BlueChoice® HealthPlan
South Carolina

Prior Authorization Drug List

Effective April 1, 2023

Most benefit plans include the prior authorization program. Check your plan materials to see if this information applies to you.

What Is Prior Authorization?

Prior authorization is a quality and safety program that promotes the proper use of certain medications. If your doctor prescribes a medication that is included in our prior authorization program, you must get prior approval before your plan will cover your medication.

We base the prior authorization program on U.S. Food and Drug Administration and manufacturer guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design.

Which Medications Are Included?

This list includes both specialty and non-specialty drugs that require prior authorization under your **pharmacy benefit**. You will also find information on where your doctor should send requests for prior authorization.

Note that before your plan will cover some drugs, you must try one or more covered alternatives first.

If your health plan requires prior authorization for specialty drugs under the **medical benefit**, you can find more information on the Medical Drug List online at your health plan's website.

What Are the Possible Outcomes of a Prior Authorization Request?

- If you meet the requirements, your drug will be approved, and we will cover it. Your drug may be approved for up to one year or more. You will be sent a letter letting you know that your drug has been approved.
- If you do not meet the requirements, your prior authorization will be denied. Also, if your doctor does not send in the requested information within a certain period of time, your prior authorization will be denied. If your request is denied, both you and your doctor will be sent a letter explaining the denial. The letter will include information about how you can appeal the decision.

What Happens at the Pharmacy?

The pharmacist enters your prescription information into the computer system. If your medication needs prior authorization and you already have it, the pharmacist will fill your prescription. If you do not have prior authorization, you have three choices:

- You or your pharmacist can call your doctor and get a prescription for a different medication that does not need prior authorization.
- You can pay full price for your medication.
- You or your pharmacist can ask your doctor to get prior authorization for you.

If you do not meet the requirements for prior authorization, you can still choose another option. You and your doctor make the final decision about the medication that is right for you.

If you submit your prescription to your plan's home delivery (mail-order) pharmacy and do not get the required prior authorization, the pharmacy will not fill your prescription. You will receive notification by mail.

What Happens at a Specialty Pharmacy?

Usually, your doctor will call or fax a prescription directly to the specialty pharmacy. If your prescription requires prior authorization, the specialty pharmacy will tell your doctor how to request this.

Drugs Requiring Prior Authorization (Specialty)

This list applies to specialty drug coverage under the **pharmacy benefit**. Please call **855-811-2218** to request prior authorization for these drugs. Preferred drugs under the pharmacy benefit are listed with a hashtag (#).

Note that some drugs listed may require use of one or more alternative drugs before authorization will be granted. Please see **Table A** for more information.

A

- Abiraterone Acetate (#)
- Abraxane
- Actemra
- Acthar
- Actimmune
- Adcetris
- Adempas (#)
- Aldurazyme
- Alecensa
- Aliqopa
- Alunbrig
- Alyq
- Ambrisentan (#)
- Amondys 45
- Apokyn
- Aralast NP
- Aranesp
- Arcalyst
- Arzerra
- Aubagio (#)
- Avastin
- Avonex
- Avsola (#)
- Ayvakit
- Azacitidine (#)

B

- Balversa
- Bavencio
- Beleodaq
- Belrapzo
- Bendamustine Hydrochloride
- Bendeka
- Benlysta
- Berinert
- Besponsa
- Betaseron (#)
- Bethkis
- Bexarotene
- Bivigam
- Blenrep
- Blincyto
- Bosentan (#)
- Bosulif (#)
- Botox
- Braftovi
- Brukinsa

C

- Cabometyx
- Calquence
- Caprelsa
- Carbaglu
- Carimune
- Cayston
- Cerdelga
- Cerezyme
- Cholbam
- Cimzia (#)
- Cinacalcet Hydrochloride (#)
- Cinryze
- Cometriq
- Copaxone (#)
- Copiktra
- Cortrophin
- Cosela
- Cosentyx
- Cotellic
- Cyramza
- Cystadrops
- Cystaran
- Cytogam

D

- Dacogen
- Dalfampridine ER (#)
- Danyelza
- Darzalex
- Daurismo
- Decitabine (#)
- Deferasirox
- Deferiprone (#)
- Diacomit
- Dimethyl Fumarate
- Docetaxel (#)
- Doptelet
- Droxidopa
- Dupixent
- Durolane
- Dysport

E

- Egrifta/SV
- Elaprase
- Elelyso
- Eligard
- Empaveli
- Empliciti
- Enbrel
- Endari
- Enhertu
- Enspryng
- Entyvio
- Epclusa (#)
- Epidiolex
- Epogen
- Epoprostenol Sodium (#)
- Erbitux
- Erivedge
- Erleada (#)
- Erlotinib Hydrochloride
- Euflexxa
- Everolimus
- Evrysdi
- Exkivity
- Extavia
- Eylea

F

- Fabrazyme
- Farydak
- Fensolvi
- Ferriprox
- Fintepla
- Firazyr
- Firmagon
- Flebogamma DIF
- Flolan
- Folotyn
- Forteo (#)
- Fotivda

G

- Galafold
- Gamastan
- Gammagard
- Gammagard S/D
- Gammaked
- Gammaplex
- Gamunex-C
- Gattex
- Gavreto
- Gazyva
- Gel-One
- Gelsyn-3
- Gemcitabine Hcl
- Genotropin
- Gilenya (#)
- Gilotrif
- Givlaari
- Glassia
- Glatiramer Acetate
- Glatopa (#)
- Gleevec
- Granix

H

- Haegarda
- Halaven
- Harvoni (#)
- Herceptin
- Hetlioz/LQ
- Hizentra
- Humatrope (#)
- Humira (#)
- Hyalgan
- Hycamtin
- Hyqvia

I

- Ibrance (#)
- Icatibant Acetate
- Iclusig
- Ilaris
- Imatinib Mesylate (#)
- Imbruvica
- Imcivree
- Imfinzi
- Inbrija
- Increlex
- Inflectra (#)
- Infliximab
- Inlyta
- Inqovi
- Inrebic
- Intron A
- Iressa
- Istodax
- Ixempra

J

- Jakafi
- Jemperli
- Jetrea
- Jevtana
- Juxtapid
- Jynarque

K

- Kadcyla
- Kalbitor
- Kalydeco
- Kanjinti (#)
- Kanuma
- Kesimpta
- Kevzara
- Keytruda
- Kineret
- Kisqali (#)
- Kitabis Pak
- Koate
- Koate-DVI
- Korlym
- Koselugo
- Kynmobi
- Kyprolis

L

- Lapatinib Ditosylate
- Lartruvo
- Lemtrada
- Lenvima
- Leukine
- Leuprolide Acetate (#)
- Levoleucovorin/ Calcium
- Livtencity
- Lonsurf
- Lorbrena
- Lucentis
- Lumakras
- Lumizyme
- Lupaneta
- Lupkynis
- Lupron Depot/Ped
- Lynparza

M

- Macugen
- Margenza
- Mavenclad
- Mavyret (#)
- Mayzent (#)
- Mekinist
- Mektovi
- Miglustat
- Mitoxantrone HCL
- Monjuvi
- Monovisc
- Mozobil
- Mulpleta
- Mvasi
- Myalept
- Mycapssa
- Myobloc

N

- Naglazyme
- Natpara
- Nerlynx
- Neulasta/Onpro (#)
- Neupogen
- Nexviazyme
- Ninlaro
- Nitisinone
- Nivestym (#)
- Norditropin (#)
- Nplate
- Nubeqa
- Nulibry
- Nutropin AQ

O

- Ocrevus
- Octagam
- Octreotide Acetate
- Odomzo
- Ofev
- Olumiant
- Omnitrope
- Oncaspar
- Onivyde
- Onureg
- Opdivo
- Opsumit (#)
- Orencia
- Orenitram
- Orfadin
- Orkambi
- Orladeyo
- Orthovisc
- Otezla (#)
- Oxlumo

P

- Padcev
- Pegasys (#)
- Pegintron
- Pemazyre
- Pepaxto
- Perjeta
- Phesgo
- Plegridy
- Pomalyst
- Ponvory (#)
- Poteligeo
- Prialt
- Privigen
- Procrit (#)
- Procysbi
- Prolastin-C
- Proleukin
- Prolia
- Promacta
- Pulmozyme
- Purixan

Q

- Qinlock

R

- Radicava
- Rasuvo
- Ravicti
- Rebif/Rebidose (#)
- Reblozyl
- Remicade
- Renflexis
- Retevmo
- Revlimid
- Rinvoq (#)
- Romidepsin
- Rozlytrek
- Rubraca
- Ruconest
- Ruxience (#)
- Rybrevant
- Rydapt
- Rylaze

S

- Saizen/Saizenprep
- Sajazir
- Sandostatin/LAR
- Sapropterin Dihydrochloride
- Sarclisa
- Scemblix
- Serostim
- Signifor/LAR
- Simponi/Aria (#)
- Skyrizi (#)
- Sodium Hyaluronate
- Sodium Phenylbutyrate
- Soliris
- Somatuline Depot
- Somavert
- Sotyktu
- Sprycel (#)
- Stelara (#)
- Stivarga
- Strensiq
- Sunitinib Malate
- Supartz FX
- Supprelin LA
- Sutent
- Sylvant
- Synagis
- Synribo
- Synvisc/One

T

- Tabrecta
- Tadalafil (#)
- Tafinlar
- Tagrisso
- Taltz
- Talzenna
- Tarceva
- Targretin
- Tavalisse
- Taxotere
- Tazverik
- Tecentriq
- Temozolomide (#)
- Temsirolimus (#)
- Tepmetko
- Tetrabenazine (#)
- Thalomid
- Tivdak
- Tobi Podhaler
- Tobramycin (#)
- Topotecan HCL
- Torisel
- Tracleer
- Trazimera (#)
- Treanda
- Trelstar Mixject
- Tremfya (#)
- Trikafta
- Triluron
- Trodelvy
- Truseltiq
- Truxima (#)
- Tukysa
- Tykerb
- Tysabri
- Tyvaso

U

- Ukoniq
- Uplizna
- Uptravi (#)

V

- Valchlor
- Valrubicin
- Valstar
- Vantas
- Vectibix
- Venclexta
- Verzenio
- Vidaza
- Vigabatrin (#)
- Vigadrone
- Vimizim
- Visudyne
- Vitrakvi
- Vosevi (#)
- Votrient
- Vpriv

W

- Welireg

X

- Xalkori
- Xeljanz/XR (#)
- Xeomin
- Xermelo
- Xgeva
- Xiaflex
- Xolair (#)
- Xospata
- Xtandi (#)
- Xyrem (#)
- Xywav

Y

- Yervoy
- Yondelis

Z

- Zaltrap
- Zarxio (#)
- Zavesca
- Zejula
- Zelboraf
- Zemaira
- Zeposia
- Zepzelca
- Ziextenzo (#)
- Zirabev (#)
- Zokinvy
- Zoladex
- Zoledronic Acid (#)
- Zolinza
- Zomacton
- Zorbtive
- Ztalmy
- Zydelig
- Zykadia
- Zynlonta

Table A: Specialty Drugs That May Require Use of an Alternative First

Condition or Drug Class	Before you have coverage for one of these drugs …	… you must have tried one (or more) of these alternative drugs first.
Brain cancer	Temodar	temozolomide
Colon cancer	Xeloda	capecitabine
Cystic fibrosis	TOBI Podhaler	tobramycin inhalation
Decrease in white blood cells	Neupogen	Nivestym, Zarxio
Growth deficiency	Genotropin, Nutropin/AQ, Omnitrope, Saizen, Zomacton	Humatrope, Norditropin
High cholesterol	Juxtapid, Kynamro	Repatha
Inflammatory conditions *(Crohn's disease, psoriasis, rheumatoid arthritis)*	Actemra, Cosentyx, Entyvio, Inflectra, Kevzara, Kineret, Orencia, Remicade, Rituxan, Silliq, Taltz,	Cimzia, Enbrel, Humira, Otezla, Rinvoq, Simponi/Aria, Skyrizi, Stelara, Tremfya, Xeljanz/XR
Leukemia or multiple cancers	Gleevec	imatinib
Multiple sclerosis	Extavia, Ocrevus, Plegridy, Tysabri	Aubagio, Avonex, Betaseron, Copaxone, dimethyl fumerate, Gilenya, glatiramer, Glatopa, Kesimpta, Rebif
Osteoarthritis of the knee	Gel-One, Genvisc, Hyalgan, Hymovis, Monovisc, Orthovisc, Sodium Hyaluronate, Supartz, Synvisc, Triluron, Trivisc, Visco-3	Euflexxa, Gelsyn 3, Durolane
Pulmonary arterial hypertension	Adcirca, Revatio	tadalafil, sildenafil

Drugs Requiring Prior Authorization (Non-Specialty)

To request prior authorization for these drugs, please have your doctor call **855-811-2218**.

Note that some drugs listed may require use of one or more alternative drugs before authorization will be granted. Please see **Table B** for more information.

A

- Acitretin
- Aimovig
- Alogliptin
- Alogliptin/Metformin HCL
- Alogliptin/ Pioglitazone
- Alosetron Hydrochloride
- Amitiza
- Anadrol-50
- Apidra/Solostar
- Apretude
- Armodafinil
- Avalide

B

- Basaglar
- Beconase AQ
- Belsomra
- Bronchitol
- Buprenorphine HCL
- Bydureon/Bcise
- Byetta

C

- Cabenuva
- Capecitabine
- Cequr
- Clindamycin Phosphate/Tretinoin
- Clobetasol Propionate
- Compound Drugs *(costing $300 or more)*
- Cresemba

D

- Dexcom G4/G5/G6 *(receiver only)*
- Diabetic Test Strips (other than OneTouch)
- Dojolvi
- Dulera
- Dymista

E

- Edarbi
- Edarbyclor
- Edluar
- Emgality

F

- Freestyle Libre Glucose Monitoring System

G

- N/A

H

- Humalog
- Humalog Mix 50/50
- Humalog Mix 75/25
- Humulin 70/30
- Humulin N/R
- Hyftor

I

- Incruse Ellipta
- Insulin Lispro
- Itraconazole
- Ivermectin

J

- Jentadueto/XR

K

- Kazano
- Kerendia
- Kombiglyze XR

L

- Lescol XL
- Levemir
- Lidocaine
- Lidocaine Patch 5%
- Livalo
- Lotronex
- Lubiprostone
- Lybalvi

M

- Metformin HCL
- Modafinil
- Motegrity
- Mounjaro (#)
- Myrbetriq

N

- Nesina
- Nexletol
- Nexlizet
- Noxafil
- Nurtec

O

- Omnaris
- Omnipod
- Onglyza
- Oralair
- Orilissa
- Oseni
- Oxytrol
- Ozempic (#)

P

- Pancreaze
- Pertzye
- Posaconazole/DR

Q

- Qnasl

R

- Regranex Gel
- Repatha
- Restasis
- Riomet
- Rybelsus (#)

S

- Seebri Neohaler
- Soriatane
- Sporanox
- Stimate
- Stromectol
- Sunosi
- Sustol

T

- Tekturna/HCT
- Tobacco Cessation
- Tovet
- Toviaz
- Tradjenta
- Tresiba
- Trulicity (#)
- Tudorza Pressair

U

- Ubrelvy
- Upneeq

V

- Verquvo
- Viberzi
- Victoza (#)
- Viokace

W

- Wakix

X

- Xifaxan

Y

- N/A

Z

- Zelnorm
- Zetonna
- Zoryve

Table B: Non-Specialty Drugs That May Require Use of an Alternative First

Condition or Drug Class	Before you have coverage for one of these drugs …	… you must have tried one (or more) of these alternative drugs first.
Arthritis or pain	Flector *(diclofenac epolamine)* patch, Naprelan	Generic oral immediate release NSAIDs
Asthma or COPD (A)	Dulera	Advair Diskus, Advair HFA, Symbicort
Asthma or COPD (B)	Incruse Ellipta, Seebri Neohaler, Tudorza Pressair	Spiriva, Spiriva Respimat
Blood clots	Savaysa, Pradaxa	Xarelto, Eliquis
Cholesterol lowering *(high potency)*	Crestor	atorvastatin, ezetimibe/simvastatin *(generic for Vytorin)*, rosuvastatin
Cholesterol lowering	Lescol/XL, Lipitor, Livalo, Mevacor, Pravachol, Zocor	atorvastatin, fluvastatin, fluvastatin ext-rel, lovastatin, pravastatin, rosuvastatin, simvastatin
Depression	Oleptro	trazodone
Dermatologic	Olux-E	Clobetasol propionate foam 0.05%
Diabetes *(insulin)*	All Apidra, Humalog (insulin lispro), Humulin *(except U-500)*, Novolin Relion	Novolog, Novo Novolin
Diabetes *(long-acting insulin)*	Basaglar, Levemir, Tresiba	Lantus, Toujeo
Diabetes *(biguanides)*	Riomet	metformin/XR *(generics for Glucophage/XR)*
Diabetes *(DPP-4)*	Jentadueto/XR, Kazano, Kombiglyze XR Nesina, Onglyza, Oseni, Tradjenta	Januvia, Janumet/XR
Diabetes *(SGLT2)*	Invokana, Invokamet/XR	Farxiga, Jardiance, Synjardy/XR, Xigduo XR
Diabetes *(GLP-1)*	Bydureon/BCISE, Byetta	Ozempic, Rybelsus, Trulicity, Victoza *These drugs require prior use of metformin, metformin ER (generic Glucophage XR) or prior authorization.*
Diabetes supplies	All test strips other than OneTouch *Members on insulin pumps that require specific test strips other than OneTouch may be granted a lifetime approval to continue to fill their current test strips.*	OneTouch
Glaucoma	Lumigan	lantanoprost, Travatan Z, Zioptan
Hypertension	Avapro, Avalide, Cozaar, Hyzaar, Diovan/HCT, Edarbi, Edarbyclor, Micardis/HCT, Tekturna/HCT, Teveten/HCT	generic ARBs
Irritable bowel syndrome *(constipation predominant)*	Amitiza	Linzess
Irritable bowel syndrome *(diarrhea predominant)*	Viberzi, Xifaxan 550 mg	loperamide, diphenoxylate/atropine
Nasal steroids	Beconase AQ, Dymista, Flonase, Nasacort AQ, Omnaris, Qnasl, Rhinocort AQ, Zetonna	budesonide nasal spray, flunisolide, fluticasone nasal, mometasone furoate nasal spray, triamcinolone
Overactive bladder	Detrol/LA, Ditropan XL, Myrbetriq, Oxytrol, Toviaz, Vesicare	oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, Gelnique
Sleep medications	Ambien/CR, Belsomra, Edluar, Intermezzo, Sonata	eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zaleplon

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。(Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đở với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة.للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険 についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره‌ی این برنامه‌ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره‌ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háída bíká'aná nílwo'ígíí díí Béeso Ách'ą́ąh naa'nilígi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'íshíį́ bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'į' ha desdzih nínízingo, kojį' béésh bee hólne' 1-844-516-6328. (Navajo)

Vann du adda ebbah es du am helfa bisht, ennichi questions hend veyyich *deah health plan*, hend diah's recht fa hilf un information greeya in eiyah aykni shprohch unni kosht. Fa shvetza mitt en interpreter, roof deah nummah oh 1-833-584-1829. (Pennsylvania Dutch)