

Drug Name/Description	Code Type
ABIRATERONE ACETATE (ABIRATERONE ACETATE)	Prior Authorization
ACTEMRA (TOCILIZUMAB)	Prior Authorization
ACTEMRA ACTPEN (TOCILIZUMAB)	Prior Authorization
ACTIMMUNE (INTERFERON GAMMA-1B)	Prior Authorization
ADALIMUMAB-ADAZ (ADALIMUMAB-ADAZ)	Prior Authorization
ADALIMUMAB-ADB (ADALIMUMAB-ADB)	Prior Authorization
ADALIMUMAB-ADB CROHNS/UC/HS STARTER (ADALIMUMAB-ADB)	Prior Authorization
ADALIMUMAB-ADB	
PSORIASIS/UEVITIS STARTER (ADALIMUMAB-ADB)	Prior Authorization
ADALIMUMAB-ADB STARTER PACKAGE FOR CROHNS DISEASE/UC/HS (ADALIMUMAB-ADB)	Prior Authorization
ADALIMUMAB-ADB STARTER PACKAGE FOR PSORIASIS/UEVITIS (ADALIMUMAB-ADB)	Prior Authorization
ADCETRIS (BRENTUXIMAB VEDOTIN)	Prior Authorization
ADEMPAS (RIOCIGUAT)	Prior Authorization
AIMOVIG (ERENUMAB-AOOE)	Prior Authorization
AJOVY (FREMANEZUMAB-VFRM)	Prior Authorization
ALBENDAZOLE (ALBENDAZOLE)	Prior Authorization
ALECENSA (ALECTINIB HCL)	Prior Authorization
ALOCRI (NEDOCROMIL SODIUM (OPHTH))	Prior Authorization
ALOSETRON HYDROCHLORIDE (ALOSETRON HCL)	Prior Authorization
ALYQ (TADALAFIL (PULMONARY HYPERTENSION))	Prior Authorization
AMBRISANTAN (AMBRISANTAN)	Prior Authorization
AMJEVITA (ADALIMUMAB-ATTO)	Prior Authorization
APOMORPHINE HYDROCHLORIDE (APOMORPHINE HYDROCHLORIDE)	Prior Authorization
ARANESP ALBUMIN FREE (DARBEPOETIN ALFA)	Prior Authorization
ARMODAFINIL (ARMODAFINIL)	Prior Authorization
AVONEX (INTERFERON BETA-1A)	Prior Authorization
AVONEX PEN (INTERFERON BETA-1A)	Prior Authorization
AVSOLA (INFLIXIMAB-AXXQ)	Prior Authorization
BAFIERTAM (MONOMETHYL FUMARATE)	Prior Authorization
BELEODAQ (BELINOSTAT)	Prior Authorization
BELSOMRA (SUVOREXANT)	Prior Authorization
BENLYSTA (BELIMUMAB)	Prior Authorization
BETASERON (INTERFERON BETA-1B)	Prior Authorization
BEXAROTENE (BEXAROTENE)	Prior Authorization
BOSENTAN (BOSENTAN)	Prior Authorization
BOSULIF (BOSUTINIB)	Prior Authorization
BOTOX (ONABOTULINUMTOXINA)	Prior Authorization
BRIVIACT (BRIVARACETAM)	Prior Authorization

BUPRENORPHINE (BUPRENORPHINE)	Prior Authorization
BYDUREON BCISE (EXENATIDE)	Prior Authorization
BYETTA (EXENATIDE)	Prior Authorization
CABLIVI (CAPLACIZUMAB-YHDP)	Prior Authorization
CABOMETYX (CABOZANTINIB S-MALATE)	Prior Authorization
CAPRELSA (VANDETANIB)	Prior Authorization
CARGLUMIC ACID (CARGLUMIC ACID)	Prior Authorization
CERDELGA (ELIGLUSTAT TARTRATE)	Prior Authorization
CHOLBAM (CHOLIC ACID)	Prior Authorization
CHORIONIC GONADOTROPIN (CHORIONIC GONADOTROPIN)	Prior Authorization
CIBINQO (ABROCITINIB)	Prior Authorization
CIMZIA (CERTOLIZUMAB PEGOL)	Prior Authorization
CIMZIA STARTER KIT (CERTOLIZUMAB PEGOL)	Prior Authorization
CINACALCET HYDROCHLORIDE (CINACALCET HCL)	Prior Authorization
CINRYZE (C1 ESTERASE INHIBITOR (HUMAN))	Prior Authorization
CLOBAZAM (CLOBAZAM)	Prior Authorization
COMETRIQ (CABOZANTINIB S-MALATE)	Prior Authorization
Contour Blood Glucose Meter (Glucose meter)	Prior Authorization
Contour test Strip (Glucose meter test strip)	Prior Authorization
COTELLIC (COBIMETINIB FUMARATE)	Prior Authorization
CYCLOSPORINE (CYCLOSPORINE (OPHTH))	Prior Authorization
CYLTEZO (ADALIMUMAB-ADBIM)	Prior Authorization
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS (ADALIMUMAB-ADBIM)	Prior Authorization
CYLTEZO STARTER PACKAGE FOR PSORIASIS (ADALIMUMAB-ADBIM)	Prior Authorization
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS (ADALIMUMAB-ADBIM)	Prior Authorization
DALFAMPRIDINE ER (DALFAMPRIDINE)	Prior Authorization
DEFERASIROX (DEFERASIROX)	Prior Authorization
DEFERIPRONE (DEFERIPRONE)	Prior Authorization
Dexcom Meter (CGM meter)	Prior Authorization
Dexcom Sensor (CGM System sensor)	Prior Authorization
Dexcom Transmitter (CGM System transmitter)	Prior Authorization
DIACOMIT (STIRIPENTOL)	Prior Authorization
DICLOFENAC SODIUM (DICLOFENAC SODIUM (ACTINIC KERATOSES))	Prior Authorization
DIHYDROERGOTAMINE MESYLATE (DIHYDROERGOTAMINE MESYLATE)	Prior Authorization
DIMETHYL FUMARATE (DIMETHYL FUMARATE)	Prior Authorization
DIMETHYL FUMARATE STARTERPACK (DIMETHYL FUMARATE)	Prior Authorization
DRONABINOL (DRONABINOL)	Prior Authorization
DUPIXENT (DUPILUMAB)	Prior Authorization
EMGALITY (GALCANEZUMAB-GNLM)	Prior Authorization

ENBREL (ETANERCEPT)	Prior Authorization
ENBREL MINI (ETANERCEPT)	Prior Authorization
ENBREL SURECLICK (ETANERCEPT)	Prior Authorization
ENHERTU (FAM-TRASTUZUMAB DERUXTECAN-NXKI)	Prior Authorization
EPCLUSA (SOFOSBUVIR-VELPATASVIR)	Prior Authorization
EPIDIOLEX (CANNABIDIOL)	Prior Authorization
ERGOTAMINE TARTRATE/CAFFEINE (ERGOTAMINE W/ CAFFEINE)	Prior Authorization
ERIVEDGE (VISMODEGIB)	Prior Authorization
ERLOTINIB HYDROCHLORIDE (ERLOTINIB HCL)	Prior Authorization
ERTACZO (SERTACONAZOLE NITRATE)	Prior Authorization
EVEROLIMUS (EVEROLIMUS)	Prior Authorization
EVRYSDI (RISDIPLAM)	Prior Authorization
FANAPT (ILOPERIDONE)	Prior Authorization
FANAPT TITRATION PACK (ILOPERIDONE)	Prior Authorization
FEBUXOSTAT (FEBUXOSTAT)	Prior Authorization
FENTANYL (FENTANYL)	Prior Authorization
FENTANYL CITRATE ORAL TRANSMUCOSAL (FENTANYL CITRATE)	Prior Authorization
FETZIMA (LEVOMILNACIPRAN HCL)	Prior Authorization
FETZIMA TITRATION PACK (LEVOMILNACIPRAN HCL)	Prior Authorization
FINGOLIMOD HYDROCHLORIDE (FINGOLIMOD HCL)	Prior Authorization
GALAFOLD (MIGALASTAT HCL)	Prior Authorization
GAMASTAN (IMMUNE GLOBULIN (HUMAN) IM)	Prior Authorization
GAMIFANT (EMAPALUMAB-LZSG)	Prior Authorization
GAMMAGARD LIQUID (IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS)	Prior Authorization
GAMMAKED (IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS)	Prior Authorization
GAMUNEX-C (IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS)	Prior Authorization
GATTEX (TEDUGLUTIDE (RDNA))	Prior Authorization
GILENYA (FINGOLIMOD HCL)	Prior Authorization
GILOTRIF (AFATINIB DIMALEATE)	Prior Authorization
GLATIRAMER ACETATE (GLATIRAMER ACETATE)	Prior Authorization
GLATOPA (GLATIRAMER ACETATE)	Prior Authorization
GLYCOPYRROLATE (GLYCOPYRROLATE)	Prior Authorization
HALCINONIDE (HALCINONIDE)	Prior Authorization
HARVONI (LEDIPASVIR-SOFOSBUVIR)	Prior Authorization
HIZENTRA (IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS)	Prior Authorization
HUMIRA (ADALIMUMAB)	Prior Authorization
HUMIRA PEN (ADALIMUMAB)	Prior Authorization
HUMIRA PEN-CD/UC/HS STARTER (ADALIMUMAB)	Prior Authorization
HUMIRA PEN-PS/UV STARTER (ADALIMUMAB)	Prior Authorization
HYDROCODONE BITARTRATE ER (HYDROCODONE BITARTRATE)	Prior Authorization
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE (HYDROCOD	Prior Authorization
HYDROCODONE/HOMATROPINE (HYDROCODONE BITARTRATE-HOMATROPII	Prior Authorization

HYDROMET (HYDROCODONE BITARTRATE-HOMATROPINE METHYLBROMIDE)	Prior Authorization
HYDROMORPHONE HCL ER (HYDROMORPHONE HCL)	Prior Authorization
HYDROMORPHONE HYDROCHLORIDE ER (HYDROMORPHONE HCL)	Prior Authorization
HYRIMOZ (ADALIMUMAB-ADAZ)	Prior Authorization
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK (ADAL	Prior Authorization
HYRIMOZ PEDIATRIC CROHNS DISEASE STARTER PACK (ADALIMUMAB-ADAZ)	Prior Authorization
HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK (ADALIMUMAB-ADAZ)	Prior Authorization
HYRIMOZ PLAQUE PSORIASIS/UVEITIS STARTER PACK (ADALIMUMAB-ADAZ)	Prior Authorization
IBRANCE (PALBOCICLIB)	Prior Authorization
ICATIBANT ACETATE (ICATIBANT ACETATE)	Prior Authorization
ICLUSIG (PONATINIB HCL)	Prior Authorization
ILARIS (CANAKINUMAB)	Prior Authorization
IMATINIB MESYLATE (IMATINIB MESYLATE)	Prior Authorization
IMBRUVICA (IBRUTINIB)	Prior Authorization
INCRELEX (MECASERMIN)	Prior Authorization
INFLECTRA (INFLIXIMAB-DYYB)	Prior Authorization
INLYTA (AXITINIB)	Prior Authorization
INTRAROSA (PRASTERONE VAGINAL)	Prior Authorization
INVEGA HAFYERA (PALIPERIDONE PALMITATE)	Prior Authorization
ITRACONAZOLE (ITRACONAZOLE)	Prior Authorization
JAKAFI (RUXOLITINIB PHOSPHATE)	Prior Authorization
JANUMET (SITAGLIPTIN-METFORMIN HCL)	Prior Authorization
JANUMET XR (SITAGLIPTIN-METFORMIN HCL)	Prior Authorization
JANUVIA (SITAGLIPTIN PHOSPHATE)	Prior Authorization
JENTADUETO (LINAGLIPTIN-METFORMIN HCL)	Prior Authorization
JENTADUETO XR (LINAGLIPTIN-METFORMIN HCL)	Prior Authorization
KALYDECO (IVACAFTOR)	Prior Authorization
KINERET (ANAKINRA)	Prior Authorization
KOSELUGO (SELUMETINIB SULFATE)	Prior Authorization
LAPATINIB DITOSYLATE (LAPATINIB DITOSYLATE)	Prior Authorization
LENALIDOMIDE (LENALIDOMIDE)	Prior Authorization
LENVIMA 10 MG DAILY DOSE (LENVATINIB MESYLATE)	Prior Authorization
LENVIMA 12MG DAILY DOSE (LENVATINIB MESYLATE)	Prior Authorization
LENVIMA 14 MG DAILY DOSE (LENVATINIB MESYLATE)	Prior Authorization
LENVIMA 18 MG DAILY DOSE (LENVATINIB MESYLATE)	Prior Authorization
LENVIMA 20 MG DAILY DOSE (LENVATINIB MESYLATE)	Prior Authorization
LENVIMA 24 MG DAILY DOSE (LENVATINIB MESYLATE)	Prior Authorization
LENVIMA 4 MG DAILY DOSE (LENVATINIB MESYLATE)	Prior Authorization
LENVIMA 8 MG DAILY DOSE (LENVATINIB MESYLATE)	Prior Authorization
LEUPROLIDE ACETATE (LEUPROLIDE ACETATE)	Prior Authorization
LEVEMIR (INSULIN DETEMIR)	Prior Authorization
LEVEMIR FLEXPEN (INSULIN DETEMIR)	Prior Authorization

LINZESS (LINACLOTIDE)	Prior Authorization
LIRAGLUTIDE (LIRAGLUTIDE)	Prior Authorization
LULICONAZOLE (LULICONAZOLE)	Prior Authorization
LUPRON DEPOT (1-MONTH) (LEUPROLIDE ACETATE)	Prior Authorization
LUPRON DEPOT (3-MONTH) (LEUPROLIDE ACETATE (3 MONTH))	Prior Authorization
LUPRON DEPOT (4-MONTH) (LEUPROLIDE ACETATE (4 MONTH))	Prior Authorization
LUPRON DEPOT (6-MONTH) (LEUPROLIDE ACETATE (6 MONTH))	Prior Authorization
LUPRON DEPOT-PED (1-MONTH) (LEUPROLIDE ACETATE (CPP))	Prior Authorization
LUPRON DEPOT-PED (3-MONTH) (LEUPROLIDE ACETATE (CPP) (3 MONTH))	Prior Authorization
LUPRON DEPOT-PED (6-MONTH) (LEUPROLIDE ACETATE (CPP) (6 MONTH))	Prior Authorization
LYNPARZA (OLAPARIB)	Prior Authorization
MARAVIROC (MARAVIROC)	Prior Authorization
MAVYRET (GLECAPREVIR-PIBRENTASVIR)	Prior Authorization
MAYZENT (SIPONIMOD FUMARATE)	Prior Authorization
MAYZENT STARTER PACK (SIPONIMOD FUMARATE)	Prior Authorization
MEKINIST (TRAMETINIB DIMETHYL SULFOXIDE)	Prior Authorization
METHADONE HCL (METHADONE HCL)	Prior Authorization
METHADONE HYDROCHLORIDE (METHADONE HCL)	Prior Authorization
METYROSINE (METYROSINE)	Prior Authorization
MIGLUSTAT (MIGLUSTAT)	Prior Authorization
MITOXANTRONE HCL (MITOXANTRONE HCL)	Prior Authorization
MODAFINIL (MODAFINIL)	Prior Authorization
MORPHINE SULFATE ER (MORPHINE SULFATE)	Prior Authorization
MOTEGRITY (PRUCALOPRIDE SUCCINATE)	Prior Authorization
MOTOFEN (DIFENOXIN W/ ATROPINE)	Prior Authorization
MOUNJARO (TIRZEPATIDE)	Prior Authorization
MYALEPT (METRELEPTIN)	Prior Authorization
NEULASTA (PEGFILGRASTIM)	Prior Authorization
NEULASTA ONPRO KIT (PEGFILGRASTIM)	Prior Authorization
NINLARO (IXAZOMIB CITRATE)	Prior Authorization
NITISINONE (NITISINONE)	Prior Authorization
NIVESTYM (FILGRASTIM-AAFI)	Prior Authorization
NORDITROPIN FLEXPOR (SOMATROPIN)	Prior Authorization
NUCALA (MEPOLIZUMAB)	Prior Authorization
NUCYNTA ER (TAPENTADOL HCL)	Prior Authorization
NUTROPIN AQ NUSPIN 10 (SOMATROPIN)	Prior Authorization
NUTROPIN AQ NUSPIN 20 (SOMATROPIN)	Prior Authorization
NUTROPIN AQ NUSPIN 5 (SOMATROPIN)	Prior Authorization
OCTREOTIDE ACETATE (OCTREOTIDE ACETATE)	Prior Authorization
OFEV (NINTEDANIB ESYLATE)	Prior Authorization
OGSIVEO (NIROGACESTAT HYDROBROMIDE)	Prior Authorization
Omnipod (Insulin Pump Supply)	Prior Authorization

OMNITROPE (SOMATROPIN)	Prior Authorization
ONUREG (AZACITIDINE)	Prior Authorization
OPSUMIT (MACITENTAN)	Prior Authorization
ORENCIA (ABATACEPT)	Prior Authorization
ORENCIA CLICKJECT (ABATACEPT)	Prior Authorization
ORFADIN (NITISINONE)	Prior Authorization
ORGOVYX (RELUGOLIX)	Prior Authorization
ORKAMBI (LUMACAFTOR-IVACAFTOR)	Prior Authorization
ORSERDU (ELACESTRANT HYDROCHLORIDE)	Prior Authorization
OTEZLA (APREMILAST)	Prior Authorization
OXYCONTIN (OXYCODONE HCL)	Prior Authorization
OXYMORPHONE HYDROCHLORIDE ER (OXYMORPHONE HCL)	Prior Authorization
OXYMORPHONE HYDROCHLORIDEER (OXYMORPHONE HCL)	Prior Authorization
OZEMPIC (SEMAGLUTIDE)	Prior Authorization
PAZOPANIB HYDROCHLORIDE (PAZOPANIB HCL)	Prior Authorization
PEGASYS (PEGINTERFERON ALFA-2A)	Prior Authorization
PHENOXYBENZAMINE HYDROCHLORIDE (PHENOXYBENZAMINE HCL)	Prior Authorization
PIMECROLIMUS (PIMECROLIMUS)	Prior Authorization
PIQRAY 200MG DAILY DOSE (ALPELISIB)	Prior Authorization
PIQRAY 250MG DAILY DOSE (ALPELISIB)	Prior Authorization
PIQRAY 300MG DAILY DOSE (ALPELISIB)	Prior Authorization
PLENVU (PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-ASCORBIC ACID)	Prior Authorization
POMALYST (POMALIDOMIDE)	Prior Authorization
PREGNYL (CHORIONIC GONADOTROPIN)	Prior Authorization
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL (CHORIONIC GONADOTROPIN)	Prior Authorization
PROLASTIN-C (ALPHA1-PROTEINASE INHIBITOR (HUMAN))	Prior Authorization
PROLIA (DENOSUMAB)	Prior Authorization
PROMACTA (ELTROMBOPAG OLAMINE)	Prior Authorization
PULMOZYME (DORNASE ALFA)	Prior Authorization
PYRIMETHAMINE (PYRIMETHAMINE)	Prior Authorization
PYRUKYND (MITAPIVAT SULFATE)	Prior Authorization
PYRUKYND TAPER PACK (MITAPIVAT SULFATE)	Prior Authorization
QINLOCK (RIPRETINIB)	Prior Authorization
REBLOZYL (LUSPATERCEPT-AAMT)	Prior Authorization
REBYOTA (FECAL MICROBIOTA, LIVE-JSLM)	Prior Authorization
REGRANEX (BECAPLERMIN)	Prior Authorization
REPATHA (EVOLOCUMAB)	Prior Authorization
REPATHA PUSHTRONEX SYSTEM (EVOLOCUMAB)	Prior Authorization
REPATHA SURECLICK (EVOLOCUMAB)	Prior Authorization
RETACRIT (EPOETIN ALFA-EPBX)	Prior Authorization
RETEVMO (SELPERCATINIB)	Prior Authorization
REVCovi (ELAPEGADEMASE-LVLR)	Prior Authorization

REVLIMID (LENALIDOMIDE)	Prior Authorization
RINVOQ (UPADACITINIB)	Prior Authorization
RITUXAN (RITUXIMAB)	Prior Authorization
RITUXAN HYCELA (RITUXIMAB-HYALURONIDASE HUMAN)	Prior Authorization
ROFLUMILAST (ROFLUMILAST)	Prior Authorization
ROZLYTREK (ENTRECTINIB)	Prior Authorization
RUFINAMIDE (RUFINAMIDE)	Prior Authorization
RUXIENCE (RITUXIMAB-PVVR)	Prior Authorization
RYBELSUS (SEMAGLUTIDE)	Prior Authorization
RYDAPT (MIDOSTAURIN)	Prior Authorization
SAJAZIR (ICATIBANT ACETATE)	Prior Authorization
SAPROPTERIN DIHYDROCHLORIDE (SAPROPTERIN DIHYDROCHLORIDE)	Prior Authorization
SAVELLA (MILNACIPRAN HCL)	Prior Authorization
SAVELLA TITRATION PACK (MILNACIPRAN HCL)	Prior Authorization
SELZENTRY (MARAVIROC)	Prior Authorization
SIGNIFOR (PASIREOTIDE DIASPARTATE)	Prior Authorization
SILDENAFIL CITRATE (SILDENAFIL CITRATE (PULMONARY HYPERTENSION))	Prior Authorization
SIMPONI (GOLIMUMAB)	Prior Authorization
SIMPONI ARIA (GOLIMUMAB)	Prior Authorization
SKYCLARYS (OMAVELOXOLONE)	Prior Authorization
SKYRIZI (RISANKIZUMAB-RZAA)	Prior Authorization
SKYRIZI PEN (RISANKIZUMAB-RZAA)	Prior Authorization
SODIUM PHENYLBUTYRATE (SODIUM PHENYLBUTYRATE)	Prior Authorization
SOLIRIS (ECULIZUMAB)	Prior Authorization
SOMAVERT (PEGVISOMANT)	Prior Authorization
SORAFENIB (SORAFENIB TOSYLATE)	Prior Authorization
SORAFENIB TOSYLATE (SORAFENIB TOSYLATE)	Prior Authorization
SPEVIGO (SPESOLIMAB-SBZO)	Prior Authorization
SPRYCEL (DASATINIB)	Prior Authorization
STELARA (USTEKINUMAB (IV))	Prior Authorization
STIVARGA (REGORAFENIB)	Prior Authorization
STRENSIQ (ASFOTASE ALFA)	Prior Authorization
SUCRAID (SACROSIDASE)	Prior Authorization
SULCONAZOLE NITRATE (SULCONAZOLE NITRATE)	Prior Authorization
SUNITINIB MALATE (SUNITINIB MALATE)	Prior Authorization
SUNOSI (SOLRIAMFETOL HCL)	Prior Authorization
SYFOVRE (PEGCETACOPLAN (OPHTHALMIC))	Prior Authorization
SYMPROIC (NALDEMEDINE TOSYLATE)	Prior Authorization
SYNAGIS (PALIVIZUMAB)	Prior Authorization
TABRECTA (CAPMATINIB HCL)	Prior Authorization
TADALAFIL (TADALAFIL)	Prior Authorization
TAFINLAR (DABRAFENIB MESYLATE)	Prior Authorization

TAGRISSO (OSIMERTINIB MESYLATE)	Prior Authorization
TALTZ (IXEKIZUMAB)	Prior Authorization
TASIGNA (NILOTINIB HCL)	Prior Authorization
TAZAROTENE (TAZAROTENE)	Prior Authorization
TEGSEDI (INOTERSEN SODIUM)	Prior Authorization
TEMOZOLOMIDE (TEMOZOLOMIDE)	Prior Authorization
TERIPARATIDE (TERIPARATIDE (RECOMBINANT))	Prior Authorization
TESTOSTERONE (TESTOSTERONE)	Prior Authorization
TESTOSTERONE CYPIONATE (TESTOSTERONE CYPIONATE)	Prior Authorization
TESTOSTERONE ENANTHATE (TESTOSTERONE ENANTHATE)	Prior Authorization
TESTOSTERONE PUMP (TESTOSTERONE)	Prior Authorization
TESTOSTERONE TOPICAL SOLUTION (TESTOSTERONE)	Prior Authorization
TETRABENAZINE (TETRABENAZINE)	Prior Authorization
THALOMID (THALIDOMIDE)	Prior Authorization
TORPENZ (EVEROLIMUS)	Prior Authorization
TRACLEER (BOSENTAN)	Prior Authorization
TRADJENTA (LINAGLIPTIN)	Prior Authorization
TRAMADOL HCL ER (TRAMADOL HCL)	Prior Authorization
TRAMADOL HYDROCHLORIDE ER (TRAMADOL HCL)	Prior Authorization
TREMFYA (GUSELKUMAB)	Prior Authorization
TREPROSTINIL (TREPROSTINIL)	Prior Authorization
TRESIBA (INSULIN DEGLUDEC)	Prior Authorization
TRESIBA FLEXTOUCH (INSULIN DEGLUDEC)	Prior Authorization
TRIENTINE HYDROCHLORIDE (TRIENTINE HCL)	Prior Authorization
TRINTELLIX (VORTIOXETINE HBR)	Prior Authorization
TRULICITY (DULAGLUTIDE)	Prior Authorization
TUKYSA (TUCATINIB)	Prior Authorization
TURALIO (PEXIDARTINIB HCL)	Prior Authorization
TYSABRI (NATALIZUMAB)	Prior Authorization
TYVASO (TREPROSTINIL)	Prior Authorization
TYVASO DPI MAINTENANCE KIT (TREPROSTINIL)	Prior Authorization
TYVASO DPI TITRATION KIT (TREPROSTINIL)	Prior Authorization
TYVASO REFILL KIT (TREPROSTINIL)	Prior Authorization
TYVASO STARTER KIT (TREPROSTINIL)	Prior Authorization
ULTOMIRIS (RAVULIZUMAB-CWVZ)	Prior Authorization
VENCLEXTA (VENETOCLAX)	Prior Authorization
VENCLEXTA STARTING PACK (VENETOCLAX)	Prior Authorization
VENTAVIS (ILOPROST)	Prior Authorization
VEOPOZ (POZELIMAB-BBFG)	Prior Authorization
VERZENIO (ABEMACICLIB)	Prior Authorization
VICTOZA (LIRAGLUTIDE)	Prior Authorization
VILAZODONE HYDROCHLORIDE (VILAZODONE HCL)	Prior Authorization

VORICONAZOLE (VORICONAZOLE)	Prior Authorization
VOTRIENT (PAZOPANIB HCL)	Prior Authorization
VYNDAMAX (TAFAMIDIS)	Prior Authorization
XALKORI (CRIZOTINIB)	Prior Authorization
XELJANZ (TOFACITINIB CITRATE)	Prior Authorization
XELJANZ XR (TOFACITINIB CITRATE)	Prior Authorization
XGEVA (DENOSUMAB)	Prior Authorization
XIAFLEX (COLLAGENASE CLOSTRIDIUM HISTOLYTICUM)	Prior Authorization
XIFAXAN (RIFAXIMIN)	Prior Authorization
XOLAIR (OMALIZUMAB)	Prior Authorization
XTAMPZA ER (OXYCODONE)	Prior Authorization
XTANDI (ENZALUTAMIDE)	Prior Authorization
YARGESA (MIGLUSTAT)	Prior Authorization
ZELBORAF (VEMURAFENIB)	Prior Authorization
ZEPATIER (ELBASVIR-GRAZOPRE VIR)	Prior Authorization
ZERVIA TE (CETIRIZINE HCL (OPHTH))	Prior Authorization
ZILEUTON ER (ZILEUTON)	Prior Authorization
ZOKINVY (LONAFARNIB)	Prior Authorization
ZOLINZA (VORINOSTAT)	Prior Authorization
ZYDELIG (IDELALISIB)	Prior Authorization
ZYKADIA (CERITINIB)	Prior Authorization