaborole)	Documentation of mild to moderate atopic dermatitis; trial of topical corticosteroid; trial of tacrolimus ointment or Elidel
	Finacea® (azelaic acid) Mirvaso® (brimonidine) Rhofade™ (oxymetazoline) Soolantra® (ivermectin)	Documentation of rosacea; trial of doxycycline and metronidazole cream, gel or lotion
DIABETES: DPP4 (Dipeptidyl/ Peptidase IV)	alogliptin alogliptin/ pioglitazone alogliptin/ metformin Kazano™ (alogliptin/ metformin) Kombiglyze™ (saxagliptin/ metformin) Kombiglyze™ XR (saxagliptin- metformin ER) Nesina™ (alogliptin) Onglyza® (saxagliptin) Oseni™ (alogliptin/ pioglitazone)	See Diabetes Drug Therapies policy
DIABETES: GLP-1 (Glucagon-like peptide-1)	Adlyxin™ (lixisenatide) Bydureon® (exenatide) Bydureon® BCise (exenatide multidose) Byetta® (exenatide) Ozempic® (semaglutide) Trulicity™ (dulaglutide) Victoza® (liraglutide)	See Diabetes Drug Therapies policy
DIABETES: Long-Acting Insulin/ GLP-1 (Glucagon- like peptide-1) Combination Products	Soliqua™ (insulin glargine and lixisenatide) Xultophy® (insulin degludec and liraglutide)	See Diabetes Drug Therapies policy
DIABETES, MISC.	Regranex® (becaplermin)	Diagnosis of diabetic ulcers with failure on conventional therapy (dressings, soaks, debridement, etc.)

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Drug Class	Drug Name	Comments
DIABETES: SGLT-2 (Sodium glucose co-transporter 2 inhibitor)	Farxiga™ (dapagliflozin) Xigduo™ XR (dapagliflozin/metformin) Segluromet™ (ertugliflozin/metformin) Steglatro™ (ertugliflozin)	See Diabetes Drug Therapies policy
DIABETES: SGLT-2/DPP4 Combination Products	Glyxambi® (empagliflozin/linagliptin) Qtern® (dapagliflozin/saxagliptin) Steglujan™ (ertugliflozin/sitagliptin)	See Diabetes Drug Therapies policy
ENDOCRINE: Potassium Binders	Veltassa® (patiromer)	See Veltassa policy
ENDOCRINE: Testosterone Replacement Therapy	All testosterone and testosterone-containing medications	Use in females requires prior authorization; see Testosterone (Implantable, Topical, Oral, and Nasal) policy
ENDOCRINE: Testosterone Replacement	Androderm® (testosterone transdermal) Androgel® (testosterone gel) Axiron® (testosterone topical) Fortesta® (testosterone gel) Natesto™ (testosterone nasal) Striant® (testosterone buccal) Testim® (testosterone gel)	See Testosterone (Implantable, Topical, Oral, and Nasal) policy
ENDOCRINE: Vitamin D Analogs	doxercalciferol	See doxercalciferol policy
GOUT AGENTS	Duzallo® (lesinurad/allopurinol) Zurampic® (lesinurad)	See Zurampic and Duzallo policy
HEMATOLOGICAL DISORDER	Mircera® (methoxy polyethylene glycol-epoetin beta)	PA required for oncology indication
INFECTIOUS DISEASE: Antibacterial, Misc	Xifaxan® (rifaximin)	See Xifaxan policy
LOWER GI DISORDERS: Narcotic antagonists	Relistor® (methylnaltrexone)	See Relistor policy for opioid induced constipation
LOWER GI DISORDERS: other	Fulyzaq™ (crofelemer)	See Fulyzaq policy
NEUROLOGY: Botulinum toxins	Botox® (onabotulinumtoxinA)	See Botox policy
	Myobloc® (rimabotulinumtoxinB)	See Myobloc policy
	Xeomin® (incoboluminumtoxinA)	See Xeomin policy
NEUROLOGY: GABA analogs	Gralise® (gabapentin ER) Horizant® (gabapentin ER)	See Gabapentin Coverage Requirement policy; FDA label diagnosis specific to product, and trial of Gabapentin
	Lyrica® (pregabalin)	See Lyrica policy
NEUROLOGY: Fibromyalgia agents	Savella® (milnacipran)	Trial of TCA, muscle relaxant, gabapentin, duloxetine, and non-pharmacologic therapy

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ONCOLOGY	capecitabine cyclophosphamide Emcyt® (estramustine) etoposide oral Fareston® (toremifene) flutamide Hexalen® (altretamine) Leukeran™ (chlorambucil) Lysodren™ (mitotane) melphalan topotecan tretinoin	PA follows NCCN Oncology Pathways guidance
PAIN MANAGEMENT: Analgesics, Narcotics	Abstral® (fentanyl sublingual tablet) fentanyl citrate lozenge Fentora® (fentanyl citrate) Onsolis® (fentanyl buccal film) Subsys® (fentanyl sublingual spray)	See Fentanyl® Oral Dosage Formulation policy; limited to cancer diagnosis and inability to swallow and concurrent long acting agent requiring breakthrough agent
UPPER GI DISORDERS: Anti-ulcer preparations	Dexilant® (dexlansoprazole)	See PPI policy; trial of three generic PPIs and Nexium® 24HR OTC (at least 14 days in duration) in addition to qualifying diagnosis

Note: This is an incomplete list. Products with one year or less from the date of product launch are excluded from coverage.

Please Note: This applies to most Health Alliance plans. If you have questions, please contact the Pharmacy Department at 1-800-851-3379, option 4.

