2023 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, 2023.

ABILIFY MAINTENA
abiraterone acetate
accutane
ACTHAR
ADBRY
ADDYI
adefovir dipivoxil
ADEMPAS
AIMOVIG
AIRDUO DIGIHALER
AJOVY
AKYNZEO
ALECENSA
ALINIA
alosetron hcl
ALTUVIIIO
ALUNBRIG
alyq
ambrisentan
amnesteem
ANDRODERM
ANZEMET
aprepitant
ARALAST NP
ARANESP (ALBUMIN FREE)
ARIKAYCE
ARISTADA INITIO
ARISTADA
armodafinil
ARMONAIR DIGIHALER
ASCENIV
AUSTEDO
AVONEX PEN
AVONEX PREFILLED
AVSOLA
AYVAKIT
BAFIERTAM
BALVERSA
BARACLUDE
BAXDELA
BELBUCA
BELSOMRA
BENLYSTA
benzphetamine hcl
BESREMI
bexarotene
BIVIGAM
bosentan
BOSULIF
BRAFTOVI
brimonidine tartrate
BRINEURA
BRUKINSA
butorphanol tartrate
BYDUREON BCISE
BYDUREON
BYETTA 10 MCG PEN
BYETTA 5 MCG PEN
BYLVAY (PELLETS)
BYLVAY
BYNFEZIA PEN
CABLIVI
CABOMETYX
CALQUENCE
capecitabine
CAPRELSA
carglumic acid
CARIMUNE NF
CAYSTON
CEQUA
CERDELGA
cetrorelix acetate
CETROTIDE
CHOLBAM
CIBINQO
CIMZIA STARTER KIT
CIMZIA
cinacalcet hcl
claravis
clovique
COMETRIQ (100 MG DAILY DOSE)
COMETRIQ (140 MG DAILY DOSE)
COMETRIQ (60 MG DAILY DOSE)
CONTRAVE
COPIKTRA
CORTROPHIN
COTELLIC
CRESEMBA
CRYSVITA
CUVITRU
CYSTAGON
CYSTARAN
dalfampridine er
DARZALEX FASPRO
DAURISMO
DAYVIGO
deferasirox granules
deferasirox
deferiprone
deferoxamine mesylate
DEXCOM G4 PLAT PED RCV/SHARE
DEXCOM G4 PLAT PED RECEIVER
DEXCOM G4 PLATINUM RCV/SHARE
DEXCOM G4 PLATINUM RECEIVER
DEXCOM G4 PLATINUM TRANSMITTER
DEXCOM G4 SENSOR
DEXCOM G5 MOB/G4 PLAT SENSOR
DEXCOM G5 MOBILE RECEIVER
DEXCOM G5 MOBILE TRANSMITTER
DEXCOM G5 RECEIVER KIT
DEXCOM G6 RECEIVER
DEXCOM G6 SENSOR
DEXCOM G6 TRANSMITTER
DEXCOM G7 RECEIVER
DEXCOM G7 SENSOR
DEXTENZA
dextroamphetamine sulfate
DEXYCU
di-phen
dichlorphenamide
diclofenac epolamine
diethylpropion hcl er
diethylpropion hcl
DIFICID
dimethyl fumarate starter pack
dimethyl fumarate
DOJOLVI
DOPTELET
doxycycline hyclate
dronabinol
droxidopa
DUPIXENT
DUROLANE
DYSPORT
ELIGARD
EMEND
EMFLAZA
EMGALITY (300 MG DOSE)
EMGALITY
EMPAVELI
EMSAM
ENBREL MINI
ENBREL SURECLICK
ENBREL
ENDARI
ENSPRYNG
entecavir
ENTRESTO
ENTYVIO
EPCLUSA
EPIDIOLEX
epoprostenol sodium
ERIVEDGE
ERLEADA
erlotinib hcl
EUCRISA
EUFLEXXA
EVENITY
everolimus
EVRYSDI
EYLEA HD
EYLEA
FARYDAK
fentanyl citrate
FERRIPROX TWICE-A-DAY
fingolimod hcl
FINTEPLA
FIRMAGON (240 MG DOSE)
FIRMAGON
FLEBOGAMMA DIF
FOTIVDA
FREESTYLE LIBRE 14 DAY READER
FREESTYLE LIBRE 14 DAY SENSOR
FREESTYLE LIBRE 2 READER
FREESTYLE LIBRE 2 SENSOR
FREESTYLE LIBRE 3 READER
FREESTYLE LIBRE 3 SENSOR
FREESTYLE LIBRE READER
FREESTYLE LIBRE SENSOR SYSTEM
FULPHILA
FUZEON
fyremadel
GALAFOLD
GAMASTAN
GAMMAGARD S/D LESS IGA
GAMMAGARD
GAMMAPLEX
GAMUNEX-C
ganirelix acetate
GATTEX
GAVRETO
GAZYVA
gefitinib
GELNIQUE PUMP
GELNIQUE
GELSYN-3
GENOTROPIN MINIQUICK
GENOTROPIN
GILOTRIF
GIVLAARI
GLASSIA
glatiramer acetate
glatopa
GLEOSTINE
GOCOVRI
GRANIX
HAEGARDA
HARVONI
HEMLIBRA
HUMIRA PEDIATRIC CROHNS START
HUMIRA PEN-CD/UC/HS STARTER
HUMIRA PEN-PEDIATRIC UC START
HUMIRA PEN-PS/UV/ADOL HS START
HUMIRA PEN-PSOR/UVEIT STARTER
HUMIRA PEN
HUMIRA
HYCAMTIN
hydroxyprogesterone caproate
HYQVIA
HYRIMOZ-CROHNS/UC STARTER PACK
HYRIMOZ-PED CROHNS STARTER
HYRIMOZ-PLAQUE PSORIASIS START
HYRIMOZ
ibandronate sodium
IBRANCE
icatibant acetate
ICLUSIG
IDHIFA
ILARIS
ILUVIEN
imatinib mesylate

(Continued)

2023 Prior Authorization Drug List

IMBRUVICA
IMCIVREE
IMPAVIDO
INBRIJA
INGREZZA
INLYTA
INQOVI
INREBIC
INTRON A
INVEGA SUSTENNA
INVEGA TRINZA
isotretinoin
ISTURISA
JAKAFI
javygtor
JIVI
JORNAY PM
JUXTAPID
JYNARQUE
KALBITOR
KALYDECO
KESIMPTA
KEVZARA
KISQALI (200 MG DOSE)
KISQALI (400 MG DOSE)
KISQALI (600 MG DOSE)
KISQALI FEMARA (400 MG DOSE)
KISQALI FEMARA (600 MG DOSE)
KISQALI FEMARA(200 MG DOSE)
KLISYRI
KORLYM
KOSELUGO
KRYSTEXXA
KYNMOBI
lapatinib ditosylate
lenalidomide
LEUKINE
LEUPROLIDE ACETATE (3 MONTH)
leuprolide acetate
LEVULAN KERASTICK
LICART
LINZESS
LIVTENCITY
LONSURF
LORBRENA
lubiprostone
LUCEMYRA
LUMAKRAS
LUPANETA PACK
LUPKYNIS
LUPRON DEPOT (1-MONTH)
LUPRON DEPOT (3-MONTH)
LUPRON DEPOT-PED (1-MONTH)
LUPRON DEPOT-PED (3-MONTH)
LYNPARZA
LYSODREN
MAKENA
MATULANE
MAVENCLAD (10 TABS)
MAVENCLAD (4 TABS)
MAVENCLAD (5 TABS)
MAVENCLAD (6 TABS)
MAVENCLAD (7 TABS)
MAVENCLAD (8 TABS)
MAVENCLAD (9 TABS)
MAVYRET
MAYZENT STARTER PACK
MAYZENT
MEKINIST
MEKTOVI
MELPHALAN
methamphetamine hcl
METHITEST
methyltestosterone
metyrosine
millipred dp
modafinil
MONOVISC
MOTEGRITY
MOUNJARO
MOVANTIK
MULPLETA
MVASI
MYALEPT
MYFEMBREE
MYLERAN
myorisan
NATESTO
NAYZILAM
NERLYNX
NEULASTA ONPRO
NEULASTA
NEUPOGEN
NEXLETOL
NEXLIZET
NINLARO
nitazoxanide
nitisinone
NITYR
NOCTIVA
NOURIANZ
NPLATE
NUBEQA
NUCALA
NUEDEXTA
NUPLAZID
NUZYRA
NYVEPRIA
OCALIVA
OCREVUS
OCTREOTIDE ACETATE
ODOMZO
OFEV
OMNIPOD 5 G6 INTRO (GEN 5)
OMNIPOD 5 G6 POD (GEN 5)
OMNIPOD 5 PACK
OMNIPOD CLASSIC PDM (GEN 3)
OMNIPOD DASH INTRO (GEN 4)
OMNIPOD DASH PDM (GEN 4)
OMNIPOD DASH PODS (GEN 4)
OMNIPOD GO
OMNITROPE
OPSUMIT
OPZELURA
ORENITRAM
ORFADIN
ORIAHNN
ORILISSA
ORKAMBI
ORLADEYO
ORLISTAT
ORTHOVISC
OSMOLEX ER
OTEZLA
OTREXUP
OVIDREL
OXBRYTA
OXERVATE
OXISTAT
OXLUMO
OZEMPIC (0.25 OR 0.5 MG/DOSE)
OZEMPIC (1 MG/DOSE)
OZEMPIC (2 MG/DOSE)
PALYNZIQ
paromomycin sulfate
PARSABIV
pazopanib hcl
PEGASYS
PEGINTRON
PEMAZYRE
penicillamine
PERSERIS
phendimetrazine tartrate er
phendimetrazine tartrate
phentermine hcl
PHESGO
PICATO
PIRFENIDONE
PLEGRIDY STARTER PACK
PLEGRIDY
POMALYST
PONVORY STARTER PACK
PONVORY
posaconazole
PRETOMANID
PROBUPHINE IMPLANT KIT
PROCRIT
PROCYSBI
PROLASTIN-C
PROLATE
PROLIA
PROMACTA
PULMOZYME
pyrimethamine
QBRELIS
QBREXZA
QINLOCK
QSYMIA
QULIPTA
RAVICTI
RAYALDEE
REBIF REBIDOSE TITRATION PACK
REBIF REBIDOSE
REBIF TITRATION PACK
REBIF
REBLOZYL
RECORLEV
REGRANEX
RELISTOR
RENFLEXIS
REPATHA PUSHTRONEX SYSTEM
REPATHA SURECLICK
REPATHA
restasis multidose
restasis
RETACRIT
RETEVMO
RETISERT
REYVOW
REZUROCK
RIBAVIRIN
RINVOQ
risperidone er
ROZLYTREK
RUBRACA
RUCONEST
RUKOBIA
RUXIENCE
RUZURGI
RYBELSUS
RYDAPT
sajazir
SANCUSO
sapropterin dihydrochloride
SAXENDA
SCENESSE
SECUADO
SEROSTIM
SIGNIFOR
sildenafil citrate
SINUVA
SKYRIZI (150 MG DOSE)
SKYRIZI PEN
SKYRIZI
SODIUM HYALURONATE
SODIUM OXYBATE
sodium phenylbutyrate
SOLESTA
SOLIQUA
SOMAVERT
sorafenib tosylate
spironolactone
SPRAVATO (56 MG DOSE)
SPRAVATO (84 MG DOSE)
SPRYCEL
STELARA
STIVARGA
STRENSIQ
SUBLOCADE
sunitinib malate
SUPPRELIN LA
SYMDEKO
SYMLINPEN 120
SYMLINPEN 60

(Continued)

2023 Prior Authorization Drug List

SYMPROIC
SYNAGIS
SYNAREL
SYNDROS
SYNOJOYNT
SYNRIBO
TABRECTA
tadalafil (pah)
TAFINLAR
TAGRISSO
TAKHZYRO
TALTZ
TALZENNA
TARPEYO
TASCENSO ODT
TASIGNA
tasimelteon
TAVALISSE
TAZVERIK
TEGSEDI
temozolomide
TEPMETKO
teriflunomide
teriparatide (recombinant)
testosterone
tetrabenazine
THALOMID
THIOLA EC
TIBSOVO
TOBI PODHALER
TOBRAMYCIN
TOLSURA
TOLVAPTAN
TRACLEER
TREMFYA
treprostinil
TRIENTINE HCL
TRIKAFTA
TRIPTODUR
TRULICITY
TRUSELTIQ (100MG DAILY DOSE)
TRUSELTIQ (125MG DAILY DOSE)
TRUSELTIQ (50MG DAILY DOSE)
TRUSELTIQ (75MG DAILY DOSE)
TUKYSA
TURALIO
TYMLOS
TYVASO DPI MAINTENANCE KIT
TYVASO DPI TITRATION KIT
TYVASO REFILL
TYVASO STARTER
TYVASO
UBRELVY
UKONIQ
UPNEEQ
UPTRAVI
V-GO 20
V-GO 30
V-GO 40
VALCHLOR
VALTOCO 10 MG DOSE
VALTOCO 15 MG DOSE
VALTOCO 20 MG DOSE
VALTOCO 5 MG DOSE
VANTAS
VARUBI (180 MG DOSE)
VENCLEXTA
VENTAVIS
VERQUVO
VERZENIO
VIBERZI
vigabatrin
vigadrone
VITRAKVI
VIVITROL
VIZIMPRO
VOQUEZNA DUAL PAK
VOQUEZNA TRIPLE PAK
VOQUEZNA
VOSEVI
VOXZOGO
VYEPTI
VYNDAMAX
VYNDAQEL
WAKIX
WEGOVY
WELIREG
WINLEVI
XADAGO
XALKORI
XATMEP
XEMBIFY
XENICAL
XENLETA
XEOMIN
XEPI
XERMELO
XGEVA
XIFAXAN
XOLAIR
XOSPATA
XTANDI
XULTOPHY
XURIDEN
XYOSTED
XYWAV
YONSA
ZEJULA
ZELBORAF
ZEMAIRA
zenatane
zenzedi
ZEPOSIA 7-DAY STARTER PACK
ZEPOSIA STARTER KIT
ZEPOSIA
ZIEXTENZO
ZINPLAVA
ziprasidone mesylate
ZIRABEV
ZOKINVY
ZOLADEX
ZOLEDRONIC ACID
ZOLINZA
ZORBTIVE
ZYDELIG

Bolded products represent drugs requiring prior authorization for medical necessity that are new for the 2018 plan year

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.