

2021 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, 2021.

ABECMA	ASPARLAS	CARBAGLU	DIETHYLPROPION HCL ER
ABILIFY MAINTENA	AUBAGIO	CARIMUNE NF	DIETHYLPROPION HCL
abiraterone acetate	AUSTEDO	CAROSPIR	DIFICID
ACCRUFER	AVEED	CAYSTON	dimethyl fumarate starter pack
accutane	AVONEX PEN	CEQUA	DIMETHYL FUMARATE
ACTHAR	AVONEX PREFILLED	CERDELGA	DOJOLVI
ACTIMMUNE	AVONEX	CEREZYME	DOPTLET
ACTIQ	AVSOLA	CESAMET	DOXYCYCLINE HYCLATE
ADAGEN	AYVAKIT	CETROTIDE	DOXYCYCLINE
ADAKVEO	azacitidine	CHENODAL	dronabinol
ADASUVE	BAFIERTAM	CHOLBAM	DUOVISC
ADCETRIS	BALVERSA	cinacalcet hcl	DUPIXENT
ADCIRCA	BARACLUDE	CINQAIR	DUROLANE
ADDYI	BARHEMSYS	CINRYZE	DYSPORT
adefovir dipivoxil	BAVENCIO	CINVANTI	EC-RX TESTOSTERONE
ADEMPAS	BAXDELA	claravis	EGRIFTA
ADIPEX-P	BELBUCA	COMETRIQ (100 MG DAILY DOSE)	ELAPRASE
ADLYXIN STARTER PACK	BELRAPZO	COMETRIQ (140 MG DAILY DOSE)	ELIGARD
ADLYXIN	BELVIQ XR	COMETRIQ (60 MG DAILY DOSE)	ELZONRIS
AEMCOLO	BELVIQ	CONTRAVE	EMEND TRI-PACK
AFINITOR DISPERZ	BENDAMUSTINE HCL	COPEGUS	EMEND
AFINITOR	BENDEKA	COPIKTRA	EMFLAZA
AIMOVIG (140 MG DOSE)	BENLYSTA	CORLANOR	EMGALITY (300 MG DOSE)
AIMOVIG	BENZPHETAMINE HCL	COSELA	EMGALITY
AIRDUO DIGIHALER	BEOVU	COSENTYX (300 MG DOSE)	EMPAVELI
AJOVY	BERINERT	COSENTYX SENSOREADY (300 MG)	EMPLICITI
AKYNZEO	BESPONSA	COSENTYX SENSOREADY PEN	EMSAM
ALDURAZYME	BETASERON	COSENTYX	ENBREL MINI
ALECENSA	BETHKIS	COTELLIC	ENBREL SURECLICK
ALINIA	BEVACIZUMAB	CRESEMBA	ENBREL
ALIQOPA	BEVYXXA	CRYSVITA	ENDARI
ALKERAN	bexarotene	CUPRIMINE	ENHERTU
alosetron hcl	BIOLON	CUVITRU	ENSPRYNG
ALOXI	BIVIGAM	CYCLOSPORINE IN KLARITY	entecavir
ALUNBRIG	BLNREP	CYRAMZA	ENTRESTO
alyq	BLINCYTO	CYSTADROPS	ENTYVIO
ambrisentan	BONIVA	CYSTAGON	epaned
AMELUZ	BORTEZOMIB	CYSTARAN	EPCLUSA
AMITIZA	bosentan	DACOGEN	EPIDIOLEX
amnestem	BOSULIF	dalfampridine er	EPINEPHRINE
AMONDYS 45	BOTOX	DALIRESP	EPOGEN
AMPYRA	BRAFTOVI	DANYELZA	epoprostenol sodium
AMVISC PLUS	BREXAFEMME	DARAPRIM	ERBITUX
AMVISC	BREYANZI	DARZALEX FASPRO	ERIVEDGE
ANDRODERM	BRIDION	DARZALEX	ERLEADA
ANDROGEL	BRINEURA	DAURISMO	erlotinib hcl
ANDROID	BRONCHITOL TOLERANCE TEST	deferasirox granules	ESBRIET
ANZEMET	BRONCHITOL	deferasirox	ETESEVIMAB
APOKYN	BRUKINSA	deferiprone	EUCRISA
aprepitant	BUPHENYL	deferoxamine mesylate	EUFLEXXA
ARALAST NP	BUTORPHANOL TARTRATE	DEFITELIO	EVENITY
ARANESP (ALBUMIN FREE)	BYLVAY (PELLETS)	DEMSEER	everolimus
ARCALYST	BYLVAY	DESFERAL	EVKEEZA
ARIKAYCE	BYNFEZIA PEN	DESOXYN	EVOMELA
ARISTADA INITIO	CABLVI	DEXTENZA	EVRYSDI
ARISTADA	CABOMETYX	dextroamphetamine sulfate	EXJADE
armodafinil	calcipotriene-betameth diprop	DEXYCU	EXONDYS 51
ARMONAIR DIGIHALER	CAMPATH	di-phen	EXSERVAN
ARZERRA	capecitabine	DIACOMIT	EYLEA
ASCENIV	CAPRELSA	DICLOFENAC EPOLAMINE	EYSUVIS

(Continued)

2021 Prior Authorization Drug List

FABRAZYME	HUMIRA PEN-PEDIATRIC UC START	KISQALI (400 MG DOSE)	MARGENZA
FARYDAK	HUMIRA PEN-PS/UV/ADOL HS START	KISQALI (600 MG DOSE)	MARINOL
FASENRA PEN	HUMIRA PEN-PSOR/UEVIT STARTER	KISQALI FEMARA (400 MG DOSE)	MATULANE
FASENRA	HUMIRA PEN	KISQALI FEMARA (600 MG DOSE)	MAVENCLAD (10 TABS)
FENSOLVI (6 MONTH)	HYALURONIDASE (INTRAOCULAR)	KISQALI FEMARA(200 MG DOSE)	MAVENCLAD (4 TABS)
FENTANYL CITRATE	HYCANTIN	KITABIS PAK	MAVENCLAD (5 TABS)
FERRIPROX TWICE-A-DAY	HYDROXYPROGESTERONE	KLISYRI	MAVENCLAD (6 TABS)
FERRIPROX	CAPROATE	KORLYM	MAVENCLAD (7 TABS)
FINTEPLA	HYQVIA	KOSELUGO	MAVENCLAD (8 TABS)
FIRAZYR	ibandronate sodium	KRYSTEXXA	MAVENCLAD (9 TABS)
FIRMAGON	IBRANCE	KUVAN	MAVYRET
FIRST-TESTOSTERONE MC	icatibant acetate	KYMIRAH	MAYZENT STARTER PACK
FIRST-TESTOSTERONE	ICLUSIG	KYNAMRO	MAYZENT
FLEBOGAMMA DIF	IDHIFA	KYNMOBI TITRATION KIT	MEKINIST
FLECTOR	ILARIS	KYNMOBI	MEKTOVI
FLOLAN	ILUVIEN	KYPROLIS	melphalan
FORTEO	imatinib mesylate	LAMPIT	MEPSEVII
FOSAPREPITANT DIMEGLUMINE	IMBRUVICA	lapatinib ditosylate	methamphetamine hcl
FOTIVDA	IMCIVREE	LARTRUVO	METHITEST
FULPHILA	IMFINZI	LAZANDA	METHYLTESTOSTERONE
FUZEON	IMLYGIC	LEMTADA	mettyrosine
GALAFOLD	IMPAVIDO	LENVIMA (10 MG DAILY DOSE)	MIRCERA
GAMASTAN	INBRIJA	LENVIMA (12 MG DAILY DOSE)	MIRVASO
GAMIFANT	INCRELEX	LENVIMA (14 MG DAILY DOSE)	mitoxantrone hcl
GAMMAGARD S/D LESS IGA	INFLECTRA	LENVIMA (18 MG DAILY DOSE)	modafinil
GAMMAGARD	INGREZZA	LENVIMA (20 MG DAILY DOSE)	MODERIBA (1000 MG PACK)
GAMMAPLEX	INJECTAFER	LENVIMA (24 MG DAILY DOSE)	MODERIBA (1200 MG PACK)
GAMUNEX-C	INLYTA	LENVIMA (4 MG DAILY DOSE)	MODERIBA (600 MG PACK)
ganirelix acetate	INQOVI	LENVIMA (8 MG DAILY DOSE)	MODERIBA (800 MG PACK)
GATTEX	INREBIC	LETAIRIS	moderiba
GAVRETO	INTRON A	LEUKINE	MONJUVI
GAZYVA	INVEGA HAFYERA	leuprolide acetate	MONOVISC
GELSYN-3	INVEGA SUSTENNA	LEUPROLIDE ACETATE	MOTEGRITY
GENOTROPIN MINIQUICK	INVEGA TRINZA	LEVULAN KERASTICK	MOVANTIK
GENOTROPIN	IRESSA	LIBTAYO	MOZOBIL
GEODON	isotretinoin	LICART	MULPLETA
GILENYA	ISOTRETINOIN	LINZESS	MVASI
GILOTRIF	ISTODAX (OVERFILL)	LOMAIRA	MYALEPT
GIVLAARI	ISTURISA	LONSURF	MYCAPSSA
GLASSIA	JADENU SPRINKLE	LORBRENA	MYFEMBREE
glatiramer acetate	JAKAFI	LOREEV XR	MYLERAN
glatopa	JEMPERLI	LUBIPROSTONE	MYLOTARG
GLEOSTINE	JEVTANA	LUCEMYRA	MYOBLOC
GOCOVRI	JIVI	LUCENTIS	myorisan
GRANIX	JUXTAPID	LUMAKRAS	NAGLAZYME
HAEGARDA	JYNARQUE	LUMIZYME	NATESTO
HALAVEN	KADCYLA	LUMOXITI	NATPARA
HEALON DUET PRO	KALBITOR	LUPANETA PACK	NAYZILAM
HEALON GV PRO	KALYDECO	LUPKYNIS	NERLYNX
HEALON GV	KANJINTI	LUPRON DEPOT (1-MONTH)	NEUPOGEN
HEALON PRO	KANUMA	LUPRON DEPOT (3-MONTH)	NEXAVAR
HEALON5 PRO	KERENDIA	LUPRON DEPOT (4-MONTH)	NEXLETOL
HEALON5	KESIMPTA	LUPRON DEPOT (6-MONTH)	NEXLIZET
HEALON	KEVEYIS	LUPRON DEPOT-PED (1-MONTH)	NEXVIAZYME
HEMLIBRA	KEYTRUDA	LUPRON DEPOT-PED (3-MONTH)	NINLARO
HERZUMA	KIMYRSA	LUXTURN	nitazoxanide
HETLIOZ LQ	KISQALI (200 MG DOSE)	LYNPARZA	nitisinone
HETLIOZ		LYSODREN	NITYR
HIZENTRA		MACRILEN	NIVESTYM
HUMIRA PEDIATRIC CROHNS START		MACUGEN	NOCTIVA
HUMIRA PEN-CD/UC/HS STARTER		MAKENA	NORDITROPIN FLEXPRO

(Continued)

2021 Prior Authorization Drug List

NORTHERA	phendimetrazine tartrate	RETEVMO	SPINRAZA
NOURIANZ	phentermine hcl	RETISERT	SPRAVATO (56 MG DOSE)
NOXAFIL	PHENTERMINE HCL	REVATIO	SPRAVATO (84 MG DOSE)
NPLATE	PHEGO	REVCOTI	SPRYCEL
NUBEQA	PHOTOFIN	REVLIMID	STELARA
NUCALA	PICATO	REYVOW	STIVARGA
NUEDEXTA	PIQRAY (200 MG DAILY DOSE)	REZUROCK	STRENSIQ
NULIBRY	PIQRAY (250 MG DAILY DOSE)	RIABNI	SUBLOCAD
NULOJIX	PIQRAY (300 MG DAILY DOSE)	RIBASPHERE RIBAPAK (1000 PACK)	SUBSYS
NUPLAZID	PLEGRIDY STARTER PACK	RIBASPHERE RIBAPAK (1200 PACK)	SUMADAN XLT
NURTEC	PLEGRIDY	RIBASPHERE RIBAPAK (600 PACK)	SUNOSI
NUZYRA	POLIVY	RIBASPHERE RIBAPAK (800 PACK)	SUPPRELIN LA
NYVEPRIA	POMALYST	RIBASPHERE	SUSTOL
OCALIVA	PONVORY STARTER PACK	ribavirin	SUTENT
OCREVUS	PONVORY	RIBAVIRIN	SYLATRON
OCTAGAM	PORTRAZZA	RINVOQ	SYLVANT
OCTREOTIDE ACETATE	posaconazole	RISPERDAL CONSTA	SYMDEKO
ODOMZO	POTELIGEO	ROMIDEPSIN	SYMLINPEN 120
OFEV	PRALUENT	ROZLYTREK	SYMLINPEN 60
OGIVRI	PRETOMANID	RUBRACA	SYMPROIC
OLINVYK	PREVMIS	RUCONEST	SYNAGIS
ONIVYDE	PRIVIGEN	RUKOBIA	SYNAREL
ONMEL	PROBUPHINE IMPLANT KIT	RUXIENCE	SYNDROS
ONPATTRO	PROCRIT	RUZURGI	SYNRIBO
ONUREG	PROCYSBI	RYBELSUS	TABRECTA
OPDIVO	PROLASTIN-C	RYBREVANT	tadalafil (pah)
OPSUMIT	PROLATE	RYDAPT	TAFINLAR
ORACEA	PROLIA	RYLAZE	TAGRISSO
ORBACTIV	PROMACTA	SABRIL	TAKHZYRO
ORENITRAM	PROVENGE	sajazir	TALZENNA
ORFADIN	PROVISC	SAMSCA	TANZEUM
ORGOVYX	PULMOZYME	SANCUSO	TARCEVA
ORIAHNN	pyrimethamine	SANDOSTATIN LAR DEPOT	TARGRETIN
ORILISSA	PYRIMETHAMINE	SANDOSTATIN	TASIGNA
ORKAMBI	QBRELIS	SAPHNELO	TAVALISSE
ORLADEYO	QBREXZA	sapropterin dihydrochloride	TAZVERIK
ORTHOVISC	QINLOCK	SARCLISA	TECARTUS
OSMOLEX ER	QSYMIA	SAXENDA	TECENTRIQ
OTEZLA	RADICAVA	SCENESSE	TEGSEDI
OVIDREL	RAPAMUNE	SECUADO	TEMODAR
OXBRYTA	RASUVO	SENSIPAR	temozolomide
OXERVATE	RAVICTI	SEROSTIM	temsirolimus
OXISTAT	RAYALDEE	SEYSARA	TEPEZZA
OXLUMO	REBETOL	SHELLGEL	TEPMETKO
OZEMPIC (0.25 OR 0.5 MG/DOSE)	REBIF REBIDOSE TITRATION PACK	SIGNIFOR LAR	TESTIM
OZEMPIC (1 MG/DOSE)	REBIF REBIDOSE	SIGNIFOR	TESTONE CIK
PADCEV	REBIF TITRATION PACK	sildenafil citrate	TESTOPEL
PALONOSETRON HCL	REBIF	SILDENAFIL CITRATE	TESTOSTERONE COMPOUNDING KIT
PALYNZIQ	REBLOZYL	SINUVA	TESTOSTERONE CYPIONATE & PROP
PANZYGA	REGIMEX	SIROLIMUS	TESTOSTERONE ENANTHATE
PARSABIV	REGRANEX	SIVEXTRO	TESTOSTERONE PROPIONATE
PEG-INTRON REDIPEN	RELISTOR	SKYRIZI (150 MG DOSE)	TESTOSTERONE
PEGASYS PROCLICK	REMICADE	SKYRIZI	TESTRED
PEGASYS	REMODULIN	SODIUM IODIDE I-131	tetrabenazine
PEGINTRON	RENFLXIS	sodium phenylbutyrate	THALOMID
PEMAZYRE	REPATHA PUSHTRONEX SYSTEM	SODIUM PHENYLBUTYRATE	THIOLA EC
penicillamine	REPATHA SURECLICK	SOLESTA	THIOLA
PEPAXTO	REPATHA	SOLIRIS	THYROGEN
PERJETA	RESTASIS MULTIDOSE	soloxide	TIBSOVO
PERSERIS	RESTASIS	SOMATULINE DEPOT	
PHENDIMETRAZINE TARTRATE ER	RETACRIT	SOMAVERT	

(Continued)

2021 Prior Authorization Drug List

TOBI PODHALER	VIDAZA	XYOSTED
TOBRAMYCIN	vigabatrin	XYREM
TOLSURA	vigadrone	XYWAV
TOLVAPTAN	VILTEPSO	YERVOY
TORISEL	VIMIZIM	YESCARTA
TRACLEER	VISTOGARD	YONDELIS
TRAZIMERA	VISUDYNE	YONSA
TRELSTAR MIXJECT	VITRAKVI	YUTIQ
TREMFYA	VIVITROL	ZALTRAP
treprostinil	VIZIMPRO	ZARXIO
TRIKAFTA	VOGELXO PUMP	ZAVESCA
TRIPTODUR	VOGELXO	ZEJULA
TRODELVY	VOSEVI	ZELBORAF
TROGARZO	VOTRIENT	ZELNORM
TRULANCE	VPRIV	ZEMAIRA
TRULICITY	VUMERITY (STARTER)	ZEMDRI
TRUSELTIQ (100MG DAILY DOSE)	VUMERITY	zenatane
TRUSELTIQ (125MG DAILY DOSE)	VYEPTI	ZENEVIX
TRUSELTIQ (50MG DAILY DOSE)	VYLEESI	ZENZEDI
TRUSELTIQ (75MG DAILY DOSE)	VYNDAMAX	ZEPOSIA 7-DAY STARTER PACK
TRUXIMA	VYNDAQEL	ZEPOSIA STARTER KIT
TUKYSA	VYONDYS 53	ZEPOSIA
TURALIO	VYXEOS	ZEPZELCA
TYKERB	WAKIX	ZIEXTENZO
TYMLOS	WEGOVY	ZINBRYTA
TYSABRI	WELIREG	ZINPLAVA
TYVASO REFILL	WINLEVI	ziprasidone mesylate
TYVASO STARTER	XADAGO	ZIRABEV
TYVASO	XALKORI	ZOKINVY
UBRELVY	XATMEP	ZOLADEX
UKONIQ	XELJANZ XR	ZOLEDRONIC ACID
ULTOMIRIS	XELJANZ	ZOLINZA
UPLIZNA	XEMBIFY	ZOMETA
UPNEEQ	XENICAL	ZORBTIVE
UPTRAVI	XENLETA	ZULRESSO
VABOMERE	XEOMIN	ZYDELIG
VALCHLOR	XEPI	ZYKADIA
VALTOCO 10 MG DOSE	XERAVA	ZYNLONTA
VALTOCO 15 MG DOSE	XERMELO	ZYPREXA RELPREVV
VALTOCO 20 MG DOSE	XGEVA	
VALTOCO 5 MG DOSE	XIAFLEX	
VANTAS	XIFAXAN	
VARUBI (180 MG DOSE)	XIIDRA	
VARUBI	XOFIGO	
VECTIBIX	XOLAIR	
VELCADE	XOSPATA	
VELETRI	XPOVIO (100 MG ONCE WEEKLY)	
VEMLIDY	XPOVIO (40 MG ONCE WEEKLY)	
VENCLEXTA STARTING PACK	XPOVIO (40 MG TWICE WEEKLY)	
VENCLEXTA	XPOVIO (60 MG ONCE WEEKLY)	
VENIPUNCTURE CPI	XPOVIO (60 MG TWICE WEEKLY)	
VENTAVIS	XPOVIO (80 MG ONCE WEEKLY)	
VERQUVO	XPOVIO (80 MG TWICE WEEKLY)	
VERZENIO	XTANDI	
VIBERZI	XULTOPHY	
VICTOZA	XURIDEN	

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.