



Alternate Prior Authorization Program Summary

Criteria applies only to Health Insurance Market for Value Script and Truli Rx Choice (Formulary IDs #523X, 524X, and 526X)

Florida Blue/Truli does not accept the use of samples to satisfy prerequisite requirements in any of the step therapy or prior authorization programs. Samples would also include any type of prescription or copay assistance rendered to the patient by the drug manufacturer or any other organization that would allow the patient to get the drug without a paid claim through billing Florida Blue/Truli.

These criteria apply only to drugs which are part of the Qualified Health Plans Benchmark.

POLICY REVIEW CYCLE

Effective Date
01-01-2025

Date of Origin

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

CLINICAL RATIONALE

REFERENCES

OBJECTIVE

The intent of Alternate Prior Authorization (PA) Program is to promote cost effective formulary alternatives and appropriately select patients for therapy according to product labeling and/or guidelines and/or clinical studies. The PA program will approve the requested drug after meeting the program medical necessity criteria.

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Panretin	alitretinoin gel	0.1 %	M ; N ; O	N		
Coartem	artemether-lumefantrine tab	20-120 MG	M ; N ; O	N		
Regranex	becaplermin gel	0.01 %	M ; N ; O	N		
Sirturo	bedaquiline fumarate tab	100 MG ; 20 MG	M ; N ; O	N		
Besivance	besifloxacin hcl ophth susp	0.6 %	M ; N ; O	N		
Briviact	brivaracetam oral soln	50 MG/5ML	M ; N ; O	N		
Briviact	brivaracetam tab	10 MG ; 100 MG ; 25 MG ; 50 MG ; 75 MG	M ; N ; O	N		
Mentax	butenafine hcl cream	1 %	M ; N ; O	N ; O ; Y		
Gynazole-1	butoconazole nitrate (one dose) vaginal cream	2 %	M ; N ; O	N		
Vectical	calcitriol oint	3 MCG/GM	M ; N ; O	M		
	chlordiazepoxide-amitriptyline tab	10-25 MG ; 5-12.5 MG	M ; N ; O	N		

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Cipro hc	ciprofloxacin-hydrocortisone otic susp	0.2-1 %	M ; N ; O	N		
Santyl	collagenase oint	250 UNIT/GM	M ; N ; O	N		
Mytesi	crofelemer tab delayed release	125 MG	M ; N ; O	N		
Crotan	crotamiton lotion	10 %	M ; N ; O	N		
	dexamethasone sodium phosphate ophth soln	0.1 %	M ; N ; O	N		
Anzemet	dolasetron mesylate tab	50 MG	M ; N ; O	N		
Multaq	dronedarone hcl tab	400 MG	M ; N ; O	N		
Phospholine iodide	echothiophate iodide ophth for soln	0.125 %	M ; N ; O	N		
	ergoloid mesylates tab	1 MG	M ; N ; O	N		
Bijuva	estradiol-progesterone cap	0.5-100 MG ; 1-100 MG	M ; N ; O	N		
Trecator	ethionamide tab	250 MG	M ; N ; O	N		
Zirgan	ganciclovir ophth gel	0.15 %	M ; N ; O	N		
Glucagen diagnostic	glucagon hcl (rdna) diagnostic for inj	1 MG	M ; N ; O	N		
Glucagen hypokit	glucagon hcl (rdna) for inj	1 MG	M ; N ; O	N		
Marplan	isocarboxazid tab	10 MG	M ; N ; O	N		
Vyvanse	lisdexamfetamine dimesylate chew tab	10 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG ; 60 MG	M ; N ; O	O ; Y		
Alomide	Iodoxamide tromethamine ophth soln	0.1 %	M ; N ; O	N		
Vecamyl	mecamylamine hcl tab	2.5 MG	M ; N ; O	N		
	meclofenamate sodium cap	100 MG ; 50 MG	M ; N ; O	N		
Oravig	miconazole buccal tab	50 MG	M ; N ; O	N		
Myrbetriq	mirabegron tab er	25 MG ; 50 MG	M ; N ; O	O ; Y		
Alocril	nedocromil sodium ophth soln	2 %	M ; N ; O	N		
	nefazodone hcl tab	100 MG ; 150 MG ; 200 MG ; 250 MG ; 50 MG	M ; N ; O	N		
Neo-synalar	neomycin sulfate-fluocinolone acetonide cream	0.5-0.025 %	M ; N ; O	N		
Cortisporin-tc	neomycin-colistin-hc-thonzonium otic susp	3.3-3-10-0.5 MG/ML	M ; N ; O	N		
Ilevro	nepafenac ophth susp	0.3 %	M ; N ; O	N		
Rhopressa	netarsudil dimesylate ophth soln	0.02 %	M ; N ; O	N		
Rectiv	nitroglycerin oint	0.4 %	M ; N ; O	O ; Y		
	nizatidine cap	150 MG ; 300 MG	M ; N ; O	N		
Osphena	ospemifene tab	60 MG	M ; N ; O	N		
Fycompa	perampanel tab	10 MG ; 12 MG ; 2 MG ; 4 MG ; 6 MG ; 8 MG	M ; N ; O	N		
	perphenazine-amitriptyline tab	2-10 MG ; 2-25 MG ; 4-10 MG ; 4-25 MG ; 4-50 MG	M ; N ; O	N		
Betadine ophthalmic prep	povidone-iodine ophth soln	5 %	M ; N ; O	N		
Intrarosa	prasterone vaginal insert	6.5 MG	M ; N ; O	N		
Altabax	retapamulin oint	1 %	M ; N ; O	N		

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
	rimantadine hydrochloride tab	100 MG	M ; N ; O	N		
Emsam	selegiline td patch	12 MG/24HR ; 6 MG/24HR ; 9 MG/24HR	M ; N ; O	N		
Natroba	spinosad susp	0.9 %	M ; N ; O	M		
Zontivity	vorapaxar sulfate tab	2.08 MG	M ; N ; O	N		
Relenza diskhaler	zanamivir aerosol powder breath activated	5 MG/BLISTER	M ; N ; O	N		

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	chlordiazepoxide-amitriptyline tab	10-25 MG ; 5-12.5 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
	dexamethasone sodium phosphate ophth soln	0.1 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
	ergoloid mesylates tab	1 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
	meclofenamate sodium cap	100 MG ; 50 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
	nefazodone hcl tab	100 MG ; 150 MG ; 200 MG ; 250 MG ; 50 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
	nizatidine cap	150 MG ; 300 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
	perphenazine-amitriptyline tab	2-10 MG ; 2-25 MG ; 4-10 MG ; 4-25 MG ; 4-50 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
	rimantadine hydrochloride tab	100 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Alocril	nedocromil sodium ophth soln	2 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Alomide	lodoxamide tromethamine ophth soln	0.1 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Altabax	retapamulin oint	1 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Anzemet	dolasetron mesylate tab	50 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Besivance	besifloxacin hcl ophth susp	0.6 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Betadine ophthalmic prep	povidone-iodine ophth soln	5 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Bijuva	estradiol-progesterone cap	0.5-100 MG ; 1-100 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Briviact	brivaracetam oral soln	50 MG/5ML	HIM 5 and 6 Tiers ; HIM 7 Tiers
Briviact	brivaracetam tab	10 MG ; 100 MG ; 25 MG ; 50 MG ; 75 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Cipro hc	ciprofloxacin-hydrocortisone otic susp	0.2-1 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Coartem	artemether-lumefantrine tab	20-120 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Cortisporin-tc	neomycin-colistin-hc-thonzonium otic susp	3.3-3-10-0.5 MG/ML	HIM 5 and 6 Tiers ; HIM 7 Tiers
Crotan	crotamiton lotion	10 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Emsam	selegiline td patch	12 MG/24HR ; 6 MG/24HR ; 9 MG/24HR	HIM 5 and 6 Tiers ; HIM 7 Tiers
Fycompa	perampanel tab	10 MG ; 12 MG ; 2 MG ; 4 MG ; 6 MG ; 8 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Glucagen diagnostic	glucagon hcl (rdna) diagnostic for inj	1 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Glucagen hypokit	glucagon hcl (rdna) for inj	1 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Gynazole-1	butoconazole nitrate (one dose) vaginal cream	2 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Ilevro	nepafenac ophth susp	0.3 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Intrarosa	prasterone vaginal insert	6.5 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Marplan	isocarboxazid tab	10 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Mentax	butenafine hcl cream	1 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Multaq	dronedarone hcl tab	400 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Myrbetriq	mirabegron tab er	25 MG ; 50 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Mytesi	crofelemer tab delayed release	125 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Natroba	spinosad susp	0.9 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Neo-synalar	neomycin sulfate-fluocinolone acetonide cream	0.5-0.025 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Oravig	miconazole buccal tab	50 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Osphena	ospemifene tab	60 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Panretin	alitretinoin gel	0.1 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Phospholine iodide	echothiophate iodide ophth for soln	0.125 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Rectiv	nitroglycerin oint	0.4 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Regranex	becaplermin gel	0.01 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Relenza diskhaler	zanamivir aerosol powder breath activated	5 MG/BLISTER	HIM 5 and 6 Tiers ; HIM 7 Tiers
Rhopressa	netarsudil dimesylate ophth soln	0.02 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Santyl	collagenase oint	250 UNIT/GM	HIM 5 and 6 Tiers ; HIM 7 Tiers
Sirturo	bedaquiline fumarate tab	100 MG ; 20 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Trecator	ethionamide tab	250 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Vecamyl	mecamylamine hcl tab	2.5 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Vectical	calcitriol oint	3 MCG/GM	HIM 5 and 6 Tiers ; HIM 7 Tiers
Vyvanse	lisdexamfetamine dimesylate cap	10 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG ; 60 MG ; 70 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Vyvanse	lisdexamfetamine dimesylate chew tab	10 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG ; 60 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers
Zirgan	ganciclovir ophth gel	0.15 %	HIM 5 and 6 Tiers ; HIM 7 Tiers
Zontivity	vorapaxar sulfate tab	2.08 MG	HIM 5 and 6 Tiers ; HIM 7 Tiers

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p>Initial Evaluation</p> <p>Target Agent(s) will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> 1. Requested drug is included as part of Alternate PA AND 2. Patient meets one of the following: <ol style="list-style-type: none"> A. Requested drug is being used to directly treat HIV, cancer or suppress immune system following organ transplant OR B. Requested drug is FDA approved or supported by CMS approved compendia for the patient's diagnosis (gender requirements will not apply), and the patient meets one of the following: <ol style="list-style-type: none"> 1. Patient has tried and failed 2 formulary alternatives (other than drugs targeted in this program) in the past 365 days (if formulary alternative exists that are FDA approved or compendia supported to treat patient's diagnosis and can be prescribed in the doses to fit patient's needs)* OR 2. Patient has contraindications to all formulary alternatives OR 3. Prescriber can certify in writing that the patient has been stabilized by the requested drug and switching patient to a different drug could potentially cause harm to the patient OR 4. Patient has been using requested agent as evidenced by paid claim(s) history within the past 90 days AND C. If the requested drug is subject to quantity limit, requested amount is within program's quantity limit <p>Length of Approval: 12 months</p> <p>Renewal Evaluation</p> <p>Target Agent(s) will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> 1. The patient has been previously approved for the requested agent through the plan's Prior Authorization process (Note: patients not previously approved for the requested agent will require initial evaluation review) AND 2. Requested drug is included as part of Alternate PA AND 3. Patient meets one of the following: <ol style="list-style-type: none"> A. Requested drug is being used to directly treat HIV, cancer or suppress immune system following organ transplant OR B. Requested drug is FDA approved or supported by CMS approved compendia for the patient's diagnosis (gender requirements will not apply) AND 4. If the requested drug is subject to quantity limit, requested amount is within program's quantity limit <p>Length of Approval: 12 months</p> <p>*Step therapy requirement may not apply if a prior health plan paid for the medication - documentation of a paid claim may be required.</p>

