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

(Continued)

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2021 Prior Authorization Drug List

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

(Continued)

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2021 Prior Authorization Drug List

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

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2021 Prior Authorization Drug List

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

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.

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