



Standard Prior Authorization List

Prior Authorization is generally utilized to promote quality utilization practices of potentially high cost, limited use, or inappropriately utilized medications. If you fill or refill a prescription for any drug that requires prior authorization, your doctor must obtain authorization from WellDyneRx before the prescription will be covered. Medications that require prior authorization are listed below. Please note that this list is not all inclusive.

Please Note: This drug list is subject to change. For the most current Prior Authorization list and program criteria, please visit emhp.welldynernx.com.

BRAND NAME	GENERIC NAME
ABSORBICA	ISOTRETINOIN
ABSTRAL	FENTANYL CITRATE SUBLINGUAL
ACTICLATE	DOXYCYCLINE HYCLATE
ACTIQ	FENTANYL CITRATE LOZENGE
ADDYI	FLIBANSERIN
ADIPEX-P	PHENTERMINE
ADLYXIN	LIXISENATIDE
AFREZZA	INSULIN REGULAR (HUMAN) INHALATION POWDER
AKYNZEO	NETUPITANT-PALONOSETRON
ALOXI	ALOXI
AMELUZ	AMINOLEVULINIC ACID HCL
AMNESTEEM	ISOTRETINOIN
ANZEMET	DOLASETRON
ARYMO ER	MORPHINE SULFATE TAB ER ABUSE-DETERRENT
AVINZA	MORPHINE ER CAPSULE
BELVIQ	LORCASERIN HCL
BELVIQ SR	LORCASERIN HCL TAB SR 24HR
BENZPHETAMINE	BENZPHETAMINE HCL
BEVYXXA	BETRIXABAN MALEATE
BONTRIL	PHENDIMETRAZINE TARTRATE
BUTORPHANOL	BUTORPHANOL TARTRATE
BYDUREON	EXENATIDE ER INJ
BYETTA	EXENATIDE DOSE PEN
CAROSPIR	SPIRONOLACTONE SUSPENSION
CELEBREX	CELECOXIB
CESAMET	NABILONE

BRAND NAME	GENERIC NAME
CINVANTI	APREPITANT IV SOLUTION
CLARAVIS	ISOTRETINOIN
CONTRAVE	NALTREXONE HCL-BUPROPION HCL
CORLANOR	IVABRADINE HCL
COTELLIC	COBIMETINIB FUMARATE
CRESEMBA	ISAVUCONAZONIUM SULFATE
DALIRESP	ROFLUMILAST B22
DESOXYN	METHAMPHETAMINE
DICLEGIS	DOXYLAMINE-PYRIDOXINE
DIDREX	BENZPHETAMINE
DIETHYLPROPION	DIETHYLPROPION
DIFICID	FIDAXOMICIN
DORYX	DOXYCYCLINE HYCLATE
DURAGESIC	FENTANYL
DUZALLO	LESINURAD-ALLOPURINOL
ELIDEL	PIMECROLIMUS
EMEND	APREPITANT
EMSAM	SELEGILINE
ENTRESTO	SACUBITRIL-VALSARTAN
EPANED	ENALAPRIL MALEATE
EUCRISA	CRISABOROLE OINT 2%
EXALGO	HYDROMORPHONE HCL ER 24
FENTANYL	FENTANYL 100 MCG/HR PATCH TD72
FENTANYL CITRATE	FENTANYL CITRATE
FENTORA	FENTANYL CITRATE BUCCAL TABLET
FLECTOR	DICLOFENAC EPOLAMINE
FULYZAQ	CROFELEMER
GRALISE	GABAPENTIN (PHN)
KADIAN	MORPHINE SULFATE CAPSULE ER
KYTRIL	GRANISETRON HCL
LAZANDA	FENTANYL CITRATE NASAL SPRAY
MARINOL	DRONABINOL
MORPHABOND	MORPHINE SULFATE TAB ER 12HR
MORPHINE SULFATE	MORPHINE SULFATE CR
MOVANTIK	NALOXEGOL OXALATE

BRAND NAME	GENERIC NAME
MS CONTIN	MORPHINE SULFATE ER
MYORISAN	ISOTRETINOIN
NOVACORT	PROMOXINE/HYDROCORTISONE GEL
NOXAFIL	POSACONAZOLE
NUVIGIL	ARMODAFINIL
ONMEL	ITRACONAZOLE
ONSOLIS	FENTANYL CITRATE BUCCAL SOLUBLE FILM
OPANA	OXYMORPHONE HCL
OPANA ER	OXYMORPHONE HCL TAB SR
ORAMORPH SR	MORPHINE SULFATE ER
OXYCONTIN	OXYCODONE HCL ER 12 H
OZEMPIC	SEMAGLUTIDE
PHENTERMINE	PHENTERMINE
PROTOPIC	TACROLIMUS
PROVIGIL	MODAFINIL
QBRELIS	LISINOPRIL SOLUTION
QSYMIA	PHENTERMINE HCL-TOPIRAMATE
RAYALDEE	CALCIFEDIOL CAPSULE
REGIMEX	BENZPHETAMINE HCL
REGRANEX	BECAPLERMIN
RELISTOR	METHYLNALTREXONE BROMIDE
RHOFADE	OXYMETAZOLINE HCL CREAM 1%
SANCUSO	GRANISETRON
SAXENDA	LIRAGLUTIDE
SOLIQUA	INSULIN GLARGINE-LIXISENATIDE
SOTRET	ISOTRETINOIN
SUBSYS	FENTANYL SUBLINGUAL SPRAY
SUPRENZA	PHENTERMINE HCL ORALLY DISINTEGRATING TABLETS
SYNDROS	DRONABINOL
SYMLIN	PRAMLINTIDE INJECTION
TANZEUM	ALBIGLUTIDE PEN INJECTION
TICALAST	AZELASTINE-FLUTICASONE
TRULICITY	DULAGLUTIDE
VARUBI	ROLAPITANT
VICTOZA 2-PAK	LIRAGLUTIDE 2-PAK 18 MG/3 ML PEN

BRAND NAME	GENERIC NAME
VICTOZA 3-PAK	LIRAGLUTIDE 3-PAK 18 MG/3 ML PEN
VYZULTA	LATANOPROSTENE
XADAGO	SAFINAMIDE MESYLATE
XATMEP	METHOTREXATE SOLUTION
XENICAL	ORLISTAT
XIFAXAN	RIFAXIMIN
XIFAXAN 550MG	RIFAXIMIN
XIIDRA	LIFITEGRAST 5%
XTAMPZA ER	OXYCODONE CAP ER 12HR ABUSE-DETERRENT
XYREM	SODIUM OXYBATE
YOSPRALA	ASPIRIN-OMEPRAZOLE TAB DELAYED RELEASE
ZOHYDRO ER	HYDROCODONE BITARTRATE CAP SR 12HR