

**WithMe Health Formulary
Prior Authorization Drug List
Last Updated* 7/1/2022**



A Better Medication Experience

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABSTRAL SL TAB	3
ACTEMRA ACTPEN INJ	2
ACTEMRA SC INJ	2
ACTHAR GEL INJ	2
ACTIMMUNE INJ	2
adapalene cream	2
adapalene gel	2
adapalene/benzoyl peroxide gel 0.1-2.5%	2
adapalene/benzoyl peroxide gel 0.3-2.5%	2
ADEMPAS TAB	2
AIMOVIG INJ	2
AJOVY INJ	2
ALECENSA CAP	2
ALINIA SUSP	2
ALUNBRIG TAB 30MG	2
ALUNBRIG TAB 90MG, 180MG	2
ambrisentan tab	2
ANDRODERM PATCH	2
ARIKAYCE SUSP	2
armodafinil tab	1
AUSTEDO TAB	2
AYVAKIT TAB	2
BALVERSA TAB 3MG	2
BALVERSA TAB 4MG	2
BALVERSA TAB 5MG	2
BANZEL SUSP	3
BARACLUDE SOLN	3
BENLYSTA AUTO-INJECTOR	2
BENLYSTA INJ	2
BENZNIDAZOLE TAB	2
BERINERT INJ	2
bexarotene cap	2
bexarotene gel	2
bosentan tab	2
BOSULIF TAB	2
BRAFTOVI CAP 75MG	2
BRUKINSA CAP	2
budesonide ER tab	3
BYLVAY CAP 1200MCG	2
BYLVAY CAP 400MCG	2
BYLVAY SPRINKLE CAP 200MCG	2
BYLVAY SPRINKLE CAP 600MCG	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
CABLIVI INJ KIT	2
CABOMETRYX TAB	2
CALQUENCE CAP	2
CAPRELSA TAB	2
carglumic acid tab	1
CAROSPIR SUSP	3
CHOLBAM CAP	2
CIMZIA INJ	2
CIMZIA STARTER INJ KIT	2
CINRYZE INJ	2
clobazam susp	2
COMETRIQ KIT	2
COPIKTRA CAP	2
CORLANOR SOLN	3
CORLANOR TAB	3
COTELLIC TAB	2
CRINONE GEL	2
deferiprone tab	2
DESCOVY TAB	\$0
DEXCOM G6 RECEIVER	3
DEXCOM G6 SENSOR	3
DEXCOM G6 TRANSMITTER	3
DIACOMIT CAP	2
DIACOMIT POWDER PACK	2
diclofenac gel	2
DOPTELET TAB	2
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	3
dronabinol cap	2
DUPIXENT INJ	2
DUPIXENT PEN INJ	2
EMGALITY INJ	2
EMGALITY INJ 100MG/ML	2
EMPAVELI INJ	2
enalapril maleate oral soln	3
ENBREL INJ 25MG	2
ENBREL INJ 50MG	2
ENBREL MINI INJ	2
ENBREL SURECLICK INJ 50MG	2
ENDARI POWDER PACK	2
ENDOMETRIN INSERT	2
ENSPRYNG INJ	2
EPIDIOLEX SOLN	2

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
EPIDUO GEL 0.1-2.5%	3
EPRONTIA SOLN	3
ERIVEDGE CAP	2
ERLEADA TAB	2
erlotinib tab	2
ESBRIET CAP	2
ESBRIET TAB 267MG	2
everolimus tab	1
everolimus tab for oral susp	1
EVRYSDI SOLN	2
EXKIVITY CAP	2
FANAPT TAB	3
FANAPT TITRATION PACK	3
FASENRA PEN INJ	2
fentanyl citrate lollipop	2
FENTORA TAB, FENTANYL BUCCAL TAB	3
FERRIPROX SOLN	2
FINTEPLA SOLN	2
FIRDAPSE TAB	2
FLEQSUVY SUSP	3
FOTIVDA CAP	3
FREESTYLE LIBRE 2 RECEIVER	3
FREESTYLE LIBRE 2 SENSOR	3
FREESTYLE LIBRE RECEIVER	3
FREESTYLE LIBRE SENSOR (10-DAY)	3
FREESTYLE LIBRE SENSOR (14-DAY)	3
GALAFOLD CAP	2
GAVRETO CAP	2
GENOTROPIN INJ	2
GILOTRIF TAB	2
GLOPERBA SOLN	3
HAEGARDA INJ	2
HEMLIBRA INJ	2
HIZENTRA INJ	2
HUMIRA INJ 10MG	2
HUMIRA INJ 20MG	2
HUMIRA INJ 40MG	2
HUMIRA INJ 80MG	2
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	2
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	2
HUMIRA INJ PEDIATRIC UC STARTER PACK	2
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	2

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
HUMIRA PEN INJ 40MG	2
HYCAMTIN CAP	2
HYQVIA INJ	2
IBRANCE CAP	2
IBRANCE TAB	2
icatibant inj	2
ICLUSIG TAB	2
IDHIFA TAB	2
IMBRUVICA CAP 140MG	2
IMBRUVICA CAP 70MG	2
IMBRUVICA TAB 420MG, 560MG	2
IMCIVREE INJ	2
INBRIJA INH POWDER	3
INGREZZA CAP	2
INLYTA TAB	2
INQOVI TAB	2
IRESSA TAB	2
ISTURISA TAB 10MG	2
ISTURISA TAB 1MG	2
ISTURISA TAB 5MG	2
itraconazole soln	3
IVERMECTIN LOTION	3
ivermectin tab	2
JAKAFI TAB	2
JYNARQUE PAK	2
JYNARQUE TAB	2
KALYDECO PAK	2
KALYDECO TAB	2
KATERZIA SUSP	3
KERENDIA TAB	3
KEVZARA INJ	2
KINERET INJ	2
KORLYM TAB	2
KOSELUGO CAP	2
LAMPIT TAB	2
lapatinib ditosylate tab	2
LAZANDA NASAL SPRAY	3
LEDIPASVIR/SOFOSBUVIR TAB	2
LENVIMA CAP	2
LIVMARLI SOLN	2
LOKELMA PAK	2
LONSURF TAB	2

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
LORBRENA TAB 100MG	2
LORBRENA TAB 25MG	2
LUCEMYRA TAB	3
LUMAKRAS TAB	2
LUPKYNIS CAP	3
LYNPARZA CAP	2
LYNPARZA TAB	2
MAVYRET PAK	2
MAVYRET TAB	2
MEKINIST TAB 0.5MG	2
MEKINIST TAB 2MG	2
MEKTOVI TAB	2
METHITEST TAB	3
miglustat cap	2
modafinil tab	1
MOTEGRITY TAB	3
MOVANTIK TAB	2
MYFEMBREE TAB	2
NATPARA INJ	2
NERLYNX TAB	2
NINLARO CAP	2
nitazoxanide tab	2
nitrofurantoin susp	3
NIZATIDINE SOLN	3
NORLIQVA ORAL SOLN	3
NUBEQA TAB	2
NUCALA INJ	2
NUEDEXTA CAP	2
OCALIVA TAB	2
ODACTRA SL TAB	3
ODOMZO CAP	2
OFEV CAP	2
OLUMIANT TAB	2
ONFI SUSP	3
ONGENTYS CAP	3
OPSUMIT TAB	2
OPZELURA CREAM	3
ORENCIA CLICK INJ	2
ORENCIA SC INJ 125MG/ML	2
ORENCIA SC INJ 50MG/0.4ML	2
ORENCIA SC INJ 87.5MG/0.7ML	2
ORGOVYX TAB	2

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ORIAHNN CAP	2
ORILISSA TAB 150MG	2
ORILISSA TAB 200MG	2
ORKAMBI GRANULES PACKET	2
ORKAMBI TAB	2
OTEZLA STARTER PACK	2
OTEZLA TAB	2
OXBRYTA TAB	2
OXERVATE OPHTH SOLN	2
OZOBAX SOLN, BACLOFEN SOLN	3
PALFORZIA POWDER PACK	2
PALFORZIA SPRINKLE CAP	2
PALYNZIQ INJ	2
PEMAZYRE TAB	2
PIQRAY TAB	2
pirfenidone tab 267mg	1
pirfenidone tab 801mg	1
POMALYST CAP	2
PRALUENT INJ	2
PREVYMIS TAB	2
PROGESTERONE SUPP	3
PROMACTA POWDER	2
PROMACTA TAB	2
pyrimethamine tab	2
QBRELIS SOLN	3
QINLOCK TAB	2
REPATHA INJ	2
REPATHA PUSHTRONEX INJ	2
RETEVMO CAP	2
REYVOW TAB	2
REZUROCK TAB	2
RINVOQ ER TAB	2
ROZLYTREK CAP	2
RUBRACA TAB	2
RUCONEST INJ	2
rufinamide susp	2
rufinamide tab	2
RYDAPT CAP	2
sapropterin dihydrochloride powder packet	2
sapropterin dihydrochloride soluble tab	2
SIGNIFOR INJ	2
sildenafil tab 20mg	1

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SIMPONI AUTO-INJECTOR 100MG	2
SIMPONI INJ 100MG	2
SKLICE LOTION	3
SKYRIZI INJ 150MG/ML	2
SKYRIZI INJ 75MG/0.83ML	2
SKYTROFA INJ	2
SOFOSBUVIR/VELPATASVIR TAB	2
SOLIQUA INJ	2
SOLOSEC GRANULES PACKET	3
SOMAVERT INJ	2
sorafenib tosylate tab	1
SOTYLIZE SOLN 5MG/ML	3
SPORANOX SOLN	3
SPRYCEL TAB	2
STELARA INJ	2
STIVARGA TAB	2
STRENSIQ INJ	2
sunitinib malate cap	1
SUNOSI TAB	2
SYMDEKO TAB	2
SYMPROIC TAB	2
TABRECTA TAB	2
tadalafil tab (PAH)	1
TAFINLAR CAP	2
TAGRISSO TAB	2
TAKHZYRO INJ	2
TALTZ INJ	2
TALZENNA CAP 0.25MG	2
TALZENNA CAP 0.5MG, 0.75MG, 1MG	2
TASIGNA CAP	2
TAVALISSE TAB	2
TAVNEOS CAP	2
TAZVERIK TAB	2
TEGSEDI INJ	2
TEPMETKO TAB	3
TESTOSTERONE GEL 1% 25MG	2
testosterone gel 1% 50mg	2
testosterone gel 1% pump	2
testosterone gel 1.62% 1.25gm	3
testosterone gel 1.62% 2.5gm	3
TESTOSTERONE GEL PUMP	2
testosterone gel pump 1.62%	2

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
testosterone soln	2
tetrabenazine tab	1
THALOMID CAP	2
TIBSOVO TAB	2
tiopronin tab	2
TIROSINT-SOL	3
TOBI PODHALER	3
TRACLEER TAB 32MG	2
TREMFYA INJ	2
tretinoin cream	2
tretinoin gel	2
trientine cap	2
TRIKAFTA TAB	2
TRINTELLIX TAB	3
TRULANCE TAB	2
TRUSELTIQ PACK 100MG	2
TRUSELTIQ PACK 50MG, 125MG	2
TRUSELTIQ PACK 75MG	2
TUKYSA TAB	2
TURALIO CAP	2
TYVASO INH SOLN	2
UBRELVY TAB	2
UCERIS RECTAL FOAM	3
UPTRAVI TAB	2
VALCHLOR GEL	2
VELTASSA POWDER	2
VENCLEXTA STARTER PACK	2
VENCLEXTA TAB	2
VENTAVIS INH SOLN	2
VERZENIO TAB	2
vigabatrin powder pack	2
vigabatrin tab	2
vigadrone powder pack	2
VITRAKVI CAP 100MG	2
VITRAKVI CAP 25MG	2
VITRAKVI SOLN	2
VIZIMPRO TAB	2
VOSEVI TAB	2
VOTRIENT TAB	2
VOXZOGO INJ	2
VYNDAMAX CAP	2
VYNDAQEL CAP	2

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
WAKIX TAB	2
WELIREG TAB	2
XADAGO TAB	3
XALKORI CAP	2
XATMEP SOLN	3
XELJANZ SOLN	2
XELJANZ TAB	2
XELJANZ XR TAB	2
XEMBIFY INJ	2
XOLAIR SYRINGE	2
XOSPATA TAB	2
XPOVIO PAK	2
XULTOPHY INJ	2
XYREM SOLN	2
ZEJULA CAP	2
ZELBORAF TAB	2
ZEPOSIA CAP	2
ZEPOSIA STARTER PACK	2
ZOKINVY CAP	2
ZOLINZA CAP	2
ZYDELIG TAB	2
ZYKADIA CAP	2
ZYKADIA TAB	2

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