

Standard and Enhanced 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
ADIPEX-P	PHENTERMINE
AFREZZA	INSULIN REGULAR (HUMAN) INHALATION POWDER
AKYNZEO	NETUPITANT-PALONOSETRON
ALOXI	ALOXI
AMNESTEEM	ISOTRETINOIN
ANZEMET	DOLASETRON
AVINZA	MORPHINE ER CAPSULE
BELVIQ	LORCASERIN HCL
BENZPHETAMINE	BENZPHETAMINE HCL
BONTRIL	PHENDIMETRAZINE TARTRATE
BUTORPHANOL	BUTORPHANOL TARTRATE
BUTRANS	BUPRENORPHINE
BUTRANS	BUPRENORPHINE
BYDUREON	EXENATIDE ER INJ
BYETTA	EXENATIDE DOSE PEN
CELEBREX	CELECOXIB
CESAMET	NABILONE
CLARAVIS	ISOTRETINOIN
CONTRAVE	NALTREXONE HCL-BUPROPION HCL
CORLANOR	IVABRADINE HCL
CRESEMBA	ISAVUCONAZONIUM SULFATE
DALIRESP	ROFLUMILAST B22
DESOXYN	METHAMPHETAMINE
DICLEGIS	DOXYLAMINE-PYRIDOXINE
DIDREX	BENZPHETAMINE
DIETHYLPROPION	DIETHYLPROPION
DIFICID	FIDAXOMICIN
DORYX	DOXYCYCLINE HYCLATE



BRAND NAME	GENERIC NAME
DURAGESIC	FENTANYL
ELIDEL	PIMECROLIMUS
EMEND	APREPITANT
EMSAM	SELEGILINE
ENTRESTO	SACUBITRIL-VALSARTAN
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)
INTUNIV	GUANFACINE HCL
KADIAN	MORPHINE SULFATE CAPSULE ER
KYTRIL	GRANISETRON HCL
LAZANDA	FENTANYL CITRATE NASAL SPRAY
LIDODERM PATCH	LIDOCAINE
LIDOCAINE PAD 5%	LIDOCAINE PATCH 5% (140MG)
LYRICA	PREGABALIN
MARINOL	DRONABINOL
MORPHINE SULFATE	MORPHINE SULFATE CR
MOVANTIK	NALOXEGOL OXALATE
MS CONTIN	MORPHINE SULFATE ER
MYORISAN	ISOTRETINOIN
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
PHENTERMINE	PHENTERMINE
PROTOPIC	TACROLIMUS
PROVIGIL	MODAFINIL
QSYMIA	PHENTERMINE HCL-TOPIRAMATE
REGIMEX	BENZPHETAMINE HCL
REGRANEX	BECAPLERMIN
RELISTOR	METHYLNALTREXONE BROMIDE



BRAND NAME	GENERIC NAME
REYATAZ	ATAZANAVIR
SANCUSO	GRANISETRON
SAXENDA	LIRAGLUTIDE
SOTRET	ISOTRETINOIN
SUBSYS	FENTANYL SUBLINGUAL SPRAY
SUPRENZA	PHENTERMINE HCL ORALLY DISINTEGRATING TABLETS
SYMLIN	PRAMLINTIDE INJECTION
TANZEUM	ALBIGLUTIDE PEN INJECTION
TRULICITY	DULAGLUTIDE
VANCOCIN	VANCOMYCIN ORAL
VICTOZA 2-PAK	LIRAGLUTIDE 2-PAK 18 MG/3 ML PEN
VICTOZA 3-PAK	LIRAGLUTIDE 3-PAK 18 MG/3 ML PEN
XENICAL	ORLISTAT
XIFAXAN	RIFAXIMIN
XIFAXAN 550MG	RIFAXIMIN
XYREM	SODIUM OXYBATE
ZOFRAN	ONDANSETRON
ZOXYDRO ER	HYDROCODONE BITARTRATE CAP SR 12HR