

## 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](http://emhp.welldynernx.com).

BRAND NAME	GENERIC NAME
ABSTRAL	FENTANYL CITRATE SUBLINGUAL
ACTIQ	FENTANYL CITRATE LOZENGE
ADIPEX-P	PHENTERMINE
ALLI	ORLISTAT OTC
AMNESTEEM	ISOTRETINOIN
BELVIQ	LORCASERIN HCL
BENZPHETAMINE	BENZPHETAMINE HCL
BONTRIL	PHENDIMETRAZINE TARTRATE
BYDUREON	EXENATIDE ER INJ
BYETTA	EXENATIDE DOSE PEN
CLARAVIS	ISOTRETINOIN
DIDREX	BENZPHETAMINE
DIETHYLPROPION	DIETHYLPROPION
FENTANYL CITRATE	FENTANYL CITRATE
FENTORA	FENTANYL CITRATE BUCCAL TABLET
FLECTOR	DICLOFENAC EPOLAMINE
LAZANDA	FENTANYL CITRATE NASAL SPRAY
LIDODERM PATCH	LIDOCAINE
MYORISAN	ISOTRETINOIN
NUVIGIL	ARMODAFINIL
ONMEL	ITRACONAZOLE
ONSOLIS	FENTANYL CITRATE BUCCAL SOLUBLE FILM
PHENTERMINE	PHENTERMINE
PROVIGIL	MODAFINIL
QSYMIA	PHENTERMINE HCL-TOPIRAMATE
SOTRET	ISOTRETINOIN
SUBSYS	FENTANYL SUBLINGUAL SPRAY
SUPRENZA	PHENTERMINE HCL ORALLY DISINTEGRATING TABLETS
SYMLIN	PRAMLINTIDE INJECTION
TANZEUM	ALBIGLUTIDE PEN INJECTION
VICTOZA 2-PAK	LIRAGLUTIDE 2-PAK 18 MG/3 ML PEN
VICTOZA 3-PAK	LIRAGLUTIDE 3-PAK 18 MG/3 ML PEN

BRAND NAME	GENERIC NAME
XENICAL	ORLISTAT
XYREM	SODIUM OXYBATE