

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 the number shown on the back of your member ID card.

Program Name or Class	Medications			
Addyi ¹	Addyi			
Adynovate	Adynovate			
AirDuo	AirDuo Respiclick			
Alunbrig	Alunbrig			
Amantadine Extended Release	Gocovri	Osmolex		
Ampyra ^{2,3}	Ampyra			
Androgens	Anadrol-50	Aveed	Natesto	Testosterone
	Androderm	Bio-T-Gel	Oxandrin	Testred
	AndroGel	Danazol	Striant	Vogelxo
	Android	Delatestryl	Testim	
	Androxy	Depo-Testosterone ²	Testone CIK	
	Axiron	Fortesta Methitest	Testopel	
Asthma Ig-E Inhibitor	Xolair			
Asthma Interleukin Inhibitors	Cinqair	Fasenra	Nucala	
Atopic Dermatitis	Elidel ¹	Protopic ¹		
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	Skyrizi
	Cimzia	Ilumya	Remicade	Stelara
	Cosentyx	Kevzara	Rituxan (for RA only)	Tremfya
	Enbrel	Kineret	Siliq	Xeljanz
Blinicyto	Blinicyto			
Blood Glucose Test Strips	Accu-chek	FreeStyle	Precision Xtra	TRUEtrack
	Acura	Glucocard	Prodigy	WaveSense
	Advocate	Infinity	ReliOn	
	Control AST	NovaMax	SideKick	
	EasyGluco	OneTouch	TRUEtest	

¹ Requires prior authorization for those members with the PDL 30 formulary.

² Generic available.

³ Generics of products in this policy may also require prior authorization.

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	Ajovy	Emgality	
Chimeric Antigen Receptor (CAR) T-Cell Therapy	Kymriah	Yescarta		
Cholbam	Cholbam			
Corlanor ¹	Corlanor			
Consensi	Consensi			
Crysvita	Crysvita			
Cystic Fibrosis Treatment	Kalydeco	Orkambi	Symdeko	
Denosumab	Prolia	Xgeva		
Desmopressin Acetate (Brand Name)	Nocdurna	Noctiva		
Duchenne Muscular Dystrophy	Emflaza	Exondys 51		
Dupixent	Dupixent			
Durlaza	Durlaza			
Egrifta	Egrifta			
Elaprase	Elaprase			
Endari	Endari			
Epidiolex	Epidiolex			
Epinephrine	EpiPen, EpiPen Jr			
Erbitux	Erbitux			
Erythropoietins ¹	Aranesp	Epogen	Mircera	Procrit
Evenity	Evenity			
Evzio	Evzio			
Fungal Infections ¹	Cresemba	Noxafil	Vfend ^a	
Gabapentin - Extended Release	Gralise	Horizant		
Gattex	Gattex			
Gaucher Disease	Cerdelga	Zavesca		
GI Protective NSAIDs	Celebrex ^a	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 Amyloidosis Products	Onpattro	Tegsedi	Vyndamax	Vyndaqel
Hereditary Angioedema	Berinert Cinryze	Firazyr Haegarda	Kalbitor Ruconest	Takhzyro

¹ Requires prior authorization for those members with the PDL 30 formulary.

² Generic available.

³ Generics of products in this policy may also require prior authorization.

Program Name or Class	Medications			
Hetlioz	Hetlioz			
High Cost Topical Medications	Aldara Carac Duobrii	Efudex Fluoroplex	Picato Solaraze	Tolak Zyclara
HoFH Treatment¹	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 Agents¹	Soliqua	Xultophy		
Intravenous/Subcutaneous Immune Globulin (IVIg)	Bivigam Carimune Cutaquig Cuvitru	Flebogamma Gamastan S/D Gammagard Gammaked	Gammaflex Gamunex-C Hizentra Hyqvia	Octagam Panzyga Privigen
Jynarque	Jynarque			
Keveyis¹	Keveyis			
Kisqali	Kisqali			
Korlym	Korlym			
Krystexxa (Gout)	Krystexxa			
Lenvima	Lenvima			
Lucemyra	Lucemyra			
Lutathera	Lutathera			
Luxturna	Luxturna			
Lynparza	Lynparza			
Makena	Makena			
Methergine	Methergine²			
Migraine (Quantity limits vary by product, but generally limited to 12 doses per month)	Amerge Axert Cafergot Cambia DHE	Ergotamine Frova Imitrex² Maxalt/MLT² Midrin	Migergot Migranal NS Onzetra Relpax Treximet	Stadol NS Sumavel Zecuity Zomig/ZMT²
Multiple Sclerosis	Extavia Lemtrada	Mavenclad Mayzent	Ocrevus	Tysabri
Myalept	Myalept			
Mylotarg	Mylotarg			
Natpara	Natpara			
Northera	Northera			
Nuplazid¹	Nuplazid			
Ocaliva¹	Ocaliva			
Oncology - Intravenous	Bendeka	Darzalex	Lartruvo	Treanda

¹ Requires prior authorization for those members with the PDL 30 formulary.

² Generic available.

³ Generics of products in this policy may also require prior authorization.

Program Name or Class	Medications			
Oncology – Self Administered ¹	Afinitor/Disperz	Hycamtin	Odomzo	Thalomid
	Alecensa	Iclusig	Pomalyst	Tretinoin (oral)
	Balversa	Imbruvica	Revlimid	Tykerb
	Bosulif	Inlyta	Rubraca	Venclexta
	Braftovi	Iressa	Rydapt	Verzenio
	Cabometyx	Jakafi	Sprycel	Xalkori
	Caprelsa	Lenvima	Stivarga	Xeloda ^a
	Calquence	Lonsurf	Sylatron	Xtandi
	Cometriq	Lysodren	Tafinlar	Yonsa
	Cotellic	Matulane	Tagrisso	Zelboraf
	Erivedge	Mekinist	Tarceva	Zolinza
	Farydak	Mektovi	Targretin ^a	Zydelig
	Gilotrif	Nexavar	Tasigna	Zykadia
	Gleevec ^a	Ninlaro	Temodar ^a	Zytiga
	Hexalen			
Opioid Dependence ¹	Bunavail	Buprenorphine	Suboxone	Zubsolv
Oral Acne Antibiotics ³	Adoxa CK Kit	Avidoxy DK Kit	Minocin KIT	Periostat
	AdoxaT	Cleeravue-M	Minocin PAC KIT	Seysara
	Adoxa TT Kit	Doryx	Minocycline ER Tablet	Solodyn
	Alodox	Dynacin	Monodox	Targadox
	Alodox Kit	Minocin	Oracea	Ximino
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	Libtayo	Tecentriq	
	Keytruda	Opdivo		
Phenylkenouria Products	Kuvan	Palynziq		
Provenge	Provenge			
Pulmonary Hypertension ¹	Adcirca	Opsumit	Tracleer	Ventavis
	Letairis	Revatio	Tyvaso	
Qbrexza	Qbrexza			
Radicava	Radicava			
Repository Corticotropin Inj	Acthar H.P.			
Retinoids (Topical Acne Agents)	Altreno	Differin	Retin-A	Tretinoin
	Atralin	Epiduo	Retin-A Micro	Tretin-X
	Avita	Fabior	Tazorac	Ziana
Riluzole Products	Nurtec	Tiglutik		
Siklos	Siklos			
Spinraza	Spinraza			
Spravato	Spravato			
Soliris	Soliris			
Stimulants ¹	Nuvigil	Provigil		

¹ Requires prior authorization for those members with the PDL 30 formulary.

² Generic available.

³ Generics of products in this policy may also require prior authorization.

Program Name or Class	Medications			
Strensiq ¹	Strensiq			
Synagis	Synagis			
Therapeutic Alternative Policy	Absorica	Glycopyrrolate 1.5mg (Foxland Manufactured Product)		
	Acyclovir 5% Cream (Perrigo Manufactured Product)	Inderal XL		
	Butalbital-Acetaminophen 50-300mg (Alvogen, Mayne, Oceanside and Valeant Manufactured Products)	Innopran XL		
	Bryhali (halobetasol 0.01%) Lotion (Valeant Manufactured Product)	Lactulose Pak 10 gram (Foxland Manufactured Product)		
	Carbinoxamine 6mg (Foxland Manufactured Product)	Lexette (halobetasol 0.05%) Foam (Mayne Manufactured Product)		
	Chlorzoxazone 250mg, 375mg, 750mg	Penacillamine		
	Cupramine	Ryvent (Carbinoxamine) 6mg (Carwin Manufactured Product)		
	Fenofibrate 40mg, 120mg (Impax and Mylan Manufactured Products)	Zovirax (acyclovir) 5% Cream (Valeant Manufactured Product)		
	Fenoprofen	Zovirax (acyclovir) 5% Ointment (Valeant Manufactured Product)		
Thrombopoetin Receptor Agonist	Nplate	Promacta		
Topical Antibiotics	Acanya	Cleocin-T	Evoclin	Onexton
	Aczone	Clindagel	Metrocream	Veltin
	Akne-Mycin	Duac	Metrogel	Ziana
	Azelex	Epiduo	Metrolotion	
	Benzaclin	Epiduo Forte	Neuac	
	Benzamycin	Erygel	Noritate	
Topical Skin Infection Antibiotics	Bactroban (Brand Name Products)	Centany Cream	Mupirocin Cream	Xepi Cream
Topical Doxepin	Doxepin Cream	Prudoxin Cream	Zonalon Cream	
Topical Lidocaine	Lidocaine ointment	Lidoderm		
Topical NSAIDs	Flector Patches	Pennsaid	Voltaren Gel	
Trogarzo	Trogarzo			
Ultomiris	Ultomiris			
Vyzulta	Vyzulta	Xelpros		
Uptravi	Uptravi			
Urea Cycle Disorders ¹	Buphenyl ²	Carbaglu	Ravicti	
Xenazine	Xenazine ²			
Xermelo	Xermelo			
Xhance	Xhance			
Xyrem	Xyrem			
Yervoy	Yervoy			
Zejula	Zejula			
Ziv-aflibercept	Zaltrap			
Zolgensma	Zolgensma			
Zulresso	Zulresso			
Zurampic ¹	Zurampic			

¹ Requires prior authorization for those members with the PDL 30 formulary.

² Generic available.

³ Generics of products in this policy may also require prior authorization.