

WithMe Health

Prior Authorization Drug List



Prior authorization is required on certain drugs for coverage under your pharmacy benefit. The goal of prior authorization is to promote the appropriate, safe, and cost-effective use of medications. This document provides a list of drugs that require prior authorization for coverage under the prescription drug plan. If a drug is on this list, your doctor will need to submit a prior authorization request for coverage.

What kinds of drugs need prior authorization?

- Drugs that have dangerous side effects or can be harmful when combined with other drugs
- Drugs that require certain laboratory tests or screening for safe and effective use
- Drugs that should only be used for certain health conditions
- Drugs that can be misused or abused
- Drugs that have preferred/formulary options available that are just as effective.

Prior authorization ensures appropriate patient selection, dosage, drug administration, site of service and/or duration of treatment for the selected drugs.

Prior Authorization Policy Criteria

To administer prior authorization, WithMe reviews prior authorization requests submitted by your doctor and applies established policy criteria.

These policies are developed and reviewed by a team of clinical healthcare professionals that routinely meets and reviews current and evolving research on existing and new-to-market medications and applicable policy criteria. These criteria are designed to ensure appropriate use of the best drug therapy options for their intended use based on extensive research of the following:

- Food and Drug Administration (FDA) labeling for use
- National pharmaceutical compendia
- Scientific literature from peer-viewed medical journals
- Nationally recognized practice guidelines
- Reviews and recommendations received from practicing physicians, specialists, or other expert health care practitioners of relevant clinical practice

Using the Prior Authorization List

Coverage of drugs is dependent on your prescription drug plan. Not all drugs that require prior authorization are necessarily covered by your plan and may be excluded from coverage.

This is the most current list at the time of publication and is subject to change, as we periodically review this drug listing. Additionally, a drug's inclusion on this list does not indicate whether the drug will be covered under your plan.

Using the List:

- To search for a specific drug, open the PDF below. Then click "CTRL" and "F" at the same time. To print a copy of the Prior Authorization List, open the PDF, click "File", select "Print", and enter the desired page range.
- To find prescription drugs that are covered under your plan, please refer to WithMe Health's formulary list or call our Guide Services at the number located on the back of your Member ID card for further assistance for covered medication alternatives.

If you find that you may need a medication that requires prior authorization, please consult with your doctor about an alternative therapy or submitting a prior authorization for coverage. For questions about a prior authorization covered under the pharmacy benefit, please contact a WithMe Guide at the phone number located on the back of your Member ID card.

KEY

CAPITAL LETTERS = BRAND medications

lower case = generic medications

Antihyperlipidemics

PRALUENT
REPATHA

Autoimmune Biologics

ACTEMRA
AVSOLA
COSENTYX
ENBREL
HUMIRA
ILARIS
ILUMYA
INFLECTRA
IXIFI
KEVZARA
KINERET
OLUMINAT
ORENCIA
OTEZLA
REMICADE
RENFLEXIS
RINVOQ ER
SILIQ
SIMPONI
SIMPONI ARIA
SKYRIZI
STELARA
TALTZ
TREMIFYA
XELJANZ
XELJANZ XR

Cystic Fibrosis Agents

KALYDECO
SYMDEKO
ORKAMBI
TRIKAFTA
PULMOZYME

Hepatitis C Agents

ZEPATIER
VIEKIRA XR
VIEKIRA PAK
MAVYRET
TECHNIVIE
HARVONI
EPCLUSA
VOSEVI

Hereditary Angioedema Agents

CINRYZE
HAEGARDA
TAKHYZRO
BERINERT
RUCONEST
KALBITOR
icatibant (FIRAZYR)

Growth Hormone

GENOTROPIN
HUMATROPE
NORDITROPIN
NUTROPIN AQ
OMNITROPE
SAIZEN
SEROSTIM
ZOMACTON
ZORBTIVE
EGRIFTA
INCRELEX
SOMAVERT

HIV

DESCOVY
TRUVADA

Pain - Long Acting Opioids

ARYMO ER
CONZIP
DURAGESIC DISC
EMBEDA
EXALGO
fentanyl disks (DURAGESIC)
hydrocodone ER
hydromorphone ER
HYSINGLA ER
KADIAN ER
morphine sulfate ER
MS CONTIN ER
NUCYNTA ER TAB
OPANA ER TAB
oxycodone ER
OXYCONTIN CR
oxymorphone ER
tramadol HCL ER
ZOHYDRO ER
BELBUCA BUCCAL FILM