

Small Group and Individual 2022 Drugs Requiring Prior Authorization and Step Therapy

This list is subject to change.

Addiction Medicine

- Lucemyra
- Vivitrol

Allergen Extracts

- Grastek
- Oralair
- Odactra
- Ragwitek

Antibiotics/Antifungals

- Difucid*
- Ertaczo
- Itraconazole
- Jublia*
- Kerydin
- Luzu
- Mentax
- Monurol
- Naftin
- Noxafil
- Nuzyra
- Oravig
- oxiconazole
- Sporanox
- Terbinafine
- Cresemba

Antiemetics

- Anzemet*
- Cesamet*
- Sancuso*

Antiepileptic

- Aptiom
- Banzel
- Fycompa
- clobazam
- Sabril
- vigabatrin
- Vimpat

Antimalarials

- chloroquine
- Daraprim
- mefloquine
- Primaquine
- quinine
- atovaquone-proguanil

Antivirals

- Selzentry
- Intelence
- Baraclude
- Epivir
- Sirturo (anti-TB)
- Eplclusa
- Harvoni
- Vosevi
- Descovy

Blood Pressure and Heart Failure

- Bystolic*
- candesartan*
- candesartan-hctz*
- Cardura XL*
- clonidine patch*
- Corlanor
- droxidopa
- Edarbi*
- Edarbyclor*
- Entresto
- ethacrynic acid
- Keveyis
- nislodipine ER*
- nitroglycerin spray*
- Tekturna*
- telmisartan*
- telmisartan-hctz*

Cholesterol

- Juxtapid
- Kynamro
- Livalo
- Praluent
- Vascepa

Cystic Fibrosis

- Kalydeco
- Orkambi
- Pulmozyme
- Symdeko

Dementia and Parkinson's Disease

- Apokyn
- Duopa
- Ongentys*
- ropinirole ER*

Dermatologic and Acne

- acitretin*
- adapalene cream/gel
- alclometasone
- amcinonide
- Avar
- clindamycin-BPO
- clindamycin-tretinoin
- clobetasol
- clocortolone
- desonide
- desoximetasone
- diflorasone
- dapson
- flurandrenolide
- pimecrolimus
- Fabior
- Finacea
- methoxsalen
- Mirvaso
- mupirocin cream*
- Oxsoralen-Ultra
- Panretin
- Picato
- Regranex
- Santyl
- Ivermectin (Sklice)
- Taclonex
- tacrolimus
- Tazorac
- tazarotene

Diabetes

- Symlin
- Januvia
- Janumet
- Janumet XR
- Trulicity
- Jardiance
- Synjardy
- Synjardy XR
- Victoza
- Qtern
- Ozempic
- Farxiga
- Xigduo XR
- Glyxambi

Endometriosis

- danazol
- Lupaneta
- Synarel

Gastrointestinal

- alosetron
 - budesonide (Entocort)
 - budesonide (Uceris)
 - Cuvposa
 - Dexilant*
 - Dipentum*
 - esomeprazole*
 - lubiprostone*
 - omeprazole-sodium bicarbonate*
 - rabeprazole
 - Sucraid
 - Viberzi
 - Xifaxan
-

Growth Hormone

- Genotropin
- Serostim
- Increlex
- Zorbtive

Hematopoetic Growth Factors

- Aranesp
- Epogen
- Granix
- Neulasta
- Neupogen
- Procrit
- Zarxio
- Retacrit

Hereditary Angioedema

- Berinert
- Cinryze
- Firazyr
- Kalbitor
- Ruconest

Hormones (non-testosterone)

- Eligard
- leuprolide
- Lupron
- Trelstar
- Vantas
- Zoladex

Idiopathic Thrombocytopenia Purpura

- Doptelet
- Nplate
- Promacta

Immune System related

- Arcalyst
- Benlysta
- Carimune
- Cosentyx
- Enbrel
- Entyvio
- Flebogamma
- Gamastan
- Gammagard
- Gamunex-C
- Hizentra
- Humira
- Hyqvia
- Ilaris
- Nulojix
- Octagam
- Otezla
- Otrexup
- Privigen
- Rasuvo
- Rinvoq
- Skyrizi
- Stelara
- Sylvant
- Synagis
- Xeljanz

Immunosuppressants

- Rapamune
- sirolimus
- everolimus

Interferons

- Actimmune
- Alferon N
- Avonex
- Intron A
- Peg-Intron
- Pegasys
- Plegridy
- Sylatron

Mental Health

- | | | |
|--------------------|-----------------------------|--------------------|
| • Abilify Maintena | • fluoxetine tablet* | • paliperidone ER |
| • alprazolam ODT* | • Invega Sustenna | • Rexulti* |
| • aripiprazole* | • Invega Trinza | • Trintellix |
| • asenapine* | • Latuda* | • Viibryd |
| • desvenlafaxine* | • Nuedexta | • Vyvanse |
| • Emsam | • Nuplazid | • Zyprexa Relprevv |
| • Fanapt | • olanzapine-
fluoxetine | |
| • Fetzima | | |

Migraine

- | | | |
|----------------|-----------------|------------------------------|
| • Aimovig | • Emgality | • dihydroergotamine
spray |
| • almotriptan* | • frovatriptan* | |
| • eletriptan* | • Nurtec | |

Multiple Sclerosis

- | | | |
|-----------------|-------------|--------------|
| • dalfampridine | • Rebif | • glatopa |
| • Aubagio | • Tecfidera | • glatiramer |
| • Gilenya | • Tysabri | |
| • Lemtrada | • Copaxone | |

Oncology/Anti-neoplastic

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



- Tykerb
- Venclexta
- Verzenio
- Votrient
- Welireg
- Xalkori
- Zejula
- Zelboraf
- Zydelig
- Zykadia

Ophthalmic

-
- Alocril*
 - Alomide*
 - Cystaran
 - Bepreve*
 - Cystagon
 - Emadine*
 - Eylea
 - Iluvien
 - Lucentis
 - Rhopressa*
 - Olopatadine*
 - timolol gel
 - Zioptan*

Osteoporosis

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- ibandronate*
 - Natpara
 - Prolia
 - risedronate*
 - Xgeva

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*
 - buprenorphine patch*
 - Embeda
 - Exalgo
 - fentanyl citrate
 - Gralise
 - lidocaine patch
 - lidocaine ointment
 - lidocaine-prilocaine cream
 - lidocaine solution
 - pregabalin
 - metaxalone
 - methadone*
 - morphine sulfate ER tablets *
 - Nucynta
 - oxycodone ER*
 - oxymorphone ER*
 - Qutenza
 - Savella
 - Synera
 - tramadol ER*

Phenylketonuria

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- sapropterin
 - Palyntiq

Pheochromocytoma drugs

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- Dibenzyline
 - Phenoxybenzamine

Phosphate Binders

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- Fosrenol*
 - Velphoro*

Potassium Removing

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- Lokelma
 - Veltassa
-

Pulmonary Arterial Hypertension

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

Stimulants and Narcolepsy

- armodafinil
- Hetlioz
- modafinil
- Xyrem

Testosterone

- Aveed
- methyltestosterone
- Striant
- testosterone gel

Vasopressin Receptor Antagonists

- Jynarque
- tolvaptan

Viscosupplement

- Euflexxa

Miscellaneous

- Adagen
- Aldurazyme
- Aralast
- Arcapta*
- azelastine 0.15% spray*
- Botox
- Buphenyl
- Carbaglu
- Cerdelga
- Cerezyme
- Chemet
- Cystadane
- Daliresp
- darifenacin*
- deferasirox
- Elaprase
- Elelyso
- Esbriet
- Fabrazyme
- febuxostat*
- Ferriprox
- flunisolide*
- Galzin
- Gattex
- Glassia
- Horizant
- H.P. Acthar
- Korlym
- Mozobil
- Myalept
- Myobloc
- Naglazyme
- Nucala
- Ofev
- Omnaris*
- Orfadin
- Procysbi
- Prolastin-C
- Proventil
- Rapaflo*
- Ravicti
- Rectiv
- riluzole
- Sandostatin
- Savaysa
- Sevelamer packet*
- Signifor
- sodium phenylbutyrate
- Soliris
- Somatuline
- Somavert
- Supprelin LA
- Syprine
- Toviaz*
- Trelegy
- Trientine
- febuxostat*
- Vimizim
- 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.