

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 |
| ALENZIN | 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 FLEXPOR |
| 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