

Prior Authorization Program Information

Current 10/1/23

Newly marketed prescription medications may not be covered until the Pharmacy & Therapeutics Committee has had an opportunity to review the medication to determine if the medication will be covered and if so, which tier will apply based on safety, efficacy, and the availability of other products within that class of medications. The current list of newly marketed drugs can be found on our [New to Market Drug list](#).

Drugs included in our Prior Authorization Program are reviewed based on medical necessity criteria for coverage. Drugs with step therapy requirements may be covered if a prior health plan paid for the drug – documentation of a paid claim may be required.

Important:

- Prior Authorization requirements may vary. Certain drugs may not be covered by certain member plans.
- Refer to the member’s individual policy for inclusion in the PA program and medication guide for determination of coverage.
- Member cost share may be higher for [self-administered specialty drugs](#) not obtained at an in-network specialty pharmacy.
- For provider administered drugs that are buy and bill, for office or outpatient facility settings, submit requests through [Availity®](#).
- For prescriptions sent to [CVS Specialty](#), CVS Specialty will coordinate prior authorization reviews.
- [CoverMyMeds](#) can be utilized instead of standard fax forms for any of the drugs below associated with a (●) in the third column below. Visit <https://www.covermymeds.com/main/> to register or complete a PA request.
- If you have questions or need further assistance after consulting this table, call our Provider Contact Center or the number on the back of your insurance card.

Therapeutic category	Drugs included in PA program	CoverMyMeds or Fax Form	CVS Specialty Fax Form	Availity®
Alternate PA Program	All drugs rejecting with “alternate PA program” message (Alternate PA Program Summary)	●		
Antifungals	Albenza, Brexafemme, Cresemba, Emverm, Ertaczo, Exelderm, Jublia, Kerydin, Noxafil (posaconazole), Oxistat, Sporanox (itraconazole), Terbinex, Vfend (voriconazole), Vivjoa	●		
Allergy	Grastek, Oralair, Odactra, Ragwitek	●		
	Palforzia		●	
Cardiovascular Agents	Furoscix, Nexletol, Nexlizet, Praluent, Repatha, Vascepa (icosapent)	●		
	Camzyos, Vyndamax, Vyndaqel	●	●	
	Juxtapid			●
	Evkeeza, Leqvio		●	
Chelating Agents	Chemet, Cuprimine (penicillamine), Depen (penicillamine), Syprine (trientine)	●	●	
	BAL in oil, Calcium EDTA, Edetate Calcium Disodium			●
Colony Stimulating Factors	Doptelet, Mulpleta, Neumega, Nplate, Promacta	●	●	
	Mozobil, Neulasta OnPro, Nplate, Rolvedon		●	

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Therapeutic category	Drugs included in PA program	CoverMyMeals or Fax Form	CVS Specialty Fax Form	Avality®
Colony Stimulating Factors Continued	<p>Aranesp, Cablivi, Epogen, Fulphila, Fylnetra, Granix, Leukine, Mircera, Neulasta, Neupogen, Nivestym, Nyvepria, Procrit, Releuko, Retacrit, Stimufend, Udenyca, Zarxio, Ziextenzo</p> <p>Note: Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.</p> <p>Note: If provider administered, send Prior Authorization request to CVS</p>	●	●	
Compound Medications	All compounded medications	●		
Diabetes	Adlyxin, Bydureon BCise, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza	●		
	Lantidra		●	
Enzyme Therapies & Metabolic Agents	Brineura, Buphenyl (phenylbutyrate), Cerdelga, Cerezyme, Crysvida, Cystaran, Elaprase, Firdapse, Galafold, Kuvan (sapropterin), Myozyme, Naglazyme, nitisinone , Nityr, Olpruva, Palylnziq, Ravicti, Vimizim, Vpriv, Xiaflex	●	●	
	Javygtor, Revcovi, Xenpozyme		●	
	Elelyso, Fabrazyme, Kanuma, Lumizyme, Mepsevii, Nexviazyme			●
	Cystadane (betaine), Orfadin, Pheburane, Procysbi, Ryplazim, Sucraid, Vistogard, Xuriden, Zavesca (miglustat)	●		
Fertility Agents	<p>Cetrotide, Chorionic Gonadotropin, Clomiphene, Crinone gel 8%, Endometrin vaginal insert, Ganirelix AC (fyremadel), Gonal-F, Follistim AQ, Menopur, Novarel, Ovidrel, Pregnyl, Progesterone IM in Oil</p> <p>Note: Requires fertility benefit for coverage</p>			●
Gastrointestinal & Genitourinary	Amitiza, Duexis (ibuprofen/famotidine), Elmiron, Ibsrela, Linzess, Lotronex (alosetron), Motegrity, Movantik, Trulance, Viberzi, Vimovo, Vowst, Xifaxan, Yosprala, Zelnorm	●		
	Rebyota		●	
Glucose Test Strips	All glucose test strips except Bayer Contour products	●		

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Growth Hormones & Related	Egrifta, Gattex, Genotropin, Humatrope, Increlex, Macrilen, Ngenla, Norditropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Sogroya, Tev-Tropin, Zomacton, Zorbtive Note: Norditropin is the preferred agent in this class	●	●	
	Myalept, Skytrofa	●		
Hemophilia Factors / Blood Clotting Products	Advate, Adynovate, Afstyla, Alphanate, Alphanine SD, Alprolix, Altuviio, Bebulin, Benefix, Coagdex, Corifact, Eloctate, Esperoct, Feiba, Fibryga, Hemlibra, Hemofil M, Humate-P, Idelvion, Ixinity, Jivi, Koate, Koate-DVI, Kogenate FS, Kovaltry, Monoclate-P, Mononine, Novoeight, NovoSeven RT, Nuwiq, Obizur, Octanate, Profilnine, Rebinyn, Recombinate, ReFacto, Riastap, Rixubis, Roctavian, Sevenfact, Tretten, Vonvendi, Wilate, Xyntha		●	●
	Hemgenix			●
Hepatitis C	Epclusa (sofosbuvir-velpatasvir), Harvoni (ledipasvir-sofosbuvir), Intron A, Mavyret, Pegasys, Pegasys ProClick, Sovaldi, Viekira Pak, Vosevi, Zepatier	●	●	
Hereditary Angioedema	Cinryze, Firazyr (icatibant, sajazir), Haegarda, Orladeyo, Ruconest, Takhzyro	●	●	
	Berinert, Kalbitor Note: If provider administered, send Prior Authorization request to CVS	●	●	
Hormones & Anabolic Agents	Androderm, Androgel 1% (testosterone gel), Androgel 1.62% (testosterone gel), Android (methyltestosterone), Androxy (fluoxymesterone), Axiron (testosterone topical solution), Bio-T-Gel, danazol, Fortesta, Jatenzo, Kyzatrex, Methitest, Natesto, Oxandrin (oxandrolone), Striant, Testim, Testred (methyltestosterone), Tlando, Vogelxo	●		
	Makena	●	●	
	Aveed, Depo-Provera, Depo-SubQ Provera, progesterone in oil, Testopel		●	

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Immunomodulators	<p>Abrilada, Actemra SC, Adalimumab ADAZ, Adalimumab FKJP, Adbry, Amjevita, Cibirgo, Cimzia prefilled syringe, Cosentyx, Cyltezo, Dupixent, Enbrel, Enbrel Mini, Erelzi, Eticovo, Hadlima, Hulio, Humira, Hyrimoz, Idacio, Kevzara, Olumiant, Oencia autoinjector, Oencia subcutaneous, Otezla, Rinvoq, Skyrizi SC, Siliq, Simponi, Taltz, Tremfya, Xeljanz, Xeljanz XR, Yuflyma, Yusimry</p> <p>Note: Amjevita (NDC starting with 55513), Hadlima and Humira are preferred over other Humira biosimilars</p>	●	●	
	<p>Actemra, Avsola, Cimzia, Entyvio, Ilumya, Inflectra, Ixifi, Oencia, Remicade, Renflexis, Rituxan, Simponi Aria, Skyrizi IV, Sotyktu, Truxima</p>		●	
	<p>Stelara</p> <p>Note: If provider administered, send Prior Authorization request to CVS</p>	●	●	
	<p>Hyftor, Joenja, Kineret, Opzelura</p>	●		
Immune Globulins	<p>Cutaquig, Cuvitru, Hizentra, Hyqvia, Xembify</p>	●	●	
	<p>Asceniv, Bivigam, Carimune NF, Flebogamma, GamaSTAN S/D, Gammagard S/D, Gammagard S/D Less IgA, Gammalex, Gamunex, Octagam, Panglobulin, Panzyga, Plygam, Privigen, Vivaglobin</p>		●	
	<p>Gammagard, Gammaked, Gamunex-C</p> <p>Note: If provider administered, send Prior Authorization request to CVS</p>	●	●	
Insulin	<p>Admelog, Afrezza, Apidra, Humalog, Humalog Junior Kwikpen, Humalog Kwikpen U200, Humalog Mix 50/50, Humalog Mix 75/25, Humalog Tempo Pen, Humulin R U-100, Humulin 70/30, Humulin N, Insulin Lispro, Insulin Lispro Junior Kwikpen, Insulin Lispro Kwikpen, Insulin Lispro Protamine/Insulin Lispro Kwikpen, Lyumjev, Lyumjev Tempo Pen</p> <p>Note: Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization</p>	●		

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Migraine	Aimovig, Ajovy, Amerge, Axert (almotriptan), Cafergot (ergotamine/caffeine), D.H.E. (dihydroergotamine), Elyxib, Emgality, Frova (frovatriptan), Imitrex, Imitrex STATdose (Sumatriptan cartridge), Maxalt, Maxalt MLT, Migergot, Migranal (dihydroergotamine), Nurtec ODT, Onzetra Xsail, Qudexy XR (topiramate ER), Qulipta, Relpax, Reyvow, Sumavel, Tosymra, Treximet, Trokendi XR (topiramate ER), Trudhesa, Ubrelvy, Zavzpret, Zembrace, Zomig	●		
	Vyepiti		●	
Miscellaneous	Aldara, Ampyra, Baxdela, Bunavail, Bylvay, Carac (fluorouracil cream), Cholbam, Consensi, Daraprim (pyrimethamine), Daybue, Efudex, eluryng (generic Nuvaring), Emflaza, Empaveli, Ergomar etonogestrel/ethinyl estradiol (generic Nuvaring), Exservan, Fluoroplex (fluorouracil cream), ivermectin cream (generic Soolantra), haloette (generic Nuvaring), Hettioz (tasimelteon), Hettioz LQ, ivermectin tablet, Kerendia, Klisyri, Korlym, Livmarli, Livtency, Lucemyra, Lupkynis, Mephyton, Myfembree, Nascobal, Nulibry, Oriahnn, Orilissa, Prudoxin (doxepin cream 5%), Pyrukynd, Qbrexza, Recorlev, Relistor, Rezurock, Sensipar (cinacalcet), Signifor, Sivextro (oral tablet only), Skyclarys, Solaraze (diclofenac gel), Strensiq, Stromectol, Sunosi, Tarpeyo, Tavneos, Thiola (tiopronin), Thiola EC, Tolak, Verquvo, Voxzogo, Vtama, Xhance, Xyrem (sodium oxybate), Zonalon (doxepin cream 5%), Zoryve, Zyclara (imiquimod cream)	●		
	Acthar gel, Actimmune, Arcalyst, Benlysta SC, Cortrophin gel, Dojolvi, Egaten, Endari, Enspryng, Fensolvi, Filspari, Fintepla, Gamifant, Givlaari, Imcivree, Impavido, Inbrija, Isturisa, Jynarque, Koselugo, Litfulo, Mycapssa, Natpara, Northera (droxidopa), Nuzyra, Ocaliva, Oxbryta, Sandostatin injection, Tavalisse, Tiglutik, Vioice, Vistogard, Wakix, Xermelo, Xywav, Zokinvy	●	●	
	Adakveo, Amvuttra, Benlysta, Ceprotin, Defitelio, Dysport, Elevidys, Enjaymo, Ilaris, Injectafer, Korsuva, Krystexxa, Lamzede, Lupron, Myobloc, Omisirge, Oxlumo, Photrexa, Photrexa Viscous, Probuphine, Reblozyl, Rethymic, Sandostatin LAR depot, Saphnelo, Scenesse, Sinuva, Skysona, Soliris, Somatuline Depot, Spevigo, Sublocade, Tzield, Ultomiris, Viltepsa, Vyjuvek, Xeomin, Zilretta, Zynteglo		●	
	Amondys 45, Botox, Evrysdi, Exondys 51, Keveyis (dichlorphenamide), Spinraza, Spravato, Vyondys 53, Zolgensma, Zulresso			●
	Signifor LAR Note: If provider administered, call FL Blue 1-800-955-5692 for Prior Authorization	●		●
Multiple Sclerosis	Tascenso ODT	●		

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Multiple Sclerosis continued	Avonex, Aubagio, Bafiertam, Betaseron, Copaxone, Copaxone 40, Extavia, Gilenya, Kesimpta, Mavenclad, Mayzent, Plegridy, Ponvory, Rebif, Rebif Rebidose, Tecfidera, Vumerity, Zeposia	●	●	
	Briumvi, Lemtrada, Ocrevus, Tysabri		●	
Nausea and Vomiting	Akynzeo, Bonjesta, Diclegis (doxylamine-pyridoxine tab delayed release), Sancuso	●		
	Aloxi, Cinvanti, Emend for injection, Sustol,		●	
Neurology	Nuedexta, Qudexy XR (topiramate ER), Trokendi XR	●		
	Austedo, Austedo XR, Epidiolex, Ingrezza, Lumryz, Nourianz, Nuplazid, Radicava, Tegsedi, Xenazine (tetrabenazine), Ztalmu	●	●	
	Elfabrio, Leqembi, Onpattro, Qalsody, Qutenza, Relyvrio, Rystiggo, Vyvgart, Vyvgart Hytrulo		●	
	Aduhelm			●
	Apokyn (apomorphine) Note: If provider administered, send Prior Authorization request to CVS	●	●	
Oncology	Afinitor (everolimus), Afinitor Disperz (everolimus), Alecensa, Ayvakit, Balversa, Bosulif, Braftovi, Brukinsa, Cabometyx, Calquence, Caprelsa, Cometriq, Copiktra, Cotellic, Daurismo, Erleada, Erivedge, Farydak, Gavreto, Gilotrif, Gleevec (imatinib), Hycamtin oral, Ibrance, Iclusig, Idhifa, Imbruvica, Inlyta, Inqovi, Inrebic, Iressa (gefitinib), Jakafi, Jaypirca, Kisqali, Kisqali-Femara, Lenvima, Lonsurf, Lorbrena, Lumakras, Lynparza, Mekinist, Mektovi, Nerlynx, Nexavar (sofratinib), Nubeqa, Ninlaro, Odomzo, Onureg, Orgovyx, Pemazyre, Piqray, Pomalyst, Qinlock, Retevmo, Revlimid (lenalidomide), Rozlytrek, Rubraca, Rydapt, Scemblix, Sprycel, Stivarga, Sutent (sunitinib), Tabrecta, Tafinlar, Tagrisso, Talzenna, Tarceva (erlotinib), Targretin (bexarotene), Targretin gel, Tassigna, Tazverik, Temodar (temozolomide), Tepmetko, Thalomid, Tibsovo, Tretinoin (oral), Tukysa, Tykerb (lapatinib), Ukoniq, Vanflyta, Venclexta, Verzenio, Vitrakvi, Vizimpro, Votrient, Xalkori, Xospata, Xpovio, Xtandi, Yonsa, Zejula, Zelboraf, Zolanza, Zydelig, Zykadia, Zytiga (abiraterone)	●	●	

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Oncology Continued	<p>Abecma, Abraxane¹, Adcetris, Alimta, Aliqopa, Alymsys, Arzerra, Asparlas, Avastin, Bavencio, Beleodaq, Bendamustine RTD, Bendeka, Besponsa, Blenrep, Blincyto, Breyanzi, Camcevi Kit, Carvykti, Columvi, Cosela, Cyramza², Danyelza, Darzalex, Darzalex Faspro, Docefrez, Doxil, doxorubicin liposomal, Elahere, Eligard, Elitek, Eloxatin, Elzonris, Empliciti, Enhertu, Epkinky, Erbitux, Erwinaze, Evomela, Folutyn, Fusilev (levoleucovorin), Fyarro, Ganirelix¹, Gazyva, Halaven, Herceptin, Herceptin Hylecta, Herzuma, Imjudo, Imlygic, Infugem, Intron A, Jelmyto, Jemperli, Jevtana¹, Kadcyta, Kanjinti, Keytruda, Khapsory, Kimmtrak, Kymriah, Kyprolis, Lartruvo, Libtayo, Lipodox, Lumoxiti, Lunsumio, Lupaneta Pack, Lupron (leuprolide), Lupron Depot, Margenza, Monjulvi, Mylotarg, Mvasi, Ogivri, Onivyde, Ontruzant, Opdivo, Opdualag, Padcev, Pedmark, Pepaxto, Perjeta, Phesgo, Pluvicto, Polivy, Poteligeo, Portrazza, Riabni, Rituxan, Rituxan Hycela, Ruxience, Rybrevant, Rylaze, Supprelin LA, Sylvant, Synribo¹, Taxotere (docetaxel), Tecartus, Tecentriq, Tecvayli, Tivdak, Torisel, Trazimera, Treanda, Trelstar Depot, Trelstar LA, Triptodur, Trodelvy, Truxima, Unituxin, Vantas¹, Vectibix, Vegzelma, Velcade, Viadur¹, Vidaza¹, Vyxeos, Xgeva, Yervoy, Yescarta, Yondelis, Zaltrap, Zepzelca, Zevalin, Zirabev, Zinplava, Zoladex, Zynlonta, Zynyz</p> <p>¹Available through Diplomat if drug replacement</p> <p>²Available through Biologics if drug replacement</p>		●	
	<p>Intron A</p> <p>Note: If provider administered, send Prior Authorization request to CVS</p>	●	●	
	<p>Provenge</p>			●
	<p>Alunbrig, Besremi, Exkivity, Fotivda, Krazati, Lytgobi, Orserdu, Rezlidhia, Truseltiq, Turalio, Vonjo, Welireg</p>	●		
Ophthalmic	<p>Cequa, Cyclosporine, Cystadrops, Cystaran, Restasis (cyclosporine), Tyrvaya, Verkazia, Xiidra, Zerviate</p>	●		
	<p>Oxervate</p>	●	●	
	<p>Beovu, Byooviz, Cimerli, Eylea, Iluvien, Lucentis, Luxturna, Macugen, Ozurdex, Retisert, Susvimo, Syfovre, Tepezza, Uplizna, Vabysmo, Visudyne, Yutiq</p>		●	

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Osteoporosis	Bonsity, Forteo, Teriparatide, Tymlos	●	●	
	Boniva injection, Evenity, Prolia, Reclast, Zometa		●	
Pain	Abstral, Actiq, Fentora, fantanyl citrate transmucosal/lollipop , Lazanda, Onsolis, Subsys	●		
	lidocaine ointment 5%, lidocaine patch , Lidoderm, Pliaglis, Synera, ZTlido	●		
	<u>Extended Release (Long-Acting) Opioids:</u> Avinza, Belbuca (buprenorphine buccal film), Butrans (buprenorphine patch), Conzip, fantanyl transdermal patch , hydromorphone ER , Hysingla ER, morphine sulfate ER , MS Contin, Nucynta ER, OxyContin, oxymorphone SR , Roxybond, Ryzolt, tramadol ER , Ultram ER, Xartemis XR, Xtampza ER	●		
	<u>Immediate Release (Short-Acting) Opioids:</u> acetaminophen/caffeine/dihydrocodeine, acetaminophen/codeine , Allzital, Analgesic LQ, Apadaz, Bupap, butalbital/acetaminophen, butalbital/acetaminophen/caffeine, butalbital/acetaminophen/caffeine/codeine, butalbital/aspirin/caffeine/codeine, butalbital/aspirin/codeine, butorphanol, codeine sulfate , Demerol, Dilaudid, Dolophine, Endocet, Esgic, Fioricet w/ Codeine, Hycet, hydrocodone/acetaminophen, hydrocodone/ibuprofen, hydromorphone , Ibudone, LevoDromoran, levorphanol , Lortab, meperidine, meperidine/promethazine, methadone , Methadose, morphine , Nalocet, Nucynta, Orbivan, Oxaydo, oxycodone, oxycodone/acetaminophen, oxymorphone , Panlor DC, pentazocine/naloxone , Percocet, Percodan, Prolate, Qdolo, Reprexain, Roxicodone, Roxicet (oxycodone/acetaminophen oral soln), Seglentis, tramadol, tramadol/acetaminophen , Trezix, Tylenol w/ Codeine, Ultram, Ultracet, Vicoprofen, Xodol, Zamicet	●		
Pulmonary	Adcirca (tadalafil 20 mg), Adempas, Alyq, Esbriet (pirfenidone), Fasenra Pen, Letairis (ambrisentan), Liqrev, Nucala SQ, Ofev, Opsumit, Orenitram, Pirfenidone, Remodulin (treprostinil), Revatio oral (sildenafil), Tadiq, Tezspire auto-injector, Tracleer (bosentan), Tyvaso, Tyvaso DPI, Upravi, Ventavis, Xolair Note: Trial of sildenafil required prior to Adcirca or Revatio Note: If provider administered, send Prior Authorization request to CVS	●	●	

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Pulmonary Continued	Aralast, Cinqair, Fasenra, Flolan (epoprostenol), Glassia, Nucala IV, Prolastin, Prolastin-C, Prolastin-C Liquid, Revatio IV, Synagis, Tezspire prefilled syringe, Veletri, Zemaira		●	
	Kalydeco, Orkambi, Symdeko, Trikafta, Wixela (authorized generic for Advair Diskus), fluticasone/salmeterol (authorized generic for Advair Diskus), zileuton ER	●		
Radiopharmaceuticals	Azedra, Lutathera, Metastron, Quadramet, Xofigo		●	
Stimulants	<p>Adhansia XR, Adzenys ER, Adzenys XR ODT, Aptensio XR, Azstarys, Cotempla XR-ODT, Daytrana, Desoxyn, Dexedrine, Dexedrine Spansule, Dyanavel XR, Evekeo, Evekeo ODT, Focalin, Focalin XR, Intuniv, Jornay PM, Kapvay, Metadate CD, Metadate ER, Methylin, Methylphenidate ER Osmotic Release, Mydayis, Procentra, Qelbree, Quillichew ER, Quillivant XR, Relexxii, Ritalin, Ritalin LA, Ritalin SR, Strattera, Xelstrym, Zenzedi</p> <p>Note: PA program only applies to members ≥18 years of age; requires trial of generic prior to brand product</p>	●		

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