

## Specialty 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 Specialty Prior Authorization list and program criteria, please visit [emhp.welldynex.com](http://emhp.welldynex.com).

BRAND NAME	GENERIC NAME
ACTEMRA	TOCILIZUMAB
ACTEMRA	TOCILIZUMAB IV INJ 200 MG/10ML
ACTEMRA	TOCILIZUMAB IV INJ 400 MG/20ML
ACTEMRA	TOCILIZUMAB IV INJ 80 MG/4ML
ACTEMRA	TOCILIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 162 MG/0.9ML
ACTHAR HP	CORTICOTROPIN GEL
ADCIRCA	TADALAFIL 20 MG TABLET
ADEMPAS	RIOCIGUAT TABS
ADEMPAS	RIOCIGUAT TABS 0.5MG
ADEMPAS	RIOCIGUAT TABS 1MG
ADEMPAS	RIOCIGUAT TABS 1.5MG
ADEMPAS	RIOCIGUAT TABS 2MG
ADEMPAS	RIOCIGUAT TABS 2.5MG
AMEVIVE	ALEFACEPT
AMEVIVE	ALEFACEPT FOR IM INJ 15 MG
AMPYRA	DALFAMPRIDINE TAB SR 12HR 10 MG
AUBAGIO	TERIFLUNOMIDE TAB 14 MG
AUBAGIO	TERIFLUNOMIDE TAB 7 MG
AVONEX	INTERFERON BETA-1A PREFILLED SYR 30 MCG
AVONEX ADMINISTRATION PACK	INTERFERON BETA-1A ADMIN PACK 30 MCG VL
BENLYSTA	BELIMUMAB
BENLYSTA	BELIMUMAB FOR IV SOLN 120MG
BENLYSTA	BELIMUMAB FOR IV SOLN 400MG
BETASERON	INTERFERON BETA-1B 0.3 MG KIT
BOTOX	ONABOTULINUMTOXINA
BOTOX	ONABOTULINUMTOXINA FOR INJ 100 UNIT
BOTOX	ONABOTULINUMTOXINA FOR INJ 200 UNIT
CIMZIA	CERTOLIZUMAB PEGOL
CIMZIA	CERTOLIZUMAB PEGOL FOR INJ KIT 2 X 200 MG
CIMZIA	CERTOLIZUMAB PEGOL INJ KIT 2 X 200 MG/ML
CIMZIA STARTER KIT	CERTOLIZUMAB PEGOL INJ KIT 6 X 200 MG/ML
COPAXONE	GLATIRAMER ACETATE 20 MG INJECTION KIT



BRAND NAME	GENERIC NAME
COPAXONE	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML
DYSPO	ABOBOTULINUMTOXINA
DYSPO	ABOBOTULINUMTOXINA (GLABELLAR LINES) FOR INJ 300 UNIT
DYSPO	ABOBOTULINUMTOXINA FOR INJ 300 UNIT
DYSPO	ABOBOTULINUMTOXINA FOR INJ 500 UNIT
EGRIFTA	TESAMORELIN ACETATE 2 MG VIAL
EGRIFTA	TESAMORELIN ACETATE 1 MG VIAL
ENBREL	ETANERCEPT
ENBREL	ETANERCEPT FOR SUBCUTANEOUS INJ KIT 25 MG
ENBREL	ETANERCEPT SUBCUTANEOUS INJ 25 MG/0.5ML
ENBREL SURECLICK	ETANERCEPT SUBCUTANEOUS INJ 50 MG/ML
EUFLEXXA	HYALURONATE SODIUM 20 MG/2 ML SYRINGE
EXTAVIA	INTERFERON BETA-1B 0.3 MG KIT
GEL-ONE	CROSS-LINKED HYALURONATE INTRA-ARTICULAR GEL 30 MG/3ML
GENOTROPIN	SOMATROPIN SOLR
GENOTROPIN	SOMATROPIN FOR INJ 0.2 MG
GENOTROPIN	SOMATROPIN FOR INJ 0.4 MG
GENOTROPIN	SOMATROPIN FOR INJ 0.6 MG
GENOTROPIN	SOMATROPIN FOR INJ 0.8 MG
GENOTROPIN	SOMATROPIN FOR INJ 1 MG
GENOTROPIN	SOMATROPIN FOR INJ 1.2 MG
GENOTROPIN	SOMATROPIN FOR INJ 1.4 MG
GENOTROPIN	SOMATROPIN FOR INJ 1.6 MG
GENOTROPIN	SOMATROPIN FOR INJ 1.8 MG
GENOTROPIN	SOMATROPIN FOR INJ 12 MG (13.8 MG OVERFILL)
GENOTROPIN	SOMATROPIN FOR INJ 2 MG
GENOTROPIN	SOMATROPIN FOR SUBCUTANEOUS INJ 5 MG
GENOTROPIN MINIQUICK	SOMATROPIN FOR INJ 0.2 MG
GENOTROPIN MINIQUICK	SOMATROPIN FOR INJ 0.4 MG
GENOTROPIN MINIQUICK	SOMATROPIN FOR INJ 0.6 MG
GENOTROPIN MINIQUICK	SOMATROPIN FOR INJ 0.8 MG
GENOTROPIN MINIQUICK	SOMATROPIN FOR INJ 1 MG
GENOTROPIN MINIQUICK	SOMATROPIN FOR INJ 1.2 MG
GENOTROPIN MINIQUICK	SOMATROPIN FOR INJ 1.4 MG
GENOTROPIN MINIQUICK	SOMATROPIN FOR INJ 1.6 MG
GENOTROPIN MINIQUICK	SOMATROPIN FOR INJ 1.8 MG
GENOTROPIN MINIQUICK	SOMATROPIN FOR INJ 2 MG
GILENYA	FINGOLIMOD HCL 0.5 MG CAPSULE
GILOTRIF	AFATINIB DIMALEATE TABS
GILOTRIF	AFATINIB DIMALEATE TABS 20MG

BRAND NAME	GENERIC NAME
GILOTRIF	AFATINIB DIMALEATE TABS 30MG
GILOTRIF	AFATINIB DIMALEATE TABS 40MG
HUMATROPE	SOMATROPIN SOLR
HUMATROPE	SOMATROPIN FOR INJ 12 MG (36 UNIT)
HUMATROPE	SOMATROPIN FOR INJ 24 MG
HUMATROPE	SOMATROPIN FOR INJ 5 MG
HUMATROPE	SOMATROPIN FOR INJ 6 MG (18 UNIT)
HUMIRA	ADALIMUMAB
HUMIRA	ADALIMUMAB INJ KIT 20 MG/0.4ML
HUMIRA	ADALIMUMAB INJ KIT 40 MG/0.8ML (50 MG/ML)
HYALGAN	HYALURONATE SODIUM 10 MG/ML SYRINGE
HYALGAN	HYALURONATE SODIUM 10 MG/ML VIAL
INCIVEK	TELAPREVIR 375 MG TABLET
INCRELEX	MECASERMIN
JUXTAPID	LOMITAPIDE MESYLATE CAP 10 MG (BASE EQUIV)
JUXTAPID	LOMITAPIDE MESYLATE CAP 20 MG (BASE EQUIV)
JUXTAPID	LOMITAPIDE MESYLATE CAP 5 MG (BASE EQUIV)
KALYDECO	IVACAFTOR 150MG TABLET
KINERET	ANAKINRA
KYNAMRO	MIPOMERSEN SODIUM INJ 200 MG/ML SYRINGE
KYNAMRO	MIPOMERSEN SODIUM INJ 200 MG/ML VIAL
LETAIRIS	AMBRISENTAN TAB 10 MG
LETAIRIS	AMBRISENTAN TAB 5 MG
MEKINIST	TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 MG (BASE EQUIVALENT)
MEKINIST	TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG (BASE EQUIVALENT)
MITOXANTRONE HCL	MITOXANTRONE HCL
MYOBLOC	RIMABOTULINUMTOXINB
MYOBLOC	RIMABOTULINUMTOXINB INJ 10000 UNIT/2ML
MYOBLOC	RIMABOTULINUMTOXINB INJ 2500 UNIT/0.5ML
MYOBLOC	RIMABOTULINUMTOXINB INJ 5000 UNIT/ML
NORDITROPIN	SOMATROPIN SOLN
NORDITROPIN FLEXP	SOMATROPIN INJ 10 MG/1.5ML
NORDITROPIN FLEXP	SOMATROPIN INJ 15 MG/1.5ML
NORDITROPIN FLEXP	SOMATROPIN INJ 5 MG/1.5ML
NORDITROPIN NORDIFLEX PEN	SOMATROPIN INJ 30 MG/3ML
NUTROPIN	SOMATROPIN SOLR
NUTROPIN AQ	SOMATROPIN INJ 10 MG/2ML
NUTROPIN AQ	SOMATROPIN SOLN
NUTROPIN AQ NUSPIN 20	SOMATROPIN INJ 20 MG/2ML
NUTROPIN AQ NUSPIN 5	SOMATROPIN INJ 5 MG/2ML



BRAND NAME	GENERIC NAME
OLYSIO	SIMEPREVIR SODIUM CAP 150 MG (BASE EQUIVALENT)
OMNITROPE	SOMATROPIN SOLN
OMNITROPE	SOMATROPIN FOR INJ 5.8MG
OMNITROPE PEN 10 INJECTIO	SOMATROPIN INJ 10 MG/1.5ML
OMNITROPE PEN 5 INJECTION	SOMATROPIN INJ 5 MG/1.5ML
OPSUMIT	MACITENTAN TAB 10 MG
ORENCIA	ABATACEPT
ORENCIA	ABATACEPT FOR IV SOLN 250 MG
ORENCIA	ABATACEPT SUBCUTANEOUS INJ 125 MG/ML
ORENITRAM	TREPROSTINIL DIOLAMINE TAB CR 0.125 MG (BASE EQUIV)
ORENITRAM	TREPROSTINIL DIOLAMINE TAB CR 0.25 MG (BASE EQUIV)
ORENITRAM	TREPROSTINIL DIOLAMINE TAB CR 1 MG (BASE EQUIV)
ORENITRAM	TREPROSTINIL DIOLAMINE TAB CR 2.5 MG (BASE EQUIV)
ORTHOVISC	HYALURONATE SODIUM 15 MG/ML SYRINGE
OTREXUP	METHOTREXATE SOLN PF AUTO-INJECTOR 10MG/0.4ML
OTREXUP	METHOTREXATE SOLN PF AUTO-INJECTOR 15MG/0.4ML
OTREXUP	METHOTREXATE SOLN PF AUTO-INJECTOR 20MG/0.4ML
OTREXUP	METHOTREXATE SOLN PF AUTO-INJECTOR 25MG/0.4ML
PROVENGE	SIPULEUCEL-T
PROVENGE	SIPULEUCEL-T SUSP FOR IV INFUSION
REBIF	INTERFERON BETA-1A/ALBUMIN HUMAN 22 MCG/0.5 ML SYRINGE
REBIF	INTERFERON BETA-1A/ALBUMIN HUMAN 44 MCG/0.5 ML SYRINGE
REBIF	INTERFERON BETA-1A/ALBUMIN HUMAN TITRATION PACK
REMICADE	INFLIXIMAB
REVIATIO	SILDENAFIL CITRATE 20 MG TABLET
SAIZEN	SOMATROPIN (NON-REFRIGERATED)
SAIZEN	SOMATROPIN (NON-REFRIGERATED) FOR INJ 5 MG
SAIZEN	SOMATROPIN (NON-REFRIGERATED) FOR INJ 8.8 MG
SEROSTIM	SOMATROPIN SQ
SEROSTIM	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 4 MG
SEROSTIM	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 5 MG
SEROSTIM	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 6 MG
SIMPONI	GOLIMUMAB SUBCUTANEOUS INJ 50 MG/0.5ML
SIMPONI	GOLIMUMAB SUBCUTANEOUS INJ 100 MG/ML
SIMPONI ARIA	GOLIMUMAB IV SOLN 50 MG/4ML
SOVALDI	SOFOSBUVIR TAB 400 MG
STELARA	USTEKINUMAB INJ 45 MG/0.5ML
STELARA	USTEKINUMAB INJ 90 MG/ML
SUPARTZ	HYALURONATE SODIUM 10 MG/ML SYRINGE



BRAND NAME	GENERIC NAME
SYNAGIS	PALIVIZUMAB IM SOLN 100 MG/ML
SYNAGIS	PALIVIZUMAB IM SOLN 50 MG/0.5ML
SYNRIBO	OMACETAXINE MEPESUCCINATE FOR INJ 3.5 MG
SYNVISC	HYLAN G-F 20 SYRINGE
TAFINLAR	DABRAFENIB MESYLATE CAP 50 MG (BASE EQUIVALENT)
TAFINLAR	DABRAFENIB MESYLATE CAP 75 MG (BASE EQUIVALENT)
TECFIDERA	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG
TECFIDERA	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG
TECFIDERA STARTER PACK	DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG
TEV-TROPIN	SOMATROPIN SOLR
TRACLEER	BOSENTAN 125 MG TABLET
TRACLEER	BOSENTAN 62.5 MG TABLET
TYSABRI	NATALIZUMAB
TYVASO	TREPROSINIL
VICTRELIS	BOCEPREVIR 200 MG CAPSULE
XALKORI	CRIZOTINIB 200 MG TABLET
XALKORI	CRIZOTINIB 250 MG TABLET
XELJANZ	TOFACITINIB CITRATE TAB 5MG
XOLAIR	OMALIZUMAB
YERVOY	IPILIMUMAB
YERVOY	IPILIMUMAB SOLN FOR IV INFUSION 50MG/10ML
YERVOY	IPILIMUMAB SOLN FOR IV INFUSION 200MG/40ML
ZELBORAF	VEMURAFENIB 240 MG TABLET
ZORBTIVE	SOMATROPIN SQ (NON-REFRIGERATED)