

# Standard pharmacy-related prior authorizations

The medications included in this chart require prior authorization before benefits are available. Your health care provider will need to submit a prior authorization request to us. Please speak to your provider about whether any medications prescribed to you necessitate this step. This list is not complete and is subject to change. For information specific to your plan, please call our Member Services Department at the number shown on the back of your Blue Cross and Blue Shield of Nebraska member ID card.

Program Name or Class	Medications			
Addyi*	Addyi			
Adynovate	Adynovate			
AirDuo	AirDuo Resplick			
Alunbrig	Alunbrig			
Amantadine Extended Release	Gocovri	Osmolex		
Ampyra	Ampyra			
Androgens	Anadrol-50	Aveed	Natesto	Testosterone
	Androderm	Bio-T-Gel	Oxandrin	Testred
	AndroGel	Danazol	Striant	Vogelxo
	Android	Delatestryl	Testim	
	Androxy	Depo-Testosterone <sup>a</sup>	Testone CIK	
	Axiron	Fortesta Methitest	Testopel	
Asthma Ig-E Inhibitor	Xolair			
Atopic Dermatitis*	Dupixent	Elidel*	Protopic*	
Austedo	Austedo			
Benlysta (Lupus)	Benlysta			
Besponsa	Besponsa			
Biologics for Use in Psoriasis, Rheumatic Disorders, and Gastrointestinal Disorders	Actemra	Entyvio Humira	Olumiant	Simponi/Simponi Aria
	Amevive	Ilaris	Orencia	Stelara
	Cimzia	Ilumya	Remicade	Tremfya
	Cosentyx	Kevzara	Rituxan (for RA only)	Xeljanz
	Enbrel	Kineret	Siliq	
Blincyto	Blincyto			
Blood Glucose Test Strips	Accu-chek	FreeStyle	Precision Xtra	TRUEtrack
	Acura	Glucocard	Prodigy	WaveSense
	Advocate	Infinity	ReliOn	
	Control AST	NovaMax	SideKick	
	EasyGluco	OneTouch	TRUEtest	

\* Requires prior authorization for those members with the PDL 30 formulary.

<sup>a</sup> Generic available

Program Name or Class	Medications			
Botox	Botox	Dysport	Myobloc	Xeomin
Branded Corticosteroid & NSAID	Locort	Vivlodex	Zorvolex	
CAPS	Arcalyst	Ilaris		
Capsaicin	Qutenza			
CGRP Antagonist Products	Aimovig			
Chimeric Antigen Receptor (CAR) T-Cell Therapy	Kymriah	Yescarta		
Cholbam	Cholbam			
Cinqair	Cinqair			
Corlanor*	Corlanor			
Consensi	Consensi			
Crysvita	Crysvita			
Cystic Fibrosis Treatment	Kalydeco	Orkambi	Symdeko	
Denosumab	Prolia	Xgeva		
Duchenne Muscular Dystrophy	Emflaza	Exondys 51		
Durlaza	Durlaza			
Egrifta	Egrifta			
Elaprase	Elaprase			
Endari	Endari			
Entresto	Entresto			
Epidiolex	Epidiolex			
Epinephrine	EpiPen, EpiPen Jr			
Erbix	Erbix			
Erythropoietins*	Aranesp	Epogen	Mircera	Procrit
Fasenra	Fasenra			
Fungal Infections*	Cresemba	Noxafil	Vfend <sup>a</sup>	
Gabapentin - Extended Release	Gralise	Horizant		
Gattex	Gattex			
Gaucher Disease	Cerdelga	Zavesca		
GI Protective NSAIDs	Celebrex <sup>a</sup>	Duexis	Vimovo	Yosprala
Glumetza	Glumetza			
Growth Hormone	Genotropin Humatrope Norditropin	Nutropin Nutropin AQ Omnitrope	Saizen Serostim Tev-Tropin	Zorbtive
Hemlibra	Hemlibra			
Hepatitis C Treatment	Daklinza Epclusa Harvoni	Olysio PegIntron Sovaldi	Technivie Viekira Zepatier	Mavyret Vosevi
HER2 Therapy	Herceptin	Kadcyla	Perjeta	Nerlynx
Hereditary Angioedema	Berinert Cinryze	Firazyr Haegarda	Kalbitor Ruconest	
Hetlioz	Hetlioz			

\* Requires prior authorization for those members with the PDL 30 formulary.

<sup>a</sup> Generic available

Program Name or Class	Medications			
High Cost Topical Medications	Aldara Carac Picato	Duobrii Efudex	Fluoroplex Solaraze	Tolak Zyclara
HoFH Treatment*	Juxtapid	Kynamro		
Ibrance	Ibrance			
Idiopathic Pulmonary Fibrosis	Esbriet	Ofev		
Increlex	Increlex			
Ingrezza	Ingrezza			
Insulin	Afrezza Apidra	Humalog Humalog Mix	Humalog U-200 Humulin N	Humulin R U-100, U-500 Humulin 70/30
Insulin Combination Agents*	Soliqua	Xultophy		
Intravenous/Subcutaneous Immune Globulin (IVIg)	Bivigam Carimune Cuvitru Flebogamma	Gamastan S/D Gammagard Gammaked Gammaplex	Gamunex-C Hizentra Hyqvia Octagam	Privigen
Jynarque	Jynarque			
Keveyis*	Keveyis			
Kisqali	Kisqali			
Korlym	Korlym			
Krystexxa (Gout)	Krystexxa			
Kuvan*	Kuvan			
Lenvima	Lenvima			
Lucemyra	Lucemyra			
Lutathera	Lutathera			
Luxturna	Luxturna			
Lynparza	Lynparza			
Makena	Makena			
Methergine	Methergine <sup>a</sup>			
Migraine (Quantity limits vary by product, but generally limited to 12 doses per month)	Amerge Axert Cafergot Cambia DHE	Ergotamine Frova Imitrex <sup>a</sup> Maxalt/MLT <sup>a</sup> Midrin	Migergot Migranal NS Onzetra Relpax Treximet	Stadol NS Sumavel Zecuity Zomig/ZMT <sup>a</sup>
Multiple Sclerosis	Extavia	Lemtrada	Ocrevus	Tysabri
Myalept	Myalept			
Mylotarg	Mylotarg			
Natpara	Natpara			
Northera	Northera			
Nucala	Nucala			
Nuplazid*	Nuplazid			
Ocaliva*	Ocaliva			

\* Requires prior authorization for those members with the PDL 30 formulary.

<sup>a</sup> Generic available

Program Name or Class	Medications			
Oncology – Self Administered*	Afinitor/Disperz	Hycamtin	Odomzo	Thalomid
	Alecensa	Iclusig	Pomalyst	Tretinoin (oral)
	Bosulif	Imbruvica	Revlimid	Tykerb
	Cabometyx	Inlyta	Rubraca	Venclexta
	Caprelsa	Iressa	Sprycel	Xalkori
	Calquence	Jakafi	Stivarga	Xeloda <sup>a</sup>
	Cometriq	Lenvima	Sylatron	Xtandi
	Cotellic	Lonsurf	Tafinlar	Zelboraf
	Erivedgte	Lysodren	Tagrisso	Zolinza
	Farydak	Matulane	Tarceva	Zydelig
	Gilotrif	Mekinist	Targetin <sup>a</sup>	Zykadia
	Gleevec <sup>a</sup>	Nexavar	Tasigna	Zytiga
	Hexalen	Ninlaro	Temodar <sup>a</sup>	
Opioid Dependence*	Bunavail	Buprenorphine	Suboxone	Zubsolv
Oral Acne Antibiotics	Adoxa CK Kit	Avidoxy DK Kit	Minocin KIT	Periostat
	AdoxaT	Cleeravue-M	Minocin PAC KIT	Solodyn
	Adoxa TT Kit	Doryx	Minocycline ER Tablet	Targadox
	Alodox	Dynacin	Monodox	Ximino
	Alodox Kit	Minocin	Oracea	
Oral Fentanyl (Quantity limit of 4 doses per day)	Abstral	Fentora	Onsolis	
	Actiq	Lazanda	Subsys	
Orenitram	Orenitram			
Otezla	Otezla			
Oxycontin Quantity Limits	Oxycontin (oxycodone ER)			
Parathyroid Hormone Analogs	Forteo	Tymlos		
PCSK9 Inhibitors	Praluent	Repatha		
PD-1 Medications	Bavencio	Keytruda	Opdivo	Tecentriq
Provenge	Provenge			
Pulmonary Hypertension*	Adcirca	Opsumit	Tracleer	Ventavis
	Letairis	Revatio	Tyvaso	
Radicava	Radicava			
Repository Corticotropin Inj	Acthar H.P.			
Retinoids (Topical Acne Agents)	Atralin	Epiduo	Retin-A Micro	Tretin-X
	Avita	Fabior	Tazorac	Ziana
	Differin	Retin-A	Tretinoin	
Siklos	Siklos			
Spinraza	Spinraza			
Soliris	Soliris			
Stimulants*	Nuvigil	Provigil		
Strensiq*	Strensiq			
Synagis	Synagis			
Thrombopoetin Receptor Agonist	Nplate	Promacta		
Topical Antibiotics	Acanya	Cleocin-T	Evoclin	Onexton
	Aczone	Clindagel	Metrocream	Veltin
	Akne-Mycin	Duac	Metrogel	Ziana
	Azelex	Epiduo	Metro lotion	
	Benzaclin	Epiduo Forte	Neuac	
	Benzamycin	Erygel	Noritate	

Program Name or Class	Medications		
Topical Doxepin	Doxepin Cream	Prudoxin Cream	Zonalon Cream
Topical Lidocaine	Lidocaine ointment	Lidoderm	
Topical NSAIDs	Flector Patches	Pennsaid	Voltaren Gel
Trogarzo	Trogarzo		
Vyzulta	Vyzulta		
Uptravi	Uptravi		
Urea Cycle Disorders*	Buphenyl <sup>a</sup>	Carbaglu	Ravicti
Xenazine	Xenazine <sup>a</sup>		
Xermelo	Xermelo		
Xhance	Xhance		
Xyrem	Xyrem		
Yervoy	Yervoy		
Zejula	Zejula		
Ziv-aflibercept	Zaltrap		
Zurampic*	Zurampic		

\* Requires prior authorization for those members with the PDL 30 formulary.

<sup>a</sup> Generic available

Note: This list is subject to change without notice. Inclusion on this list does not guarantee coverage. If you have any questions about this list or about your prescription drug benefits, please call our Member Services Department at the number shown on the back of your Blue Cross and Blue Shield of Nebraska member ID card. Product names are the property of their respective owners. Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and Blue Shield Association.