



# 2026 Prior Authorization Drug List

This is a list of medications that will not be covered without a prior authorization for medical necessity, effective January 1, 2026.

ABILIFY MAINTENA	BYLVAY (PELLETS)	dimethyl fumarate	GATTEX
abiraterone acetate	BYLVAY	DOJOLVI	GAVRETO
abirtega	BYNFEZIA PEN	DOPTELET SPRINKLE	gefitinib
accutane	BYOOVIZ	DOPTELET	GENOTROPIN MINIQUICK
ADALIMUMAB-AATY (1 PEN)	CABENUVA	dronabinol	GENOTROPIN
ADALIMUMAB-AATY (2 PEN)	CABLVI	droxidopa	GILOTRIF
ADALIMUMAB-AATY (2 SYRINGE)	CABOMETYX	DUPIXENT	GIVLAARI
ADALIMUMAB-AATY CD/UC/HS	CALQUENCE	ELIGARD	GLASSIA
START	CAMZYOS	eltrombopag olamine	glatiramer acetate
ADBRY	capecitabine	EMGALITY (300 MG DOSE)	glatopa
ADDYI	CAPRELSA	EMGALITY	glycerol phenylbutyrate
adefovir dipivoxil	carglumic acid	EMPAVELI	HADLIMA PUSH TOUCH
ADEMPAS	CAYSTON	EMSAM	HADLIMA
AIMOVIG	CEQUA	ENBREL MINI	HAEGARDA
AJOVY	CERDELGA	ENBREL SURECLICK	HARVONI
ALECENSA	cetorelix acetate	ENBREL	HEMLIBRA
ALINIA	CHOLBAM	ENSPRYNG	HIZENTRA
alosetron hcl	CIBINQO	entecavir	HYCAMTIN
ALTUVIII	CIMZIA (1 SYRINGE)	ENTYVIO PEN	hydroxyprogesterone caproate
ALUNBRIG	CIMZIA (2 SYRINGE)	EPCLUSA	HYQVIA
ALYMSYS	CIMZIA-STARTER	EPIDIOLEX	ibandronate sodium
alyq	CIMZIA	ERIVEDGE	IBRANCE
ambrisentan	cinacalcet hcl	ERLEADA	icatibant acetate
amnestem	CINRYZE	erlotinib hcl	ICLUSIG
AMVUTTRA	claravis	EUCRISA	IDHIFA
ANZEMET	COBENFY STARTER PACK	everolimus	ILARIS
aprepitant	COBENFY	EVRYSDI	imatinib mesylate
APRETUDE	COMETRIQ (100 MG DAILY DOSE)	EXENATIDE	IMBRUVICA
ARAKODA	COMETRIQ (140 MG DAILY DOSE)	EYLEA HD	IMCIVREE
ARALAST NP	COMETRIQ (60 MG DAILY DOSE)	EYSUVIS	IMDELLTRA
ARCALYST	CONTRAVE	fentanyl citrate	IMPAVIDO
ARIKAYCE	COPIKTRA	FERRIPROX TWICE-A-DAY	IMULDOSA
ARISTADA INITIO	COTELLIC	FERRIPROX	INFLECTRA
ARISTADA	CRESEMBA	fidaxomicin	INGREZZA
armodafinil	CRYSVITA	figingolimod hcl	INLYTA
ATTRUBY	CUVITRU	FINTEPLA	INQOVI
AUSTEDO XR PATIENT TITRATION	cyclosporine (pf)	FIRMAGON (240 MG DOSE)	INREBIC
AUSTEDO XR	CYSTAGON	FIRMAGON	INVEGA SUSTENNA
AUSTEDO	CYSTARAN	FLEBOGAMMA DIF	INVEGA TRINZA
AVONEX PEN	dalfampridine er	FLECTOR	isotretinoin
AVONEX PREFILLED	DARZALEX FASPRO	FOTIVDA	ivabradine hcl
AYVAKIT	dasatinib	FREESTYLE LIBRE 14 DAY READER	IWILFIN
BALVERSA	DAURISMO	FREESTYLE LIBRE 14 DAY SENSOR	JAKAFI
BARACLUDE	deferasirox granules	FREESTYLE LIBRE 2 PLUS SENSOR	javygtor
BAXDELA	deferasirox	FREESTYLE LIBRE 2 READER	JAYPIRCA
BELBUCA	deferiprone	FREESTYLE LIBRE 2 SENSOR	jaythari
BENLYSTA	deferoxamine mesylate	FREESTYLE LIBRE 3 PLUS SENSOR	JIVI
benzphetamine hcl	deflazacort	FREESTYLE LIBRE 3 READER	JUXTAPID
BERINERT	DEXCOM G6 RECEIVER	FREESTYLE LIBRE 3 SENSOR	KALYDECO
BESREMI	DEXCOM G6 SENSOR	FREESTYLE LIBRE READER	KESIMPTA
BETASERON	DEXCOM G6 TRANSMITTER	FRUZAQLA	KEVZARA
bexarotene	DEXCOM G7 15 DAY SENSOR	FUZEON	KISQALI (200 MG DOSE)
BEYFORTUS	DEXCOM G7 RECEIVER	fyremadel	KISQALI (400 MG DOSE)
BIVIGAM	DEXCOM G7 SENSOR	GALAFOLD	KISQALI (600 MG DOSE)
bosentan	DIACOMIT	GAMASTAN	KISQALI FEMARA (200 MG DOSE)
BOSULIF	dichlorphenamide	GAMMAGARD S/D LESS IGA	KISQALI FEMARA (400 MG DOSE)
BRAFTOVI	diethylpropion hcl er	GAMMAGARD	KISQALI FEMARA (600 MG DOSE)
BRUKINSA	diethylpropion hcl	GAMMAPLEX	KOSELUGO
butorphanol tartrate	DIFICID	GAMUNEX-C	KRYSTEXXA
BYDUREON BCISE	dimethyl fumarate starter pack	ganirelix acetate	kymbee

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KYNMOBI	NEXLIZET	PEMAZYRE	sajazir
l-glutamine	nilotinib hcl	penicillamine	SANCUSO
lapatinib ditosylate	NINLARO	PERSERIS	sapropterin dihydrochloride
lenalidomide	nintedanib esylate	phendimetrazine tartrate er	SCEMBLIX
LENVIMA (10 MG DAILY DOSE)	nitazoxanide	phendimetrazine tartrate	SECUADO
LENVIMA (12 MG DAILY DOSE)	nitisinone	phentermine hcl	SEROSTIM
LENVIMA (14 MG DAILY DOSE)	NIVESTYM	phentermine-topiramate erxdnu	SIGNIFOR
LENVIMA (18 MG DAILY DOSE)	NPLATE	phentermine-topiramate er	sildenafil citrate
LENVIMA (20 MG DAILY DOSE)	NUCALA	PHESGO	SIRTURO
LENVIMA (24 MG DAILY DOSE)	NUDEXTA	PIQRAY (200 MG DAILY DOSE)	SKYRIZI PEN
LENVIMA (4 MG DAILY DOSE)	NUPLAZID	PIQRAY (250 MG DAILY DOSE)	SKYRIZI
LENVIMA (8 MG DAILY DOSE)	NURTEC	PIQRAY (300 MG DAILY DOSE)	SKYTROFA
LEUKINE	OCALIVA	pirfenidone	sodium oxybate
leuprolide acetate	OCREVUS	PIRFENIDONE	sodium phenylbutyrate
LEVULAN KERASTICK	octreotide acetate	PLEGRIDY STARTER PACK	SOGROYA
LICART	OCTREOTIDE ACETATE	PLEGRIDY	SOHONOS
LINZESS	ODOMZO	pomalidomide	SOLIQUA
liraglutide -weight management	OGSIVEO	posaconazole	SOLIRIS
LIRAGLUTIDE	OJEMDA	PRETOMANID	SOMAVERT
LIVTENCITY	OJJAARA	PREVYMIS	sorafenib tosylate
lofexidine hcl	OMNIPOD 5 DEXG7G6 INTRO GEN 5	PROCRIT	SOTYKTU
lomustine	5	PROLASTIN-C	spironolactone
LONSURF	OMNIPOD 5 DEXG7G6 PODS GEN 5	PROLIA	SPRAVATO (56 MG DOSE)
LORBRENA	OMNIPOD 5 G7 INTRO (GEN 5)	prucalopride succinate	SPRAVATO (84 MG DOSE)
lubiprostone	OMNIPOD 5 G7 PODS (GEN 5)	PULMOZYME	STIVARGA
LUMAKRAS	OMNIPOD 5 LIBRE2 G6 INTRO GEN5	pyquvi	STRENSIQ
LUPKYNIS	OMNIPOD 5 LIBRE2 PLUS G6 PODS	pyrimethamine	SUBLOCADE
LUPRON DEPOT (1-MONTH)	OMNIPOD CLASSIC PDM (GEN 3)	QBREXZA	sunitinib malate
LUPRON DEPOT (3-MONTH)	OMNIPOD CLASSIC PODS (GEN 3)	QINLOCK	SUNLENCA
LUPRON DEPOT-PED (1-MONTH)	OMNIPOD DASH INTRO (GEN 4)	QULIPTA	SUNOSI
LUPRON DEPOT-PED (3-MONTH)	OMNIPOD DASH PDM (GEN 4)	RASUVO	SYMDEKO
LYNPARZA	OMNIPOD DASH PODS (GEN 4)	RAYALDEE	SYMLINPEN 120
LYSODREN	OMNIPOD GO	REBIF REBIDOSE TITRATION PACK	SYMLINPEN 60
LYTGOBI (12 MG DAILY DOSE)	OMNITROPE	REBIF REBIDOSE	SYMPROIC
LYTGOBI (16 MG DAILY DOSE)	OPSUMIT	REBIF TITRATION PACK	SYNAGIS
LYTGOBI (20 MG DAILY DOSE)	OPSYNVI	REBIF	SYNAREL
MAKENA	ORENITRAM	REBLOZYL	SYNDROS
MATULANE	ORFADIN	REGRANEX	SYNRIBO
MAVYRET	ORIAHNN	RELISTOR	TABRECTA
MEKINIST	ORILISSA	REPATHA PUSHTRONEX SYSTEM	tadalafil (pah)
MEKTOVI	ORKAMBI	REPATHA SURECLICK	TAFINLAR
MELPHALAN	ORLADEYO	REPATHA	TAGRISSO
metyrosine	ORLISTAT	RETACRIT	TAKHZYRO
mifepristone	ormalvi	RETEVMO	TALTZ
miglustat	ORTHOVISC	REVLIMID	TALZENNA
MIPLYFFA	OTEZLA XR	REVUFORJ	TARPEYO
modafinil	OTEZLA/OTEZLA XR INITIATION PK	REYVOW	tasimelteon
MONOVISC	OTEZLA	REZLIDHIA	TAZVERIK
MOUNJARO	OVIDREL	REZUROCK	TEGSEDI
MOVANTIK	OXBRYTA	RIBAVIRIN	temozolomide
MVASI	OXERVATE	RINVOQ LQ	TEPMETKO
MYALEPT	OZEMPIC (0.25 OR 0.5 MG/DOSE)	RINVOQ	teriflunomide
MYFEMBREE	OZEMPIC (1 MG/DOSE)	risperidone microspheres er	TERIPARATIDE
MYLERAN	OZEMPIC (2 MG/DOSE)	roflumilast	testosterone
myorisan	OZEMPIC	ROZLYTREK	tetrabenazine
NATESTO	PALYNZIQ	RUBRACA	THALOMID
NAYZILAM	PANZYGA	RUKOBIA	TIBSOVO
NERLYNX	pazopanib hcl	RUXIENCE	tiopronin
NEULASTA ONPRO	PAZOPANIB HCL	RYBELSUS	TOBI PODHALER
NEULASTA		RYDAPT	tobramycin
NEXLETOL		sacubitril-valsartan	TOBRAMYCIN

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tolvaptan (hyponatremia)	VORANIGO
tolvaptan	VOSEVI
torpenz	VOXZOGO
TREMFYA ONE-PRESS	VYNDAMAX
TREMFYA PEN	VYNDAQEL
TREMFYA-CD/UC INDUCTION	WAKIX
TREMFYA	WEGOVY HD
treprostinil	WEGOVY
trientine hcl	WELIREG
TRIENTINE HCL	XADAGO
TRIKAFTA	XALKORI
TRIPTODUR	XEMBIFY
TRULANCE	XENICAL
TRULICITY	XEPI
TRUSELTIQ (100MG DAILY DOSE)	XERMELO
TRUSELTIQ (125MG DAILY DOSE)	XGEVA
TRUSELTIQ (50MG DAILY DOSE)	XIAFLEX
TRUSELTIQ (75MG DAILY DOSE)	XIFAXAN
TUKYSA	XOLAIR
TURALIO	XOLREMDI
TYENNE	XOSPATA
TYMLOS	XTANDI
TYSABRI	XULTOPHY
TYVASO DPI INSTITUTIONAL KIT	XURIDEN
TYVASO DPI MAINTENANCE KIT	XYWAV
TYVASO DPI TITRATION KIT	yargesa
UBRELVY	YESINTEK
ULTOMIRIS	yulithira
UPTRAVI	YUTREPIA
V-GO 20	ZARXIO
V-GO 30	ZEJULA
V-GO 40	ZELBORAF
VABRINTY	zelvysia
VALCHLOR	zenatane
VALTOCO 10 MG DOSE	ZEPBOUND KWIKPEN
VALTOCO 15 MG DOSE	ZEPBOUND
VALTOCO 20 MG DOSE	ZEPOSIA 7-DAY STARTER PACK
VALTOCO 5 MG DOSE	ZEPOSIA STARTER KIT
VANFLYTA	ZEPOSIA
VARUBI (180 MG DOSE)	ZIEXTENZO
VEGZELMA	ziprasidone mesylate
VELSIPITY	ZIRABEV
VENCLEXTA STARTING PACK	ZOKINVY
VENCLEXTA	ZOLADEX
VENTAVIS	zoledronic acid
venxxiva	ZOLEDRONIC ACID
VERQUVO	ZOLINZA
VIBERZI	ZORBTIVE
vigabatrin	ZURZUVAE
vigadrone	ZYDELIG
vigpoder	ZYKADIA
VITRAKVI	ZYMFENTRA (1 PEN)
VIVITROL	ZYMFENTRA (2 PEN)
VIZIMPRO	ZYMFENTRA (2 SYRINGE)
VOQUEZNA DUAL PAK	
VOQUEZNA TRIPLE PAK	

There may be additional drugs subject to prior authorization or other plan design restrictions. Please consult your plan for further information. Products covered by a member's prescription benefit plan may change from time to time. Preferred brand products are listed in UPPERCASE LETTERS, generic products are listed in lower-cased italics, and other products listed are non-preferred. Medications are covered based on member's benefit plan design, regardless of their appearance on this document. The listed formulary items are subject to change.