

Large Group 2022 Drugs Requiring Prior Authorization and Step Therapy

This list is subject to change.

Addiction Medicine

- Lucemyra
- Probuaphine
- Vivitrol

Antibiotics/Antifungals

- Difucid*
- doxycycline hyclate DR*
- itraconazole
- Noxafil
- oxiconazole
- Sporanox
- Cresemba

Antiemetics

- granisetron*
- Sancuso*

Antiepileptic

- Aptiom
- rufinamide
- Briviact
- Fycompa
- clobazam
- Sabril
- vigabatrin
- Vimpat

Antidotes

- Cetylev
- Chemet

Antivirals

- Selzentry
- Intelence
- Baraclude
- Descovy
- Entecavir
- Eпивir
- Lamivudine
- Sirturo (anti-TB)
- Eplclusa
- Harvoni
- Vosevi

Blood Pressure and Heart Failure

- Bystolic*
- candesartan*
- candesartan-hctz*
- clonidine patch*
- Corlanor
- Entresto
- Innopran XL*
- telmisartan*
- telmisartan-hctz*
- Tekturna*
- Keveyis
- nitroglycerin spray*
- droxidopa

Cholesterol drugs

- fenofibrate DR*
- Juxtapid
- Kynamro
- Praluent
- Trilipix*
- Vascepa
- Vytorin*

Cystic Fibrosis

- Kalydeco
- Orkambi
- Pulmozyme
- Symdeko

Dementia and Parkinson's Disease

- | | | |
|----------|------------------------|----------------------|
| • Apokyn | • galantamine | • rivastigmine patch |
| • Duopa | • rivastigmine capsule | • ropinirole ER* |

Dermatologic and Acne

- | | | |
|-----------------------|--------------------|--------------|
| • acitretin* | • tazarotene | • Panretin |
| • adapalene cream/gel | • methoxsalen | • Regranex |
| • Azelex | • Mirvaso | • Santyl |
| • dapsone | • mupirocin cream* | • tacrolimus |
| • pimecrolimus | • Oxsoralen-Ultra | • Tazorac |

Diabetes

- | | | |
|--------------|---------------|-------------|
| • Symlin | • V-go | • Qtern |
| • Januvia | • Jardiance | • Ozempic |
| • Janumet | • Synjardy | • Farxiga |
| • Janumet XR | • Synjardy XR | • Xigduo XR |
| • Trulicity | • Victoza | • Glyxambi |

Endometriosis

- | | | |
|-----------|------------|-----------|
| • danazol | • Lupaneta | • Synarel |
|-----------|------------|-----------|

Gastrointestinal

- | | | |
|-----------------------|-------------------------|------------|
| • Xifaxan | • budesonide (Entocort) | • Lotronex |
| • Cuvposa | • lubiprostone* | • Sucraid |
| • Dipentum* | • alosetron | • Viberzi |
| • budesonide (Uceris) | | |

Growth Hormone

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|--------------|------------|
| • Genotropin | • Serostim |
|--------------|------------|

Hematopoietic Growth Factors

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| • Aranesp | • Leukine | • Procrit |
| • Epogen | • Neulasta | • Zarxio |
| • Granix | • Neupogen | • Retacrit |

Hereditary Angioedema

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|------------|-------------|------------|
| • Berinert | • icatibant | • Ruconest |
| • Cinryze | • Kalbitor | |

Hormones (non-testosterone)

- | | | |
|--------------|------------|-----------|
| • Eligard | • Makena | • Zoladex |
| • leuprolide | • Trelstar | |
| • Lupron | • Vantas | |

Idiopathic Thrombocytopenia Purpura

- Doptelet
- Nplate
- Promacta

Immune System related

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Arcalyst • Atgam • Benlysta • Carimune • Cosentyx • Enbrel • Flebogamma • Gamastan • Gammagard | <ul style="list-style-type: none"> • Gamunex-C • Hizentra • Humira • Hyqvia • Ilaris • Nulojix • Octagam • Otezla • Otrexup | <ul style="list-style-type: none"> • Privigen • Rasuvo • Rinvoq • Skyrizi • Stelara • Synagis • Thymoglobulin • Xeljanz |
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Immunosuppressants

- Rapamune
- sirolimus
- everolimus

Interferons

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| <ul style="list-style-type: none"> • Actimmune • Alferon N • Avonex | <ul style="list-style-type: none"> • Intron A • Peg-Intron • Pegasys | <ul style="list-style-type: none"> • Plegridy • Sylatron |
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Mental Health

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| <ul style="list-style-type: none"> • Abilify • alprazolam ODT* • aripiprazole* • asenapine* • clonazepam ODT* • clozapine ODT • desvenlafaxine* | <ul style="list-style-type: none"> • Fanapt • Fetzima • fluoxetine tablet* • Invega Sustenna • Invega Trinza • Khedezla* • Latuda* | <ul style="list-style-type: none"> • Nuedexta • Nuplazid • paliperidone ER • Trintellix • Viibryd • Vyvanse • Zyprexa Relprevv |
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Migraine

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|---|--|--|
| <ul style="list-style-type: none"> • Aimovig • Nurtec | <ul style="list-style-type: none"> • almotriptan* • Emgality | <ul style="list-style-type: none"> • eletriptan* • frovatriptan* |
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Multiple Sclerosis

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| <ul style="list-style-type: none"> • Ampyra • Aubagio • Betaseron • Copaxone | <ul style="list-style-type: none"> • Gilenya • glatiramer acetate • glatopa • Lemtrada | <ul style="list-style-type: none"> • Rebif • Tecfidera |
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Oncology/Anti-neoplastic

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|----------------|-------------|-----------------|
| • Emcyt | • Cotellic | • Odomzo |
| • Gleostine | • Erivedge | • Rituxan |
| • Temodar | • etoposide | • Rubraca |
| • temozolomide | • Exkivity | • Synribo |
| • Valchlor gel | • Farydak | • Rydapt |
| • capecitabine | • Gilotrif | • Sprycel |
| • Tabloid | • Hycamtin | • Stivarga |
| • Xeloda | • Ibrance | • Sutent |
| • Erleada | • Iclusig | • Taflinar |
| • Nilandron | • Idhifa | • Tagrisso |
| • Xtandi | • imatinib | • erlotinib |
| • abiraterone | • Imbruvica | • Targretin gel |
| • Fareston | • Inlyta | • Tassigna |
| • Firmagon | • Iressa | • Truseltiq |
| • Pomylast | • Jakafi | • lapatinib |
| • Revlimid | • Kisqali | • Venclexta |
| • Thalidomid | • Lenvima | • Verzenio |
| • everolimus | • Lonsurf | • Votrient |
| • Alecensa | • Lumakras | • Welireg |
| • Alunbrig | • Lynparza | • Xalkori |
| • bexarotene | • Lysodren | • Zejula |
| • Bosulif | • Matulane | • Zelboraf |
| • Cabometyx | • Mekinist | • Zydelig |
| • Calquence | • Nerlynx | • Zykadia |
| • Caprelsa | • Nexavar | |
| • Cometriq | • Ninlaro | |

Ophthalmic

- | | | |
|----------------|--------------|----------------|
| • bimatoprost* | • Iluvien | • timolol gel* |
| • Cystaran | • Lucentis | • Travatan* |
| • Eylea | • Rhopressa* | • Zioptan* |

Osteoporosis

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|---------------------|----------------|-------------------|
| • Boniva injection* | • Natpara | • zoledronic acid |
| • Forteo | • Prolia | • Xgeva |
| • ibandronate* | • risedronate* | • Zometa* |

Pain Management

- | | | |
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| • All opioids when above a cumulative 200 morphine equivalent dosage (MED) | | |
| • Members new to opioid therapy requiring more than a 7-day supply | | |
| • celecoxib* | • Gralise | • lidocaine ointment |
| • naproxen suspension | • Lazanda | • lidocaine-prilocaine cream |
| • buprenorphine patch | • lidocaine patch | |



- lidocaine solution
- Lidoderm
- pregabalin
- methadone*
- morphine sulfate ER tablets *
- oxycodone ER*
- oxymorphone ER*
- Qutenza
- Savella
- tramadol ER*

Pancreatic Enzymes

- Pancreaze*
- Pertzze*

Phenylketonuria

- sapropterin
- Palyntiq

Pheochromocytoma drugs

- Demser
- Dibenzyline
- Phenoxybenzamine

Potassium Removing

- Lokelma
- Veltassa

Pulmonary Arterial Hypertension

- Adempas
- epoprostenol
- ambrisentan
- Orenitram
- treprostinil
- Revatio
- sildenafil
- bosentan
- Tyvaso
- Uptravi
- Ventavis

Stimulants and Narcolepsy

- armodafinil
- modafinil
- Xyrem
- Hetlioz

Testosterone

- Aveed
- methyltestosterone
- Striant
- Testopel
- testosterone enant
- testosterone gel

Vasopressin Receptor Antagonists

- Jynarque
- tolvaptan

Miscellaneous

- Adagen
- Aldurazyme
- Aralast
- Arcapta*
- azelastine 0.15% spray*
- Botox
- Buphenyl
- Carbaglu
- Cerezyme
- Cinqair
- Cystadane
- Cystagon
- Daliresp
- deferasirox
- Elaprase
- Elelyso
- Esbriet
- Fabrazyme
- febuxostat*
- Ferriprox
- Galzin
- Gattex
- Glassia
- H.P. Acthar
- Korlym
- levocetirizine
- Mozobil



- Myalept
- Naglazyme
- Nucala
- Ocaliva
- Ofev
- olopatadine nasal spray*
- Orfadin
- Procysbi
- Prolastin-C
- Proventil
- Rapaflo*
- Ravicti
- Rectiv
- riluzole
- Sandostatin
- Signifor
- sodium phenylbutyrate
- Sevelamer packets*
- Soliris
- Somatuline
- Somavert
- Strensiq
- Supprelin LA
- Syprine
- Trientine
- febuxostat
- Vlmizim
- Vpriv
- Xeomin
- Xolair
- zafirlukast*
- Zavesca
- Zemaira
- Zontivity

*Indicates Step Therapy requirements

General Clinical Criteria Requirements for Prior Authorization Requests

Overview

This section provides an overview of general clinical criteria requirements and supporting documentation expected to accompany prior authorization requests.

A prior authorization request may be submitted by:

- Completing the Uniform Prior Authorization Form (link posted on the Pharmacy page of the True Health New Mexico website)
- Calling the True Health New Mexico Pharmacy Services team at 866-823-1606
- Submitting an electronic prior authorization (ePA)
 - We have partnered with Surescripts and CoverMyMeds for pharmacy ePAs
 - To submit an ePA through Surescripts, go to <https://providerportal.surescripts.net/ProviderPortal/login>
 - To submit an ePA through CoverMyMeds, go to <https://account.covermymeds.com/login>
 - Download the CoverMyMeds user guide [here](#) and learn more at <https://www.covermymeds.com/main/support/provider/>

When submitting a prior authorization request, please include the following clinical criteria and supporting documentation if applicable:

- Diagnosis and disease severity
- Clinical or laboratory tests confirming diagnosis
- Specialty of treating provider or consulted provider
- Dosing regimen of requested drug and treatment plan
- Height, weight, and/or other applicable vital signs
- Laboratory testing or monitoring required by product labeling prior to initiation of therapy
- Previous drug therapies tried to treat diagnosis
- Contraindication, intolerance, or other medical reasons to avoid alternate therapies
- Previous non-drug therapies tried, if recommended by clinical guidelines to treat diagnosis
- Chart note documentation applicable to request



Drugs not listed on the formulary also require prior authorization. Prior authorization requests submitted for non-formulary drugs should also include the above clinical criteria and supporting documentation, if applicable.

When submitting a reauthorization request for an expiring prior authorization previously approved by True Health New Mexico, please provide documentation that the member achieved or maintained positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition.

If a prior authorization request is denied, notification will be provided that includes the specific prior authorization criteria requirements that were not met. Complete criteria used to review prior authorization requests for a specific drug can also be supplied to the provider in full upon request.