

Drugs Requiring Prior Authorization

<p>Absorica® (isotretinoin) Actemra® (tocilizumab) Acthar HP® (corticotropin inj) † Actimmune® (interferon gamma 1-b) adapalene (generic Differin) † Adcirca® (tadalafil) † Afrezza® (inhaled insulin human) Aimovig™ (erenumab) Androderm® (testosterone) AndroGel® 1.62% (testosterone) antipsychotics (age 0-17, Medicaid Only) † Aquoral® (oxidized glycerol triesters) Aranesp® (darbepoetin) † armodafinil (generic Nuvigil®) † Austedo® (deutetrabenazine) Auvi-Q 0.1mg® (epinephrine injection) † Axiron® (testosterone) Benlysta® (belimumab) buprenorphine, buprenorphine/naloxone (Medicaid Only) † butorphanol tartrate (generic Stadol Nasal Spray) Caphsol® (supersaturated calcium phosphate) Chorionic gonadotropin † Cimzia® (certolizumab pegol) CNS Stimulants (age 19 and above) † Compounded Products † Corlanor® (ivabradine) Cosentyx® (secukinumab) Crinone® (progesterone gel) Cuprimine® (penicillamine) † Daklinza® (daclatasvir) † Daraprim® (pyrimethamine) diclofenac sodium gel (generic Voltaren®, Solaraze®) † Dificid® (fidaxomicin) † Dupixent® (dupilumab) Egrifta® (tesamorelin) Emflaza® (deflazacort) † Enbrel® (etanercept) Endari™ (L-glutamine) † Entyvio® (vedolizumab) Entresto® (sacubitril/valsartan) † Epclusa® (sofosbuvir/velpatasvir) † Epogen® (erythropoietin) EryPed, E.E.S. granules/susp (erythromycin) ethacrynic acid (generic Edecrin) Evekeo® (amphetamine sulfate) † Evzio® (naloxone) Farxiga® (dapagliflozin)(Medicaid Only) Flector® Patch (diclofenac epolamine) Fortesta® (testosterone) Galafold™ (migalastat)</p>	<p>Gamunex C® (immune globulin) † Gattex® (teduglutide) † Genotropin® (somatotropin) † Glyxambi® (empagliflozin/linagliptin) (Medicaid Only) Granix® (TBO-filgrastim) Grastek® (Timothy grass pollen extract) Harvoni® (ledipasvir/sofosbuvir) † Hettioz® (tasimelteon) † Humatrope® (somatotropin) † Humira® (adalimumab) Ibrance® (palbociclib) Iclusig® (ponatinib) Illaris® (canakinumab) Ilumya™ (tildrakizumab-asmn) Increlex, Iplex® (mecasermin rinfabate) † Ingrezza® (valbenzine) Invokamet/XR® (canagliflozin/metformin) (Medicaid Only) Invokana® (canagliflozin) (Medicaid Only) Iressa® (gefitinib) Jardiance® (empagliflozin) (Medicaid Only) Juxtapid® (lomitapide) Jynarque® (tolvaptan) Kalydeco® (ivacaftor) Kevzara® (sarilumab) Kineret® (anakinra) Kisqali® (ridociclib) Korlym® (mifepristone) Kuvan® (sapropterin dihydrochloride) † Kynamro® (mipomersen) Leukine® (sargramostim, GM-CSF) lidocaine viscous solution Mavyret™ (glecaprevir/pibrentasvir) † methadone † modafinil (generic Provigil) † Movantik® (naloxegol) † Myalept® (metreleptin injection) Mytesi® (crofelemer) Natesto® (testosterone nasal gel) Natpara® (parathyroid hormone injection) † Neulasta® (pegfilgrastim) † Neumega® (oprelvekin) † Neupogen® (filgrastim) NeutraSal® (supersaturated calcium phosphate) Nexavar® (sorafenib tosylate) Norditropin® (somatotropin) † Northera® (droxidopa) Novarel® (chorionic gonadotropin) † Nuedexta® (dextromethorphan/quinidine sulfate) Nuplazid® (pimavanserin) Nutropin® (somatotropin) †</p>	<p>Ocaliva® (obeticholic acid) Oadactra™ (dermatophagoides farina/ dermatophagoides pteronyssinus extract) Olumiant® (baricitinib) Olysio® (simeprevir) † omega-3- Acid Ethyl Ester (generic Lovaza) opioids for pain management † Omnitrope® (somatotropin) † Oralair® (Pooideae subfamily grass extract) Orencia® (abatacept) † Orilissa™ (elagolix) Orkambi® (lumacaftor/ivacaftor) † Otezla® (apremilast) Ovidrel® (choriogonadotropin alfa injection) † Palynziq™ (pergavilase-pqpz) † Pennsaid® 2% (diclofenac sodium solution) Pomalyst® (pomalidomide) Pradaxa® (dabigatran etexilate) Praluent® (alirocumab) † Pregnyl® (chorionic gonadotropin for injection) † Prevmis™ (letelemovir) Procrit® (erythropoietin) Promacta® (eltrombopag) Qudexy XR® (topiramate) Ragwitek® (short ragweed pollen allergen extract) Rayaldee® ER (calcifediol) Relistor® (methylnaltrexone bromide) † Repatha® (evolocumab) † Retin-A® Micro 0.08% (tretinoin) † Revatio® Solution (sildenafil citrate) Revimid® (lenalidomide) Rubraca® (rucaparib) Saizen® (somatotropin) † SalivaMax™ (supersaturated calcium phosphate) Salivate Rx (supersaturated calcium phosphate) Samsca® (tolvaptan) † Savaysa® (edoxaban) Serostim® (somatotropin) † Signifor® (pasireotide) sildenafil (generic Revatio®) Siliq™ (brodalumab) Simponi® (golimumab) Sirturo® (bedaquiline) Sovaldi® (sofosbuvir) † Stelara® (ustekinumab) Stivarga® (regorafenib) Strattera® (atomoxetine) Suboxone® (buprenorphine/naloxone) (Medicaid Only) † Subutex® (buprenorphine) (Medicaid Only) † Sucraid® (sacrosidase) † Symdeko® (tezacaftor/ivacaftor and ivacaftor) † Symproic® (naldemedine) † Synarel® (nafarelin acetate)</p>	<p>Syndros® (dronabinol) † Synjardy/XR® (empagliflozin/metformin)(Medicaid Only) Tagrisso® (osimertinib) Takhzyro™ (lanadelumab-flyo) Taltz® (ixekizumab) Tavalisse™ (fostamatinib disodium hexahydrate) Technivie™ (ombitasvir/paritaprevir/ritonavir) † testosterone gel (generic AndroGel®/ Testim®/ Fortesta®) testosterone injections tetrabenazine (generic Xenazine®) † Tev-Tropin® (somatotropin) † Trelegy® Ellipta® (Fluticasonefuroate/umeclidinium/vilanterol) Tremfya® (guselkumab) Tretin-X® (tretinoin) † tretinoin (generic Retin-A®) † Trokendi XR® (topiramate) Tykerb® (lapatinib) Ulesfia® (benzyl alcohol) Uptravi® (selexipag) Valcyte® Solution (valganciclovir) Vascepa® (icosapent ethyl) Vecamy® (mecamylamine HCl) † Venclexta® (venclexta) Veregen® (sinecatechins) † Verzenio™ (abemaciclib) Viekira Pak, XR™ † (ombitasvir/paritaprevir/ritonavir/dasabuvir) Vivlodex® (meloxicam) Vosevi® (sofosbuvir/velpatasvir/voxilaprevir) † Vyvanse® (lisdexamfetamine)(BED diagnosis) † Weight Loss Drugs (group specific benefit) Xalkori® (crizotinib) Xeljanz/XR® (tofacitinib) Xenazine® (tetrabenazine) † Xifaxan® (rifaximin) † Xigduo® XR (dapagliflozin/metformin XR) (Medicaid Only) Xyrem® (sodium oxybate) † Zarxio® (filgrastim-sndz) † Zejula® (verurafenib) Zelboraf® (verurafenib) Zepatier™ (elbasvir/grazoprevir) † Zomacton® (somatotropin) Zontivity® (vorapaxar) Zorbtive® (somatotropin) † Zorvolex® (diclofenac) Zyclara® (imiquimod) Zykadia® (ceritinib) Zypitamag™ (pitavastatin)</p>
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Drugs with Step-Edits

<p>Acanya® – 30-days trial/failure of 3 generic topical acne treatments Acticlate® – 30-days trial/failure of topical clindamycin or erythromycin AND doxycycline Aczone® – 30-days trial/failure of 3 generic topical acne treatments Admelog® – 30-days trial/failure of Humalog® or Humulin® product Adlyxin® (Commercial Only) – 30-days trial/failure of 2 of the following: Byetta, Bydureon, Victoza, and Trulicity</p>	<p>Adlyxin® (Medicaid Only) – 30-days trial/failure of metformin Adzenys™ XR-ODT, Solution – 30 days trial/failure of 2 of the following: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine IR/ER, methylphenidate IR/ER AND Vyvanse® Albenza® – 14-days trial/failure of pyrantel pamoate for pinworm, 3 days of pyrantel pamoate for hookworm Allzital – Trial/failure of butalbital/acetaminophen</p>	<p>Alsuma® – Trial/failure of sumatriptan injection Amitiza® – 30-days trial/failure of Linzess® Amrix® – Trial/failure of cyclobenzaprine Amtumide® – 30-days trial/failure of a generic ARB AND Edarbi® or Edarbyclor® Anticonvulsants – for multi-source brands (generic equivalent available) – trial of generic equivalent Apexicon® E – Trial/failure of 3 generic topical corticosteroids</p>	<p>Apidra® – 30-days trial/failure of Humalog® or Humulin® product Aptensis XR® – 30 days trial/failure of 2 of the following: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine IR/ER, methylphenidate IR/ER AND Vyvanse® Aptiom® – 30-days trial/failure of 2 generic anticonvulsants Aquoral® – 30-days trial/failure of Magic Mouthwash Arnuity™ Ellipta® – 30-days trial/failure of Flovent®</p>
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This document is updated periodically. It is provided as a reference and is subject to change. Please check the website, www.optimahealth.com for formulary updates.

† Limitation on Transition of Care (TOC) - drug is eligible for payment during the TOC period. After the TOC period ends drug may require prior authorization for continuation of drug therapy.

‡ Age restriction - drug will not pay during Transition of Care (TOC) period, prior authorization required for drug therapy.

Drugs with Step-Edits (continued)

<p>Asacol® HD – 30-days trial/failure of Apriso®</p> <p>Atralin® – 30-days trial/failure of 3 generic topical acne treatments</p> <p>Aubagio® – 90-days trial/failure of 2 of the following: Avonex®, Betaseron®, Copaxone®, or Tecfidera®</p> <p>Axert® – Trial/failure of 2 of the following: sumatriptan, naratriptan, rizatriptan, or zolmitriptan</p> <p>Azelex® – 30-days trial/failure of 3 generic topical acne treatments</p> <p>Azor® – 30-days trial/failure of a generic ARB AND Edarbi® or Edarbyclor®</p> <p>Basaglar® – 30-days trial/failure of all of 2 of the following: Lantus®, Toujeo®, Levemir®, or Tresiba®</p> <p>Belsomra® – 30-days trial/failure of 2 of the following: temazepam, zolpidem/CR, zaleplon, or eszopiclone</p> <p>Benicar®, HCT – 30-days trial/failure of a generic ARB AND Edarbi® or Edarbyclor®</p> <p>Benzaclin® Pump – 30-days trial/failure of 3 generic topical acne treatments</p> <p>Bepreve® – Trial/failure of one of the following: azelastine, epinastine, ketotifen, or olopatadine</p> <p>Briviact® – 30-days trial/failure of 2 generic anticonvulsants</p> <p>Byetta® and Bydureon® (Medicaid Only) – 30-days trial/failure of Adlyxin and Trulicity</p> <p>Bystolic® – 30-days trial/failure of one of the following: atenolol, bisoprolol, carvedilol, or metoprolol</p> <p>Cambia® – Trial/failure of 1 generic triptan</p> <p>Capex® Shampoo – Trial/failure of 3 generic topical corticosteroids</p> <p>Cardura® XL – 30-days trial/failure of Cardura®</p> <p>Clindagel® – 30-days trial/failure of 3 generic topical acne treatments</p> <p>Clobex® Spray – Trial/failure of 3 generic topical corticosteroids</p> <p>Conzip® – Trial/failure of tramadol</p> <p>Cordran®/ISP/Tape – Trial/failure of 3 generic topical corticosteroids</p> <p>Coreg CR® – 30-days trial/failure of carvedilol</p> <p>Cotempla XR-ODT™ – 30 days trial/failure of 2 of the following: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine IR/ER, methylphenidate IR/ER AND Vyvanse®</p> <p>Daytrana® – 30 days trial/failure of 2 of the following: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine IR/ER, methylphenidate IR/ER AND Vyvanse®</p> <p>Delzicol® – 30-days trial/failure of Apriso®</p> <p>Desonate® – Trial/failure of 3 generic topical corticosteroids</p> <p>Dexilant™ – 30-days trial/failure of 4 generic PPIs</p> <p>DexPak® – Trial/failure of dexamethasone tablets</p> <p>Doryx® – 30-days trial/failure of topical clindamycin or erythromycin AND doxycycline</p>	<p>Dulera® – 30 days trial/failure of Symbicort AND Advair AND Breo Ellipta</p> <p>Dyanavel® XR – 30 days trial/failure of 2 of the following: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine IR/ER, methylphenidate IR/ER AND Vyvanse®</p> <p>Dymista® – 30-days trial/failure of fluticasone propionate and budesonide</p> <p>Edarbi® – 30 –days trial/failure of a generic ARB</p> <p>Edarbyclor® 30-days trial/failure of a generic ARB</p> <p>Edluar® – 30-days trial/failure of 2 of the following: temazepam, zolpidem/CR, zaleplon, or eszopiclone</p> <p>Emadine® – Trial/failure of one of the following: azelastine, epinastine, ketotifen, or olopatadine</p> <p>Emverm® – 14-days trial/failure of pyrantel pamoate for pinworm, 3-days trial/failure of pyrantel pamoate for hookworm</p> <p>Enablex® – 30-days trial/failure of 2 of the following: oxybutynin/ER, tolterodine/ER, trospium/ER, or Oxytrol® for Women</p> <p>Enstilar® – Trial/failure of 3 generic topical corticosteroids</p> <p>Epiduo® - 30-days trial/failure of 3 generic topical acne treatments</p> <p>Eucrisa® – 14-days trial/failure of a topical corticosteroid and 30-days trial/failure of a topical calcineurin inhibitor</p> <p>Extavia® – 90-days trial/failure of 2 of the following: Aubagio®, Avonex®, Copaxone®, Gilenya®, Plegriady® or Tecfidera® AND Betaseron®</p> <p>Fabior® – 30-days trial/failure of 3 generic topical acne treatments</p> <p>Fanapt® – 30-days trial/failure of 2 generic atypical antipsychotics</p> <p>Farxiga® – (Commercial Only) 30-days trial/failure of Invokana® or Invokament/XR® AND Jardiance® or Synjardy/XR®</p> <p>Feriprox® – Trial/failure of Exjade®</p> <p>Fetzima® – 30-days trial/ failure of 2 generic SSRIs OR 1 generic SSRI and venlafaxine ER</p> <p>Fiasp® - 30-days trial/failure of Humalog® or Humulin® product</p> <p>Finacea® - 30-days trial/failure of generic topical metronidazole 0.75%</p> <p>Frova® – Trial/failure of 2 of the following: sumatriptan, naratriptan, rizatriptan, or zolmitriptan</p> <p>Fycompa® – 30-days trial/failure of 2 generic anticonvulsants</p> <p>Gelclair® – 30-days trial/failure of Magic Mouthwash and Oramagic Plus</p> <p>Gelnique® - 30-days trial/failure of 2 of the following: oxybutynin/ER, tolterodine/ER, trospium/ER, or Oxytrol® for Women</p> <p>Gilenya® – 90-days trial/failure of 1 of the following: Avonex®, Betaseron®, Copaxone®, or Tecfidera®</p> <p>Glatopa™ – 90-days trial/failure of Copaxone® 20 mg</p>	<p>Glyxambi® – 30-days trial/failure of Invokana® or Invokament/XR® AND Jardiance® or Synjardy/XR® (Commercial Only)</p> <p>Gralise® – Trial/failure of gabapentin</p> <p>Halog® – Trial/failure of 3 generic topical corticosteroids</p> <p>Horizant® - 30-days trial/failure of pramipexole, ropinirole or gabapentin</p> <p>Impozyt™ – Trial/failure of 3 generic topical corticosteroids</p> <p>Intermezzo® – 30-days trial/failure of 2 of the following: temazepam, zolpidem/CR, zaleplon, or eszopiclone</p> <p>Invega® – 30 days trial/failure of 2 generic atypical antipsychotics</p> <p>Kazano® – 30-days trial/failure of Janumet®/XR AND Jentadueto®</p> <p>Kenalog Aer Spray – Trial/failure of 3 generic topical corticosteroids</p> <p>Kombiglyze™ XR – 30-days trial/failure of Janumet®/XR AND Jentadueto®</p> <p>Lastacaft® – Trial/failure of one of the following: azelastine, epinastine, ketotifen, or olopatadine</p> <p>Latuda® – 30-days trial of 2 generic atypical antipsychotics</p> <p>Lescol® XL – 30-days trial/failure of a generic statin</p> <p>Lialda® – 30-days trial/failure of Apriso®</p> <p>Lindane – 7-days trial/failure of Ovide®</p> <p>Livalo® – 30-days trial/failure of a generic statin</p> <p>Locoid Lipocream® – Trial/failure of 3 generic topical corticosteroids</p> <p>Lonhala® Magnair® – 30-days trial/failure of Spiriva Respimat/Handihaler AND Incruse Ellipta</p> <p>Lyrica® CR – 30-days trial/failure of Lyrica®</p> <p>mesalamine DR 800mg – 30-days trial/failure of Apriso®</p> <p>Metozolv® ODT 30-days trial/failure of metoclopramide</p> <p>Metrogel® - 30-days trial/failure of generic topical metronidazole 0.75%</p> <p>Millipred® – Trial/failure of prednisolone phosphate solution or syrup</p> <p>minocycline ER – 30-days trial/failure of topical clindamycin or erythromycin AND minocycline</p> <p>MuGuard® – 30-days trial/failure of Magic Mouthwash and Oramagic Plus</p> <p>Mydayis® – 30 days trial/failure of 2 of the following: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine IR/ER, methylphenidate IR/ER AND Vyvanse®</p> <p>Myrbetriq® - 30-days trial/failure of 2 of the following: oxybutynin/ER, tolterodine/ER, trospium/ER, or Oxytrol® for Women</p> <p>Nasonex® – 30-days trial/failure of fluticasone propionate and budesonide</p> <p>Nesina® – 30-days trial/failure of Januvia® AND Tradjenta®</p> <p>Neuac Gel Kit® – 30-days trial/failure of 3 generic topical acne treatments</p> <p>Neupro® – Trial/failure of pramipexole or ropinirole</p> <p>Nexium® Packets – 30 days trial/failure of 4 generic PPIs</p>	<p>Noritate® - 30-days trial/failure of generic topical metronidazole 0.75% and Finacea® and Soolantra®</p> <p>Novolog/Novolin® – 30-days trial/failure of Humalog® or Humulin® product</p> <p>Olepto™ ER – Trial/failure of trazodone</p> <p>Omnaris® – 30-days trial/failure of fluticasone and budesonide</p> <p>Onexton® – 30-days trial/failure of 3 generic topical acne treatments</p> <p>Onfi® – Trial/failure of 2 generic anticonvulsants</p> <p>Onglyza® – 30-days trial/failure of Januvia® AND Tradjenta®</p> <p>Oracea® – 30-days trial/failure of topical metronidazole AND doxycycline</p> <p>Oravig® – 30-days trial/failure of clotrimazole or fluconazole</p> <p>Oseni® – 30-days trial/failure of Januvia® AND Tradjenta® AND pioglitazone</p> <p>Ospheza® – 30-days trial/failure of 2 estrogen replacement products</p> <p>Otrexup™ – 30-days trial/failure of methotrexate IV or methotrexate tablets</p> <p>Oxytrol® RX – 30-days trial/failure of 2 of the following: oxybutynin/ ER, tolterodine/ER, trospium/ER, or Oxytrol® for Women</p> <p>Ozempic® – (Commercial) 30-days trial/failure of two of the following: Byetta®, Bydureon®, Victoza®, or Trulicity®</p> <p>Pancreaze® – Trial/failure of Creon AND Zenpep</p> <p>Pandel – Trial/failure of 3 generic topical corticosteroids</p> <p>Pazeo® – Trial/failure of one of the following: azelastine, epinastine, ketotifen, or olopatadine</p> <p>Pertzye® – Trial/failure of Creon AND Zenpep</p> <p>Plegriady® – 90-days trial/failure of 2 of the following: Avonex®, Betaseron®, Copaxone®, or Tecfidera®</p> <p>Pristiq® – 30-days trial/ failure of 2 generic SSRIs OR 1 generic SSRI and venlafaxine ER</p> <p>ProAir® HFA – Trial/failure of Ventolin HFA</p> <p>Proventil® HFA – Trial/failure of Ventolin HFA</p> <p>Qnasl® – 30-days trial/failure of fluticasone propionate and budesonide</p> <p>Qtern® – (Commercial Only) 30-days trial/failure of Invokana® or Invokament/XR® AND Jardiance® or Synjardy/XR®</p> <p>Quillichew ER™ – 30 days trial/failure of 2 of the following: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine IR/ER, methylphenidate IR/ER AND Vyvanse®</p> <p>Quilivant XR® – 30 days trial/failure of 2 of the following: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine IR/ER, methylphenidate IR/ER AND Vyvanse®</p> <p>Rapaflo® – 30-days trial/failure of 2 of the following: alfuzosin, doxazosin, tamsulosin, or terazosin</p>
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‡ Age restriction - drug will not pay during Transition of Care (TOC) period, prior authorization required for drug therapy.

Drugs with Step-Edits (continued)

<p>Rasuvo® – 30-days trial/failure of methotrexate IV or methotrexate</p> <p>Rayos® – 30-days trial/failure of immediate release prednisone, dexamethasone, and methylprednisone</p> <p>Rebif® – 90-days trial/failure of 2 of the following: Aubagio®, Avonex®, Copaxone®, Gilenya®, Plegridy® or Tecfidera®</p> <p>Relpax® – Trial/failure of 2 of the following: sumatriptan, naratriptan, rizatriptan, or zolmitriptan</p> <p>Retin-A Micro® – 30-days trial/failure of 3 generic topical acne treatments</p> <p>Rexulti® – 30-days trial/failure of 2 generic atypical antipsychotics</p> <p>Rhopressa® – Trial/failure of latanoprost or travoprost or bimatoprost</p> <p>Rozerem® – 30-days trial/failure of temazepam, zolpidem/CR, zaleplon, or eszopiclone</p> <p>Saphris® – 30-days trial of 2 generic atypical antipsychotics</p> <p>Savella® – 30-days trial/failure of gabapentin</p> <p>Seebri® Neohaler® – 30-days trial/failure of Spiriva Respimat/Handihaler AND Incruse Ellipta</p> <p>Segluromet™ – (Commercial Only) 30-days trial/failure of Invokana® or Invokament/XR® AND Jardiance® or Synjardy/XR®</p> <p>Sernivo® – Trial/failure of 3 generic topical corticosteroids</p> <p>Seroquel XR® – 30-days trial/failure of 2 generic atypical antipsychotics</p> <p>Silenor® – 30-days trial/failure of doxepin</p> <p>Simcor® – 30-days trial/failure of a generic statin</p> <p>Soliqua® (Commercial Only) – 30-days trial/failure of 1 of the following: Byetta, Bydureon, Trulicity, Victoza, Lantus, Toujeo</p> <p>Soliqua® (Medicaid Only) – 30-days trial/failure of 1 of the following: Adlyxin, Trulicity, Lantus, Toujeo</p> <p>Solodyn® – 30-days trial/failure of topical clindamycin or erythromycin AND minocycline</p>	<p>Soolantra® – 30-days trial/failure of generic topical metronidazole 0.75%</p> <p>Spritam® – Trial/failure of 2 generic anticonvulsants</p> <p>Steglatro™ – (Commercial Only) 30-days trial/failure of Invokana® or Invokament/XR® AND Jardiance® or Synjardy/XR®</p> <p>Steglujan™ – (Commercial Only) 30-days trial/failure of Invokana® or Invokament/XR® AND Jardiance® or Synjardy/XR®</p> <p>Striverdi® Respimat® – 30-days trial/failure of Foradil® and Serevent®</p> <p>Sumavel® DosePro® – Trial/failure of sumatriptan injection</p> <p>Taclonex® – Trial/failure of 3 generic topical corticosteroids</p> <p>Tazorac® – 30-days trial/failure of 3 generic topical acne treatments</p> <p>Tekamlo® – 30-days trial/failure of a generic ARB AND Edarbi® or Edarbyclor®</p> <p>Tekturma®, HCT – 30-days trial/failure of a generic ARB AND Edarbi® or Edarbyclor®</p> <p>Teveten® HCT – 30-days trial/failure of a generic ARB AND Edarbi® or Edarbyclor®</p> <p>Texacort® – Trial/failure of 3 generic topical corticosteroids</p> <p>TOBI Podhaler® – Trial/failure of generic tobramycin inhalation solution</p> <p>Topicort® – Trial/failure of 3 generic topical corticosteroids</p> <p>Toviaz® – 30-days trial/failure of 2 of the following: oxybutynin/ER, tolterodine/ER, trospium/ER, or Oxytrol® for Women</p> <p>Treximet® – Trial/failure of 2 of the following: sumatriptan, naratriptan, rizatriptan, or zolmitriptan</p> <p>Trianex® – Trial/failure of 3 generic topical corticosteroids</p> <p>Tribenzor® - 30-days trial/failure of a generic ARB AND Edarbi or Edarbyclor</p> <p>Trintellix® – 30-days trial/ failure of 2 generic SSRIs OR 1 generic SSRI and venlafaxine ER</p>	<p>Trulance® – 30-days trial/ failure of Linzess®/faxine ER</p> <p>Trulicity® (Medicaid Only) – 30-days trial/failure of metformin</p> <p>Tudorza® Pressair® – 30-days trial/failure of Spiriva®</p> <p>Uloric® – 30-days trial/failure of allopurinol, colchicine, probenecid, or probenecid/colchicine</p> <p>Ultravate® Lotion – Trial/failure of 3 generic topical corticosteroids</p> <p>Ultressa™ – Trial/failure of Creon AND Zenpep</p> <p>Vanos® – Trial/failure of 3 generic topical corticosteroids</p> <p>Veltin® – 30-days trial/failure of 3 generic topical acne treatments</p> <p>Veramyst® – 30-days trial/failure of fluticasone propionate and budesonide</p> <p>Verdeso® – Trial/failure of 3 generic topical corticosteroids</p> <p>Veripred® – Trial/failure of prednisolone phosphate solution or syrup</p> <p>VESicare® – 30-days trial/failure of 2 of the following: oxybutynin/ER, tolterodine/ER, trospium/ER, or Oxytrol® for Women</p> <p>Victoza® (Medicaid Only) – 30-days trial/failure of Adlyxin and Trulicity</p> <p>Viiibryd® – 30-days trial/ failure of 2 generic SSRIs OR 1 generic SSRI and venlafaxine ER</p> <p>Viokace™ – Trial/failure of Creon AND Zenpep</p> <p>Vimpat® – 30-days trial/failure of 2 generic anticonvulsants</p> <p>Vraylar® – 30-days trial/failure of 2 generic atypical antipsychotics</p> <p>Vytorin® - 30-days trial/failure of a generic statin</p> <p>Vyzulta™ – Trial/failure of latanoprost or travoprost or bimatoprost</p>	<p>Xadago® – Trial/failure of selegiline or rasagiline</p> <p>Xigduo® XR (Commercial Only) – 30-days trial/failure of Invokana® or Invokament/XR® AND Jardiance® or Synjardy/XR®</p> <p>Ximino™ – 30-days trial/failure of topical clindamycin or erythromycin AND minocycline</p> <p>Xopenex HFA® – Trial/failure of Ventolin HFA</p> <p>Xultophy® (Commercial Only) – 30-days trial/failure of the following: Byetta or Bydureon or Trulicity, or Victoza AND Lantus or Toujeo</p> <p>Xultophy® (Medicaid Only) – 30-days trial/failure of the following: Adlyxin or Trulicity AND Lantus or Toujeo</p> <p>Zelapar™ – Trial/failure of selegiline or rasagiline</p> <p>Zembrace™ SymTouch – Trial/failure of sumatriptan injection</p> <p>Zetonna® – 30-days trial/failure of fluticasone propionate and budesonide</p> <p>Ziana® – 30-days trial/failure of 3 generic topical acne treatments</p> <p>Zinbryta™ – 90-days trial/failure of 2 of the following: Aubagio®, Avonex®, Copaxone®, Gilenya®, Plegridy® or Tecfidera®</p> <p>Zioptan® – Trial/failure of latanoprost or travoprost or bimatoprost</p> <p>Zolpimist® – 30-days trial/failure of 2 of the following: zolpidem/CR, temazepam, zaleplon, or eszopiclone</p> <p>Zomig® (nasal spray) – Trial/failure of sumatriptan nasal spray</p> <p>Zorvolex® (diclofenac) – Trial/failure of 4 generic NSAIDs</p> <p>Zuplenz® – Trial/failure of ondansetron ODT</p>
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Drugs with Quantity Limits – Please go to Maximum Allowable Daily Dosage and Quantity Limits Drug List at www.optimahealth.com

This document is provided as a reference. Not all drugs listed may be covered under every Plan. Some drugs may require prior authorization or step-edit therapy or may have quantity limits. If a drug is non-formulary on a Plan, documentation of medical necessity will be required. Contact Optima Health Member Services at the number on the back of your member ID card if you have any questions regarding your Plan coverage.

Prior authorization criteria may include a trial of one or more drugs. Please reference the drug-specific form for criteria.

Step-edit logic requires prior therapy with at least one targeted drug or drug class. To ensure consistent evaluation of requests and consistency of electronic searches for step-edits, the standard definition of a drug trial is necessary. The standard timeline can be waived if an adverse event occurs.