

Prior Authorization Program Information

April 1, 2026

Drugs included in our Prior Authorization program are reviewed based on medical necessity criteria for coverage. Drugs with step therapy requirements may be covered if a prior health plan paid for the drug – documentation of a paid claim may be required.

Truli prefers electronic Prior Authorization (ePA) requests through [CoverMyMeds](#) – a free ePA service that allows prescribers to submit and check the status of a PA request electronically. Alternatively, [standard fax authorization forms](#) are also available.

Important:

- Prior Authorization requirements may vary. Certain drugs may not be covered by all plans. Refer to your medication guide for more information.
- Your cost share may be higher for self-administered specialty drugs not obtained at an in-network specialty pharmacy.
- Newly marketed prescription drugs may not be covered until our Pharmacy & Therapeutics Committee has had an opportunity to review the new drug to determine if it will be covered and if so, at which tier based on safety, efficacy, and the availability of other products within that class of medications. A current list of newly marketed drugs can be found on our [New to Market Drug List](#).
- For provider administered drugs that are buy and bill, for office or outpatient facility settings, submit requests through [Availity®](#). If you have questions or need further assistance after consulting this table, please call the number on the back of your insurance card.

If you are a provider enrolled in our Provider Administered Drug Program (PADP) and wish to buy and bill a drug on this list, please refer to the [PADP section](#) of our online provider manual for a current list of drugs included.

Brand Name	Member will administer the drug	Provider will administer the drug	Notes
All Glucose Test Strips except Ascensia Contour products or Abbott products (Freestyle, Precision Xtra, OptiumEZ)	CoverMyMeds		
Alternate PA drugs - All drugs rejecting with “alternate PA program” message (Alternate PA Program Summary)	CoverMyMeds		
ABECMA		Availity	
ABIRATERONE ACETATE	CoverMyMeds		
ABIRTEGA	CoverMyMeds		
ABRAXANE		Availity	
ABRILADA	CoverMyMeds		Humira (Abbvie NDC’s beginning with 00074) and Hadlima are preferred
ACETAMINOPHEN/CODEINE	CoverMyMeds		
ACETAMINOPHEN/CODEINE PHOSPHATE	CoverMyMeds		
ACTEMRA ACTPEN	CoverMyMeds		
ACTEMRA IV		Availity	
ACTEMRA SC	CoverMyMeds		
ACTHAR	CoverMyMeds		
ACTIMMUNE	CoverMyMeds		
ADAKVEO		Availity	
ADALIMUMAB-AACF	CoverMyMeds		Humira (Abbvie NDC’s beginning with 00074) and Hadlima are preferred
ADALIMUMAB-AATY	CoverMyMeds		Humira (Abbvie NDC’s beginning with 00074) and Hadlima are preferred
ADALIMUMAB-ADAZ	CoverMyMeds		Humira (Abbvie NDC’s beginning with 00074) and Hadlima are preferred
ADALIMUMAB-ADBIM	CoverMyMeds		Humira (Abbvie NDC’s beginning with 00074) and Hadlima are preferred
ADALIMUMAB-BWWD	CoverMyMeds		Humira (Abbvie NDC’s beginning with 00074) and Hadlima are preferred
ADALIMUMAB-FKJP	CoverMyMeds		Humira (Abbvie NDC’s beginning with 00074) and Hadlima are preferred
ADALIMUMAB-RYVK	CoverMyMeds		Humira (Abbvie NDC’s beginning with 00074) and Hadlima are preferred
ADBRY	CoverMyMeds		
ADCETRIS		Availity	
ADCIRCA	CoverMyMeds		
ADEMPAS	CoverMyMeds		

ADMELOG	CoverMyMeds		Fiasp, Humalog, Humalog Mix, Humulin 70/30, Humulin N, Humulin R, Lyumjev, Novolin 70/30, Novolin N, Novolin R, Novolog, Novolog 70/30 are preferred insulin products and do not require prior authorization
ADMELOG SOLOSTAR	CoverMyMeds		Fiasp, Humalog, Humalog Mix, Humulin 70/30, Humulin N, Humulin R, Lyumjev, Novolin 70/30, Novolin N, Novolin R, Novolog, Novolog 70/30 are preferred insulin products and do not require prior authorization
ADSTILADRIN		Availity	
ADUHELM		Availity	
ADVATE	Availity		
ADYNOVATE	Availity		
ADZYNMA		Availity	
AFINITOR	CoverMyMeds		
AFINITOR DISPERZ	CoverMyMeds		
AFREZZA	CoverMyMeds		Fiasp, Humalog, Humalog Mix, Humulin 70/30, Humulin N, Humulin R, Lyumjev, Novolin 70/30, Novolin N, Novolin R, Novolog, Novolog 70/30 are preferred insulin products and do not require prior authorization
AFSTYLA	Availity		
AGAMREE	CoverMyMeds		
AIMOVIG	CoverMyMeds		
AJOVY	CoverMyMeds		
AKEEGA	CoverMyMeds		
ALBENDAZOLE	CoverMyMeds		
ALDARA	CoverMyMeds		
ALDURAZYME		Availity	
ALECENSA	CoverMyMeds		
ALHEMO	Availity		
ALIMTA		Availity	
ALIQOPA		Availity	
ALOSETRON HYDROCHLORIDE	CoverMyMeds		
ALPHANATE	Availity		
ALPHANINE SD	Availity		
ALPROLIX	Availity		
ALTUVIIIO	Availity		
ALUNBRIG	CoverMyMeds		
ALVAIZ	CoverMyMeds		
ALYFTREK	CoverMyMeds		
ALYGLO		Availity	
ALYMSYS		Availity	
ALYQ	CoverMyMeds		
AMBRISENTAN	CoverMyMeds		
AMITIZA	CoverMyMeds		
AMJEVITA	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
AMONDYS 45		Availity	
AMPHETAMINE ER	CoverMyMeds		
AMPYRA	CoverMyMeds		
AMTAGVI		Availity	
AMVUTTRA		Availity	
ANDEMBRY	CoverMyMeds		
ANDROGEL PUMP	CoverMyMeds		
ANZUPGO CREAM	CoverMyMeds		
APHEXDA		Availity	
APIDRA	CoverMyMeds		Fiasp, Humalog, Humalog Mix, Humulin 70/30, Humulin N, Humulin R, Lyumjev, Novolin 70/30, Novolin N, Novolin R, Novolog, Novolog 70/30 are preferred insulin products and do not require prior authorization
APIDRA SOLOSTAR	CoverMyMeds		Fiasp, Humalog, Humalog Mix, Humulin 70/30, Humulin N, Humulin R, Lyumjev, Novolin 70/30, Novolin N, Novolin R, Novolog, Novolog 70/30 are preferred insulin products and do not require prior authorization
APOKYN	CoverMyMeds	Availity	
APOMORPHINE HYDROCHLORIDE	CoverMyMeds	Availity	
AQNEURSA	CoverMyMeds		
AQVESME	CoverMyMeds		
ARALAST NP		Availity	
ARANESP ALBUMIN FREE	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
ARCALYST	CoverMyMeds		
ARMLUPEG	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
ARZERRA		Availity	

ASCENIV		Availity	
ASCOMP/CODEINE	CoverMyMeds		
ASPARLAS		Availity	
ATTRUBY	CoverMyMeds		
AUBAGIO	CoverMyMeds		
AUCATZYL		Availity	
AUGTYRO	CoverMyMeds		
AUKELSO		Availity	
AUSTEDO	CoverMyMeds		
AUSTEDO XR	CoverMyMeds		
AUSTEDO XR PATIENT TITRATION KIT	CoverMyMeds		
AVASTIN		Availity	
AVEED		Availity	
AVMAPKI FAKZYNJA CO-PACK	CoverMyMeds		
AVONEX	CoverMyMeds		
AVONEX PEN	CoverMyMeds		
AVSOLA		Availity	
AVTOZMA IV		Availity	
AVTOZMA SC	CoverMyMeds		
AVZIVI		Availity	
AYVAKIT	CoverMyMeds		
AZEDRA DOSIMETRIC		Availity	
AZEDRA THERAPEUTIC		Availity	
AZMIRO		Availity	
BAFIERTAM	CoverMyMeds		
BAL IN OIL		Availity	
BALVERSA	CoverMyMeds		
BAVENCIO		Availity	
BAXDELA	CoverMyMeds		
BELBUCA	CoverMyMeds		
BELEODAQ		Availity	
BENDAMUSTINE HYDROCHLORIDE		Availity	
BENDEKA		Availity	
BENEFIX	Availity		
BENLYSTA IV		Availity	
BENLYSTA SC	CoverMyMeds		
BEOVU		Availity	
BERINERT	CoverMyMeds	Availity	
BESPONSA		Availity	
BESREMI	CoverMyMeds		
BETAINE ANHYDROUS	CoverMyMeds		
BETASERON	CoverMyMeds		
BEXAROTENE	CoverMyMeds		
BILDYOS		Availity	
BILPREVDA		Availity	
BIMZELX	CoverMyMeds		
BIO T GEL	CoverMyMeds		
BIVIGAM		Availity	
BIZENGRI		Availity	
BLNREP		Availity	
BLINCYTO		Availity	
BOMYNTRA SC		Availity	
BONCRESA		Availity	
BONJESTA	CoverMyMeds		
BONSITY	CoverMyMeds		
BOSAYA		Availity	
BOSENTAN	CoverMyMeds		
BOSULIF	CoverMyMeds		
BOTOX		Availity	
BRAFTOVI	CoverMyMeds		
BREKIYA	CoverMyMeds		
BREXAFEMME	CoverMyMeds		
BREYANZI		Availity	
BREYNA	CoverMyMeds		
BRINEURA		Availity	
BRINSUPRI	CoverMyMeds		
BRIUMVI		Availity	
BRIXADI	CoverMyMeds	Availity	
BRUKINSA	CoverMyMeds		
BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	CoverMyMeds		
BUPHENYL	CoverMyMeds		
BUPRENORPHINE	CoverMyMeds		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	CoverMyMeds		

BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE	CoverMyMeds		
BUTORPHANOL TARTRATE	CoverMyMeds		
BUTRANS	CoverMyMeds		
BYDUREON BCISE	CoverMyMeds		
BYETTA	CoverMyMeds		
BYLVAY	CoverMyMeds		
BYLVAY (PELLETS)	CoverMyMeds		
BYNFEZIA	CoverMyMeds		
BYOOVIZ		Availity	
CABLVI	CoverMyMeds	Availity	
CABOMETYX	CoverMyMeds		
CALQUENCE	CoverMyMeds		
CAMCEVI		Availity	
CAMZYOS	CoverMyMeds		
CAPRELSA	CoverMyMeds		
CARAC	CoverMyMeds		
CARVYKTI		Availity	
CASGEVY		Availity	
CEPROTIN		Availity	
CEQUA	CoverMyMeds		
CERDELGA	CoverMyMeds		
CEREZYME		Availity	
CETRORELIX		Availity	For Non-Fertility related diagnoses - SEND to Availity
CETROTIDE		Availity	For Non-Fertility related diagnoses - SEND to Availity
CHENODAL	CoverMyMeds		
CHOLBAM	CoverMyMeds		
CHORIONIC GONADOTROPIN (HUMAN)		Availity	For Non-Fertility related diagnoses - SEND to Availity
CIBINQO	CoverMyMeds		
CIMERLI		Availity	
CIMZIA	CoverMyMeds	Availity	
CIMZIA STARTER KIT	CoverMyMeds	Availity	
CINACALCET HYDROCHLORIDE	CoverMyMeds		
CINQAIR		Availity	
CINRYZE	CoverMyMeds		
CINVANTI		Availity	
CLADRIBINE	CoverMyMeds		
CLOMID		Availity	For Non-Fertility related diagnoses - SEND to Availity
CLOMIPHENE CITRATE		Availity	For Non-Fertility related diagnoses - SEND to Availity
COAGADEX	Availity		
CODEINE SULFATE	CoverMyMeds		
CODEINE/ACETAMINOPHEN	CoverMyMeds		
COLUMVI		Availity	
COMETRIQ	CoverMyMeds		
Compound Medications	CoverMyMeds		
CONEXENCE SC		Availity	
CONZIP	CoverMyMeds		
COPAXONE	CoverMyMeds		
COPIKTRA	CoverMyMeds		
CORIFACT	Availity		
CORTROPHIN	CoverMyMeds		
COSELA		Availity	
COSENTYX	CoverMyMeds		
COSENTYX IV		Availity	
COSENTYX SENSOREADY PEN	CoverMyMeds		
COSENTYX UNOREADY	CoverMyMeds		
COTELLIC	CoverMyMeds		
CRENESSITY	CoverMyMeds		
CRESEMBA	CoverMyMeds		
CRINONE		Availity	For Non-Fertility related diagnoses - SEND to Availity
CRYSVITA		Availity	
CTEXTI	CoverMyMeds		
CUPRIMINE	CoverMyMeds		
CUTAQUIG	CoverMyMeds		
CUVITRU	CoverMyMeds		
CUVRIOR	CoverMyMeds		
CYCLOSPORINE	CoverMyMeds		
CYLTEZO	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
CYLTEZO STARTER PACKAGE FOR PSORIASIS	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
CYRAMZA		Availity	

CYSTADANE	CoverMyMeds		
CYSTADROPS	CoverMyMeds		
CYSTARAN	CoverMyMeds		
DALFAMPRIDINE ER	CoverMyMeds		
DANAZOL	CoverMyMeds		
DANYELZA		Availity	
DANZITEN	CoverMyMeds		
DARAPRIM	CoverMyMeds		
DARZALEX		Availity	
DARZALEX FASPRO		Availity	
DASATINIB	CoverMyMeds		
DATROWAY		Availity	
DAURISMO	CoverMyMeds		
DAWNZERA	CoverMyMeds		
DAYBUE	CoverMyMeds		
DAYBUE STIX	CoverMyMeds		
DEFEROXAMINE MESYLATE		Availity	
DEFITELIO		Availity	
DEFLAZACORT	CoverMyMeds		
DENOSUMAB		Availity	
DEPEN TITRATABS	CoverMyMeds		
DEPO-PROVERA CONTRACEPTIVE		Availity	
DEPO-SUBQ PROVERA 104		Availity	
DESFERAL		Availity	
DICHLORPHENAMIDE	CoverMyMeds		
DICLEGIS	CoverMyMeds		
DICLOFENAC SODIUM	CoverMyMeds		
DIHYDROERGOTAMINE MESYLATE	CoverMyMeds		
DILAUDID	CoverMyMeds		
DISKETS	CoverMyMeds		
DOCETAXEL		Availity	
DOJOLVI	CoverMyMeds		
DOPTELET	CoverMyMeds		
DOPTELET SPRINKLE	CoverMyMeds		
DOXEPIN HYDROCHLORIDE	CoverMyMeds		
DOXIL		Availity	
DOXORUBICIN HYDROCHLORIDE LIPOSOMAL		Availity	
DOXYLAMINE SUCCINATE/PYRIDOXINE HYDROCHLORIDE	CoverMyMeds		
DROXIDOPA	CoverMyMeds		
DUEXIS	CoverMyMeds		
DUPIXENT	CoverMyMeds		
DUVYZAT	CoverMyMeds		
DYSPORT		Availity	
EBGLYSS	CoverMyMeds		
EDETATE CALCIUM DISODIUM		Availity	
EDETATE DISODIUM		Availity	
EGATEN	CoverMyMeds		
EGRIFTA SV	CoverMyMeds		
EGRIFTA WR	CoverMyMeds		
EKTERLY	CoverMyMeds		
ELAHERE		Availity	
ELAPRASE		Availity	
ELELYSO		Availity	
ELEVIDYS KIT		Availity	
ELFABRIO		Availity	
ELIGARD		Availity	
ELITEK		Availity	
ELMIRON	CoverMyMeds		
ELOCTATE	Availity		
ELREXFIO		Availity	
ELTROMBOPAG	CoverMyMeds		
ELURYNG	CoverMyMeds		
ELYXYB	CoverMyMeds		
ELZONRIS		Availity	
EMEND		Availity	
EMFLAZA	CoverMyMeds		
EMGALITY	CoverMyMeds		
EMPAVELI	CoverMyMeds		
EMPLICITI		Availity	
EMRELIS		Availity	
EMVERM	CoverMyMeds		
ENBREL	CoverMyMeds		
ENBREL MINI	CoverMyMeds		

ENBREL SURECLICK	CoverMyMeds		
ENCELTO		Availity	
ENDARI	CoverMyMeds		
ENDOCET	CoverMyMeds		
ENDOMETRIN		Availity	For Non-Fertility related diagnoses - SEND to Availity
ENHERTU		Availity	
ENILLORING	CoverMyMeds		
ENJAYMO		Availity	
ENOBY		Availity	
ENSACOVE	CoverMyMeds		
ENSPRYNG	CoverMyMeds		
ENTYVIO IV		Availity	
ENTYVIO SC	CoverMyMeds		
ENZEEVU		Availity	
EOHILIA	CoverMyMeds		
EPCLUSA	CoverMyMeds		
EPIDIOLEX	CoverMyMeds		
EPKINLY		Availity	
EPOGEN	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
EPOPROSTENOL SODIUM		Availity	
EPYSQLI		Availity	
ERBITUX		Availity	
ERELZI	CoverMyMeds		
ERGOMAR	CoverMyMeds		
ERGOTAMINE TARTRATE/CAFFEINE	CoverMyMeds		
ERIVEDGE	CoverMyMeds		
ERLEADA	CoverMyMeds		
ERLOTINIB HYDROCHLORIDE	CoverMyMeds		
ERTACZO	CoverMyMeds		
ESBRIET	CoverMyMeds		
ESPEROCT		Availity	
ETONOGESTREL/ETHINYL ESTRADIOL	CoverMyMeds		
EVENITY		Availity	
EVEROLIMUS	CoverMyMeds		
EVKEEZA		Availity	
EVOMELA		Availity	
EVRYSDI		Availity	
EXDENSUR		Availity	
EXELDERM	CoverMyMeds		
EXENATIDE	CoverMyMeds		
EXONDYS 51		Availity	
EXSERVAN	CoverMyMeds		
EYDENZELT		Availity	
EYLEA		Availity	
EYLEA HD		Availity	
FABHALTA	CoverMyMeds		
FABRAZYME		Availity	
FASENRA		Availity	
FASENRA PEN	CoverMyMeds		
FEIBA		Availity	
FENSOLVI		Availity	
FENTANYL	CoverMyMeds		
FENTANYL CITRATE	CoverMyMeds		
FENTANYL CITRATE ORAL TRANSMUCOSAL	CoverMyMeds		
FENTORA	CoverMyMeds		
FERAHEME		Availity	
FIBRYGA	CoverMyMeds	Availity	
FILSPARI	CoverMyMeds		
FILSUVEZ	CoverMyMeds		
FINTEPLA	CoverMyMeds		
FIORICET/CODEINE	CoverMyMeds		
FIRAZYR	CoverMyMeds		
FIRDAPSE	CoverMyMeds		
FLEBOGAMMA DIF		Availity	
FLOLAN		Availity	
FLUOROURACIL	CoverMyMeds		
FOCINVEZ		Availity	
FOLLISTIM AQ		Availity	For Non-Fertility related diagnoses - SEND to Availity
FOLOTYN		Availity	
FORTEO	CoverMyMeds		
FORTESTA	CoverMyMeds		
FOSAPREPITANT DIMEGLUMINE		Availity	

FOTIVDA	CoverMyMeds		
FRUZAQLA	CoverMyMeds		
FULPHILA	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
FUROSCIX	CoverMyMeds		
FYARRO		Availity	
FYLNETRA	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
FYREMADEL		Availity	For Non-Fertility related diagnoses - SEND to Availity
GALAFOLD	CoverMyMeds		
GAMASTAN		Availity	
GAMIFANT		Availity	
GAMMAGARD LIQUID	CoverMyMeds	Availity	
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	CoverMyMeds	Availity	
GAMMAKED	CoverMyMeds	Availity	
GAMMAPLEX		Availity	
GAMUNEX-C	CoverMyMeds	Availity	
GANIRELIX ACETATE		Availity	For Non-Fertility related diagnoses - SEND to Availity
GATTEX	CoverMyMeds		
GAVRETO	CoverMyMeds		
GAZYVA		Availity	
GEFITINIB	CoverMyMeds		
GENOTROPIN	CoverMyMeds		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
GENOTROPIN MINIQUICK	CoverMyMeds		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
GILENYA	CoverMyMeds		
GILOTRIF	CoverMyMeds		
GIVLAARI		Availity	
GLASSIA		Availity	
GLEEVEC	CoverMyMeds		
GLYCEROL PHENYLBUTYRATE LIQUID	CoverMyMeds		
GOMEKLI	CoverMyMeds		
GONAL-F		Availity	For Non-Fertility related diagnoses - SEND to Availity
GONAL-F RFF		Availity	For Non-Fertility related diagnoses - SEND to Availity
GONAL-F RFF REDIJECT		Availity	For Non-Fertility related diagnoses - SEND to Availity
GRANIX	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
HADLIMA	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HADLIMA PUSH TOUCH	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HAEGARDA	CoverMyMeds		
HALAVEN		Availity	
HALOETTE	CoverMyMeds		
HARLIKU	CoverMyMeds		
HARVONI	CoverMyMeds		
HEMGENIX		Availity	
HEMLIBRA	Availity		
HEMOFIL M	Availity		
HEPZATO Kit		Availity	
HERCEPTIN		Availity	
HERCEPTIN HYLECTA		Availity	
HERNEXEOS	CoverMyMeds		
HERZUMA		Availity	
HETLIOZ	CoverMyMeds		
HETLIOZ LQ	CoverMyMeds		
HIZENTRA	CoverMyMeds		
HULIO	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HUMATE-P	Availity		
HUMATROPE	CoverMyMeds		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
HUMIRA	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HUMIRA PEN	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HUMIRA PEN-CD/UC/HS STARTER	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HUMIRA PEN-PEDIATRIC UC STARTER PACK	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred

HUMIRA PEN-PS/UV STARTER	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HYCAMTIN	CoverMyMeds		
HYDROCODONE BITARTRATE ER	CoverMyMeds		
HYDROCODONE BITARTRATE/ACETAMINOPHEN	CoverMyMeds		
HYDROCODONE/ACETAMINOPHEN	CoverMyMeds		
HYDROCODONE/IBUPROFEN	CoverMyMeds		
HYDROMORPHONE HCL	CoverMyMeds		
HYDROMORPHONE HCL ER	CoverMyMeds		
HYDROMORPHONE HYDROCHLORIDE	CoverMyMeds		
HYDROMORPHONE HYDROCHLORIDE ER	CoverMyMeds		
HYFTOR	CoverMyMeds		
HYMPAVZI	Availity		
HYQVIA	CoverMyMeds		
HYRIMOZ	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HYRIMOZ HCF	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HYRIMOZ STARTER PACKS	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HYRNUO	CoverMyMeds		
HYSINGLA ER	CoverMyMeds		
IBANDRONATE SODIUM		Availity	
IBRANCE	CoverMyMeds		
IBSRELA	CoverMyMeds		
IBTROZI	CoverMyMeds		
IBUPROFEN/FAMOTIDINE	CoverMyMeds		
ICATIBANT ACETATE	CoverMyMeds		
ICLUSIG	CoverMyMeds		
ICOSAPENT ETHYL	CoverMyMeds		
IDACIO	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
IDACIO STARTER PACKAGE FOR CROHNS DISEASE	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
IDELVION	Availity		
IDHIFA	CoverMyMeds		
IDOSE TR		Availity	
ILARIS		Availity	
ILUMYA		Availity	
ILUVIEN		Availity	
IMAAVY		Availity	
IMATINIB MESYLATE	CoverMyMeds		
IMBRUVICA	CoverMyMeds		
IMCIVREE	CoverMyMeds		
IMFINZI		Availity	
IMIQUIMOD	CoverMyMeds		
IMIQUIMOD PUMP	CoverMyMeds		
IMJUDO		Availity	
IMKELDI	CoverMyMeds		
IMLYGIC		Availity	
IMPAVIDO	CoverMyMeds		
IMULDOSA IV		Availity	
IMULDOSA SC	CoverMyMeds	Availity	
INBRIJA	CoverMyMeds		
INCRELEX	CoverMyMeds		
INFLECTRA		Availity	
INFLIXIMAB		Availity	
INFUGEM		Availity	
INGREZZA	CoverMyMeds		
INJECTAFER		Availity	
INLEXZO		Availity	
INLURIYO	CoverMyMeds		
INLYTA	CoverMyMeds		
INQOVI	CoverMyMeds		
INREBIC	CoverMyMeds		
INSULIN ASPART	CoverMyMeds		Fiasp, Humalog, Humalog Mix, Humulin 70/30, Humulin N, Humulin R, Lyumjev, Novolin 70/30, Novolin N, Novolin R, Novolog, Novolog 70/30 are preferred insulin products and do not require prior authorization

INSULIN ASPART PROTAMINE	CoverMyMeds		Fiasp, Humalog, Humalog Mix, Humulin 70/30, Humulin N, Humulin R, Lyumjev, Novolin 70/30, Novolin N, Novolin R, Novolog, Novolog 70/30 are preferred insulin products and do not require prior authorization
INSULIN LISPRO JUNIOR KWIKPEN	CoverMyMeds		Fiasp, Humalog, Humalog Mix, Humulin 70/30, Humulin N, Humulin R, Lyumjev, Novolin 70/30, Novolin N, Novolin R, Novolog, Novolog 70/30 are preferred insulin products and do not require prior authorization
INSULIN LISPRO KWIKPEN	CoverMyMeds		Fiasp, Humalog, Humalog Mix, Humulin 70/30, Humulin N, Humulin R, Lyumjev, Novolin 70/30, Novolin N, Novolin R, Novolog, Novolog 70/30 are preferred insulin products and do not require prior authorization
IQIRVO	CoverMyMeds		
IRESSA	CoverMyMeds		
ISTURISA	CoverMyMeds		
ITOVEBI	CoverMyMeds		
ITRACONAZOLE	CoverMyMeds		
ITVISMA		Availity	
IWILFIN	CoverMyMeds		
IXIFI		Availity	
IXINITY		Availity	
IZERVAY		Availity	
JAKAFI	CoverMyMeds		
JASCAYD	CoverMyMeds		
JATENZO	CoverMyMeds		
JAVYGTOR	CoverMyMeds		
JAYPIRCA	CoverMyMeds		
JAYTHARI	CoverMyMeds		
JELMYTO		Availity	
JEMPERLI		Availity	
JEVTANA		Availity	
JIVI	Availity		
JOBEVNE		Availity	
JOENJA	CoverMyMeds		
JUBBONTI		Availity	
JUBEREQ		Availity	
JUBLIA	CoverMyMeds		
JUXTAPID	CoverMyMeds		
JYNARQUE	CoverMyMeds		
KADCYLA		Availity	
KALBITOR	CoverMyMeds	Availity	
KALYDECO	CoverMyMeds		
KANJINTI		Availity	
KANUMA		Availity	
KEBILIDI		Availity	
KESIMPTA	CoverMyMeds		
KEVEYIS	CoverMyMeds		
KEVZARA	CoverMyMeds		
KEYTRUDA		Availity	
KEYTRUDA QLEX		Availity	
KHAPZORY		Availity	
KHINDIVI	CoverMyMeds		
KIMMTRAK		Availity	
KINERET	CoverMyMeds		
KIRSTY	CoverMyMeds		
KISQALI	CoverMyMeds		
KISQALI FEMARA 200 DOSE	CoverMyMeds		
KISQALI FEMARA 400 DOSE	CoverMyMeds		
KISQALI FEMARA 600 DOSE	CoverMyMeds		
KLARITY-C	CoverMyMeds		
KLISYRI	CoverMyMeds		
KOATE	Availity		
KOATE-DVI	Availity		
KOGENATE FS	Availity		
KOMZIFTI	CoverMyMeds		
KORLYM	CoverMyMeds		
KORSUVA		Availity	
KOSELUGO	CoverMyMeds		
KOVALTRY	Availity		
KRAZATI	CoverMyMeds		
KRYSTEXXA		Availity	
KUVAN	CoverMyMeds		
KYGEVVI	CoverMyMeds		

KYMBEE	CoverMyMeds		
KYMRIAH		Availity	
KYPROLIS		Availity	
KYXATA IV		Availity	
KYZATREX	CoverMyMeds		
LAMZEDE		Availity	
LANTIDRA		Availity	
LAPATINIB DITOSYLATE	CoverMyMeds		
LAZCLUZE	CoverMyMeds		
LEDIPASVIR/SOFOSBUVIR	CoverMyMeds		
LEMTRADA		Availity	
LENALIDOMIDE	CoverMyMeds		
LENMELDY		Availity	
LENVIMA 10 MG DAILY DOSE	CoverMyMeds		
LENVIMA 12MG DAILY DOSE	CoverMyMeds		
LENVIMA 14 MG DAILY DOSE	CoverMyMeds		
LENVIMA 18 MG DAILY DOSE	CoverMyMeds		
LENVIMA 20 MG DAILY DOSE	CoverMyMeds		
LENVIMA 24 MG DAILY DOSE	CoverMyMeds		
LENVIMA 4 MG DAILY DOSE	CoverMyMeds		
LENVIMA 8 MG DAILY DOSE	CoverMyMeds		
LEQEMBI		Availity	
LEQEMBI-IQLIK	CoverMyMeds		
LEQSELVI	CoverMyMeds		
LEQVIO		Availity	
LETAIRIS	CoverMyMeds		
LEUCOVORIN	CoverMyMeds		
LEUKINE	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
LEUPROLIDE ACETATE	CoverMyMeds		
LEUPROLIDE ACETATE DEPOT		Availity	
LEVOLEUCOVORIN		Availity	
LEVORPHANOL TARTRATE	CoverMyMeds		
L-GLUTAMINE POWDER	CoverMyMeds		
LIBTAYO		Availity	
LIDOCAINE 5% PATCH	CoverMyMeds		
LIDOCAN 5% PATCH	CoverMyMeds		
LIDODERM	CoverMyMeds		
LINZESS	CoverMyMeds		
LIQREV	CoverMyMeds		
LIRAGLUTIDE	CoverMyMeds		
LITFULO	CoverMyMeds		
LIVDELZI	CoverMyMeds		
LIVMARLI	CoverMyMeds		
LIVTENCITY	CoverMyMeds		
LOFEXIDINE	CoverMyMeds		
LONSURF	CoverMyMeds		
LOQTORZI		Availity	
LORBRENA	CoverMyMeds		
LOTRONEX	CoverMyMeds		
LUBIPROSTONE	CoverMyMeds		
LUCEMYRA	CoverMyMeds		
LUCENTIS		Availity	
LUMAKRAS	CoverMyMeds		
LUMIZYME		Availity	
LUMRYZ	CoverMyMeds		
LUNSUMIO		Availity	
LUNSUMIO VELO		Availity	
LUPKYNIS	CoverMyMeds		
LUPRON DEPOT (1-MONTH)		Availity	
LUPRON DEPOT (3-MONTH)		Availity	
LUPRON DEPOT (4-MONTH)		Availity	
LUPRON DEPOT (6-MONTH)		Availity	
LUPRON DEPOT-PED		Availity	
LUTATHERA		Availity	
LUTRATE DEPOT KIT		Availity	
LUXTURNA		Availity	
LYFGENIA		Availity	
LYMPHIR		Availity	
LYNKUET	CoverMyMeds		
LYNOZIFIC		Availity	
LYNPARZA	CoverMyMeds		
LYTGOBI	CoverMyMeds		

MARGENZA		Availity	
MAVENCLAD	CoverMyMeds		
MAVYRET	CoverMyMeds		
MAYZENT	CoverMyMeds		
MAYZENT STARTER PACK	CoverMyMeds		
MEKINIST	CoverMyMeds		
MEKTOVI	CoverMyMeds		
MENOPUR		Availity	For Non-Fertility related diagnoses - SEND to Availity
MEPERIDINE HCL	CoverMyMeds		
MEPSEVII		Availity	
MERILOG	CoverMyMeds		
METHADONE HCL	CoverMyMeds		
METHADONE HYDROCHLORIDE	CoverMyMeds		
METHADOSE	CoverMyMeds		
METHADOSE SUGAR-FREE	CoverMyMeds		
METHITEST	CoverMyMeds		
METHYLTESTOSTERONE	CoverMyMeds		
MIEBO	CoverMyMeds		
MIFEPRISTONE	CoverMyMeds		
MIGERGOT	CoverMyMeds		
MIGLUSTAT	CoverMyMeds		
MIGRANAL	CoverMyMeds		
MIPLYFFA	CoverMyMeds		
MIRCERA	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
MODEYSO	CoverMyMeds		
MONJUVI		Availity	
MONOFERRIC		Availity	
MORPHINE SULFATE	CoverMyMeds		
MORPHINE SULFATE CR	CoverMyMeds		
MORPHINE SULFATE ER	CoverMyMeds		
MOTTEGRITY	CoverMyMeds		
MOUNJARO	CoverMyMeds		
MOVANTIK	CoverMyMeds		
MOZOBIL		Availity	
MS CONTIN	CoverMyMeds		
MULPLETA	CoverMyMeds		
MVASI		Availity	
MYALEPT	CoverMyMeds		
MYCAPSSA	CoverMyMeds		
MYFEMBREE	CoverMyMeds		
MYLOTARG		Availity	
MYOBLOC		Availity	
NAGLAZYME		Availity	
NALOCET	CoverMyMeds		
NAPROXEN/ESOMEPRAZOLE MAGNESIUM	CoverMyMeds		
NATESTO	CoverMyMeds		
NEMLUVIO	CoverMyMeds		
NERLYNX	CoverMyMeds		
NEULASTA	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
NEULASTA ONPRO KIT	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
NEUPOGEN	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
NEXAVAR	CoverMyMeds		
NEXLETOL	CoverMyMeds		
NEXLIZET	CoverMyMeds		
NEXVIAZYME		Availity	
NGENLA	CoverMyMeds		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
NIKTIMVO		Availity	
NILOTINIB	CoverMyMeds		
NILOTINIB D-TARTRATE	CoverMyMeds		
NINLARO	CoverMyMeds		
NITISINONE	CoverMyMeds		
NITYR	CoverMyMeds		
NIVESTYM	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
NORDITROPIN FLEXPPO	CoverMyMeds		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
NORTHERA	CoverMyMeds		
NOURIANZ	CoverMyMeds		

NOVAREL		Availity	For Non-Fertility related diagnoses - SEND to Availity
NOVOEIGHT	Availity		
NOVOSEVEN RT	Availity		
NOXAFIL	CoverMyMeds		
NPLATE		Availity	
NUBEQA	CoverMyMeds		
NUCALA	CoverMyMeds	Availity	
NUCYNTA	CoverMyMeds		
NUCYNTA ER	CoverMyMeds		
NUEDEXTA	CoverMyMeds		
NUFYMCO		Availity	
NULIBRY	CoverMyMeds	Availity	
NUPLAZID	CoverMyMeds		
NURTEC	CoverMyMeds		
NUTROPIN AQ NUSPIN 10	CoverMyMeds		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
NUTROPIN AQ NUSPIN 20	CoverMyMeds		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
NUTROPIN AQ NUSPIN 5	CoverMyMeds		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
NUWIQ	Availity		
NUZYRA IV		Availity	
NUZYRA TAB	CoverMyMeds		
NYPOZI		Availity	
NYVEPRIA	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
OBIZUR	Availity		
OCREVUS		Availity	
OCREVUS ZUNOVO		Availity	
OCTAGAM		Availity	
OCTANATE	CoverMyMeds		
ODOMZO	CoverMyMeds		
OFEV	CoverMyMeds		
OGIVRI		Availity	
OGSIVEO	CoverMyMeds		
OJEMDA	CoverMyMeds		
OJJAARA	CoverMyMeds		
OLPRUVA	CoverMyMeds		
OLUMIANT	CoverMyMeds		
OMISIRGE		Availity	
OMLYCLO SC	CoverMyMeds	Availity	
OMNITROPE	CoverMyMeds		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
OMVOH IV		Availity	
OMVOH SC	CoverMyMeds		
ONAPGO	CoverMyMeds		
ONIVYDE		Availity	
ONPATTRO		Availity	
ONTRUZANT		Availity	
ONUREG	CoverMyMeds		
OPDIVO		Availity	
OPDIVO QVANTIG		Availity	
OPDUALAG		Availity	
OPSUMIT	CoverMyMeds		
OPSYNVI	CoverMyMeds		
OPZELURA	CoverMyMeds		
ORENCIA CLICKJECT	CoverMyMeds		
ORENCIA IV		Availity	
ORENCIA SC	CoverMyMeds		
ORENITRAM	CoverMyMeds		
ORENITRAM TITRATION KIT MONTH 1	CoverMyMeds		
ORENITRAM TITRATION KIT MONTH 2	CoverMyMeds		
ORENITRAM TITRATION KIT MONTH 3	CoverMyMeds		
ORFADIN	CoverMyMeds		
ORGOVYX	CoverMyMeds		
ORIAHNN	CoverMyMeds		
ORLISSA	CoverMyMeds		
ORKAMBI	CoverMyMeds		
ORLADEYO	CoverMyMeds		
ORMALVI	CoverMyMeds		
ORSERDU	CoverMyMeds		
OSENVELT SC		Availity	
OSPOMYV SC		Availity	

OSVYRTI		Availity	
OTEZLA	CoverMyMeds		
OTEZLA XR	CoverMyMeds		
OTULFI IV		Availity	
OTULFI SC	CoverMyMeds	Availity	
OVIDREL		Availity	For Non-Fertility related diagnoses - SEND to Availity
OXERVATE	CoverMyMeds		
OXICONAZOLE NITRATE	CoverMyMeds		
OXISTAT	CoverMyMeds		
OXLUMO		Availity	
OXYCODONE AND ACETAMINOPHEN	CoverMyMeds		
OXYCODONE HCL	CoverMyMeds		
OXYCODONE HYDROCHLORIDE	CoverMyMeds		
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN	CoverMyMeds		
OXYCODONE/ACETAMINOPHEN	CoverMyMeds		
OXYCONTIN	CoverMyMeds		
OXYMORPHONE HYDROCHLORIDE	CoverMyMeds		
OXYMORPHONE HYDROCHLORIDE ER	CoverMyMeds		
OXYMORPHONE HYDROCHLORIDEER	CoverMyMeds		
OZEMPIC	CoverMyMeds		
OZILTUS		Availity	
OZURDEX		Availity	
PADCEV		Availity	
PALFORZIA INITIAL DOSE ESCALATION / STARTER PACK	CoverMyMeds	Availity	
PALFORZIA LEVEL 1	CoverMyMeds	Availity	
PALFORZIA LEVEL 10	CoverMyMeds	Availity	
PALFORZIA LEVEL 11 (MAINTENANCE)	CoverMyMeds	Availity	
PALFORZIA LEVEL 2	CoverMyMeds	Availity	
PALFORZIA LEVEL 3	CoverMyMeds	Availity	
PALFORZIA LEVEL 4	CoverMyMeds	Availity	
PALFORZIA LEVEL 5	CoverMyMeds	Availity	
PALFORZIA LEVEL 6	CoverMyMeds	Availity	
PALFORZIA LEVEL 7	CoverMyMeds	Availity	
PALFORZIA LEVEL 8	CoverMyMeds	Availity	
PALFORZIA LEVEL 9	CoverMyMeds	Availity	
PALONOSETRON HYDROCHLORIDE		Availity	
PALYNZIQ	CoverMyMeds		
PANZYGA		Availity	
PAPZIMEOS SQ		Availity	
PAVBLU		Availity	
PAZOPANIB HYDROCHLORIDE	CoverMyMeds		
PEDMARK		Availity	
PEGASYS	CoverMyMeds		
PEMAZYRE	CoverMyMeds		
PEMETREXED		Availity	
PEMFEXY		Availity	
PENICILLAMINE	CoverMyMeds		
PENPULIMAB-KCQX		Availity	
PENTAZOCINE/NALOXONE HCL	CoverMyMeds		
PERCOCET	CoverMyMeds		
PERJETA		Availity	
PHEBURANE	CoverMyMeds		
PHESGO		Availity	
PHOTREXA/PHOTREXA VISCOUS KIT		Availity	
PHYRAGO	CoverMyMeds		
PIQRAY 200MG DAILY DOSE	CoverMyMeds		
PIQRAY 250MG DAILY DOSE	CoverMyMeds		
PIQRAY 300MG DAILY DOSE	CoverMyMeds		
PIRFENIDONE	CoverMyMeds		
PLEGRIDY	CoverMyMeds		
PLEGRIDY STARTER PACK	CoverMyMeds		
PLIAGLIS	CoverMyMeds		
PLUVICTO		Availity	
POHERDY IV		Availity	
POLIVY		Availity	
POMALYST	CoverMyMeds		
POMBILITI		Availity	
PONVORY	CoverMyMeds		
PONVORY 14-DAY STARTER PACK	CoverMyMeds		
PORTRAZZA		Availity	
POSACONAZOLE	CoverMyMeds		
POSACONAZOLE DR	CoverMyMeds		
POSFREA		Availity	

POTELIGEO		Availity	
PRALUENT	CoverMyMeds		
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL		Availity	For Non-Fertility related diagnoses - SEND to Availity
PRIVIGEN		Availity	
PROCRIT	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
PROCYSBI	CoverMyMeds		
PROFILNINE	Availity		
PROGESTERONE		Availity	
PROLASTIN-C		Availity	
PROLATE	CoverMyMeds		
PROLIA		Availity	
PROMACTA	CoverMyMeds		
PROVENGE		Availity	
PRUCALOPRIDE	CoverMyMeds		
PRUDOXIN	CoverMyMeds		
PYQUVI	CoverMyMeds		
PYRIMETHAMINE	CoverMyMeds		
PYRUKYND	CoverMyMeds		
PYRUKYND TAPER PACK	CoverMyMeds		
PYZCHIVA IV		Availity	
PYZCHIVA SC	CoverMyMeds	Availity	
QALSODY		Availity	
QBREXZA	CoverMyMeds		
QDOLO	CoverMyMeds		
QFITLIA	Availity		
QINLOCK	CoverMyMeds		
QIVIGY		Availity	
QUADRAMET		Availity	
QUDEXY XR	CoverMyMeds		
QULIPTA	CoverMyMeds		
QUTENZA		Availity	
RADICAVA		Availity	
RADICAVA ORS	CoverMyMeds		
RADICAVA ORS STARTER KIT	CoverMyMeds		
RAVICTI	CoverMyMeds		
REBIF	CoverMyMeds		
REBIF REBIDOSE	CoverMyMeds		
REBIF REBIDOSE TITRATION PACK	CoverMyMeds		
REBIF TITRATION PACK	CoverMyMeds		
REBINYN	Availity		
REBLOZYL		Availity	
REBYOTA		Availity	
RECLAST		Availity	
RECOMBINATE	Availity		
RECORLEV	CoverMyMeds		
REDEMPLO	CoverMyMeds		
REGENECYTE		Availity	
RELEUKO	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
RELION ALL-IN-ONE COMPACTBLOOD GLUCOSE TESTING SYSTEM	CoverMyMeds		
RELISTOR	CoverMyMeds		
REMICADE		Availity	
REMODULIN	CoverMyMeds		
RENFLXIS		Availity	
REPATHA	CoverMyMeds		
REPATHA PUSHTRONEX SYSTEM	CoverMyMeds		
REPATHA SURECLICK	CoverMyMeds		
RESTASIS	CoverMyMeds		
RESTASIS MULTIDOSE	CoverMyMeds		
RETACRIT	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
RETEVMO	CoverMyMeds		
RETHYMIC		Availity	
RETISERT		Availity	
REVATIO IV		Availity	
REVATIO ORAL SUSPENSION	CoverMyMeds		
REVCOVI		Availity	
REVLIMID	CoverMyMeds		
REVUFORJ	CoverMyMeds		
REYVOW	CoverMyMeds		
REZDIFFRA	CoverMyMeds		

REZLIDHIA	CoverMyMeds		
REZUROCK	CoverMyMeds		
RHAPSIDO	CoverMyMeds		
RIABNI		Availity	
RIASTAP	CoverMyMeds	Availity	
RINVOQ	CoverMyMeds		
RINVOQ LQ	CoverMyMeds		
RITUXAN		Availity	
RITUXAN HYCELA		Availity	
RIVFLOZA	CoverMyMeds		
RIXUBIS	Availity		
ROCTAVIAN		Availity	
ROLVEDON		Availity	
ROMIDEPSIN		Availity	
ROMVIMZA	CoverMyMeds		
ROXICODONE	CoverMyMeds		
ROXYBOND	CoverMyMeds		
ROZLYTREK	CoverMyMeds		
RUBRACA	CoverMyMeds		
RUCONEST	CoverMyMeds		
RUXIENCE		Availity	
RYBELSUS	CoverMyMeds		
RYBREVANT		Availity	
RYBREVANT FASPRO		Availity	
RYDAPT	CoverMyMeds		
RYLAZE		Availity	
RYONCIL		Availity	
RYPLAZIM	CoverMyMeds	Availity	
RYSTIGGO		Availity	
RYZNEUTA		Availity	
SAIZEN	CoverMyMeds		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
SAJAZIR	CoverMyMeds		
SANDOSTATIN LAR DEPOT		Availity	
SAPHNELO		Availity	
SAPROPTERIN DIHYDROCHLORIDE	CoverMyMeds		
SARCLISA		Availity	
SCEMBLIX	CoverMyMeds		
SCENESSE		Availity	
SEGLENTIS	CoverMyMeds		
SELARSDI SC	CoverMyMeds	Availity	
SENSIPAR	CoverMyMeds		
SEPHIENCE	CoverMyMeds		
SEROSTIM	CoverMyMeds		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
SEVENFACT	CoverMyMeds		
SIGNIFOR	CoverMyMeds		
SIGNIFOR LAR	CoverMyMeds	Availity	
SILDENAFIL CITRATE	CoverMyMeds		
SILIQ	CoverMyMeds		
SIMLANDI	CoverMyMeds		
SIMPONI	CoverMyMeds		
SIMPONI ARIA		Availity	
SINUVA		Availity	
SIVEXTRO (ORAL TABLET ONLY)	CoverMyMeds		
SKYCLARYS	CoverMyMeds		
SKYRIZI IV		Availity	
SKYRIZI PEN	CoverMyMeds		
SKYRIZI SC	CoverMyMeds		
SKYSONA		Availity	
SKYTROFA	CoverMyMeds		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
SODIUM OXYBATE	CoverMyMeds		
SODIUM PHENYL BUTYRATE	CoverMyMeds		
SOFDRA	CoverMyMeds		
SOFOSBUVIR/VELPATASVIR	CoverMyMeds		
SOGROYA	CoverMyMeds		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
SOHONOS	CoverMyMeds		
SOLIRIS		Availity	
SOMATULINE DEPOT		Availity	
SOMAVERT	CoverMyMeds		
SORAFENIB TOSYLATE	CoverMyMeds		

SOTYKTU	CoverMyMeds		
SOVALDI	CoverMyMeds		
SPEVIGO IV		Availity	
SPEVIGO SC	CoverMyMeds		
SPINRAZA		Availity	
SPORANOX	CoverMyMeds		
SPORANOX PULSEPAK	CoverMyMeds		
SPRAVATO 56MG DOSE	CoverMyMeds	Availity	
SPRAVATO 84MG DOSE	CoverMyMeds	Availity	
SPRYCEL	CoverMyMeds		
STARJEMZA IV		Availity	
STARJEMZA SC	CoverMyMeds	Availity	
STELARA IV		Availity	
STELARA SC	CoverMyMeds	Availity	
STEQEYMA IV		Availity	
STEQEYMA SC	CoverMyMeds	Availity	
STIMUFEND	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen.
STIVARGA	CoverMyMeds		Nivestym and Zaxio are preferred over Neupogen and Granix.
STOBOCLO SC		Availity	
STRENSIQ	CoverMyMeds		
SUBLOCADE	CoverMyMeds	Availity	
SUCRAID	CoverMyMeds		
SULCONAZOLE NITRATE	CoverMyMeds		
SUNITINIB MALATE	CoverMyMeds		
SUNOSI	CoverMyMeds		
SUPPRELIN LA		Availity	
SUSTOL		Availity	
SUSVIMO		Availity	
SUSVIMO OCULAR IMPLANT		Availity	
SUTENT	CoverMyMeds		
SYFOVRE		Availity	
SYLVANT		Availity	
SYMDEKO	CoverMyMeds		
SYMPROIC	CoverMyMeds		
SYNAGIS		Availity	
SYPRINE	CoverMyMeds		
TABRECTA	CoverMyMeds		
TADALAFIL	CoverMyMeds		
TADLIQ	CoverMyMeds		
TAFINLAR	CoverMyMeds		
TAGRISSO	CoverMyMeds		
TAKHZYRO	CoverMyMeds		
TALTZ	CoverMyMeds		
TALVEY		Availity	
TALZENNA	CoverMyMeds		
TARCEVA	CoverMyMeds		
TARGRETIN	CoverMyMeds		
TARPEYO	CoverMyMeds		
TASCENSO ODT	CoverMyMeds		
TASIGNA	CoverMyMeds		
TASIMELTEON	CoverMyMeds		
TAVABOROLE	CoverMyMeds		
TAVALISSE	CoverMyMeds		
TAVNEOS	CoverMyMeds		
TAZVERIK	CoverMyMeds		
TECARTUS		Availity	
TECELRA		Availity	
TECENTRIQ		Availity	
TECENTRIQ HYBREZA		Availity	
TECFIDERA	CoverMyMeds		
TECFIDERA STARTER PACK	CoverMyMeds		
TECVAYLI		Availity	
TEGLUTIK	CoverMyMeds		
TEGSEDI	CoverMyMeds		
TEMOZOLOMIDE	CoverMyMeds		
TEPEZZA		Availity	
TEPMETKO	CoverMyMeds		
TERIPARATIDE	CoverMyMeds		
TESTIM	CoverMyMeds		
TESTOPEL		Availity	
TESTOSTERONE	CoverMyMeds		
TESTOSTERONE PUMP	CoverMyMeds		

TESTOSTERONE TOPICAL SOLUTION	CoverMyMeds		
TETRABENAZINE	CoverMyMeds		
TEVIMBRA		Availity	
TEZSPIRE	CoverMyMeds	Availity	
THALOMID	CoverMyMeds		
THIOLA	CoverMyMeds		
THIOLA EC	CoverMyMeds		
TIBSOVO	CoverMyMeds		
TIGLUTIK	CoverMyMeds		
TIOPRONIN	CoverMyMeds		
TIVDAK		Availity	
TLANDO	CoverMyMeds		
TOFIDENCE		Availity	
TOLAK	CoverMyMeds		
TOLSURA	CoverMyMeds		
TOLVAPTAN (JYNARQUE)	CoverMyMeds		
TOPIRAMATE ER	CoverMyMeds		
TORISEL		Availity	
TORPENZ	CoverMyMeds		
TRACLEER	CoverMyMeds		
TRAMADOL HCL	CoverMyMeds		
TRAMADOL HCL ER	CoverMyMeds		
TRAMADOL HYDROCHLORIDE	CoverMyMeds		
TRAMADOL HYDROCHLORIDE ER	CoverMyMeds		
TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	CoverMyMeds		
TRAZIMERA		Availity	
TREANDA		Availity	
TRELSTAR MIXJECT		Availity	
TREMFYA IV		Availity	
TREMFYA SC	CoverMyMeds		
TREPROSTINIL	CoverMyMeds		
TRETINOIN	CoverMyMeds		
TRETTEN	Availity		
TREZIX	CoverMyMeds		
TRIDACAINE PAD 5%	CoverMyMeds		
TRIENTINE HYDROCHLORIDE	CoverMyMeds		
TRIFERIC		Availity	
TRIFERIC AVNU		Availity	
TRIKAFTA	CoverMyMeds		
TRIPTODUR		Availity	
TRODELVY		Availity	
TROKENDI XR	CoverMyMeds		
TRUDHESA	CoverMyMeds		
TRULANCE	CoverMyMeds		
TRULICITY	CoverMyMeds		
TRUQAP	CoverMyMeds		
TRUXIMA		Availity	
TRYNGOLZA	CoverMyMeds		
TRYPTYR	CoverMyMeds		
TRYVIO	CoverMyMeds		
TUKYSA	CoverMyMeds		
TURALIO	CoverMyMeds		
TYENNE IV		Availity	
TYENNE SC	CMM		
TYKERB	CoverMyMeds		
TYLENOL/CODEINE #2	CoverMyMeds		
TYMLOS	CoverMyMeds		
TYRVAYA	CoverMyMeds		
TYSABRI		Availity	
TYVASO	CoverMyMeds		
TYVASO DPI MAINTENANCE KIT	CoverMyMeds		
TYVASO DPI TITRATION KIT	CoverMyMeds		
TYVASO REFILL	CoverMyMeds		
TYVASO STARTER	CoverMyMeds		
TZIELD		Availity	
UBRELVY	CoverMyMeds		
UDENYCA	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
ULTOMIRIS		Availity	
UNDECATREX	CoverMyMeds		
UNITUXIN		Availity	
UNLOXCYT		Availity	
UPLIZNA		Availity	

UPTRAVI	CoverMyMeds		
UPTRAVI TITRATION PACK	CoverMyMeds		
USTEKINUMAB	CoverMyMeds	Availity	
USTEKINUMAB-AAUZ SC	CoverMyMeds	Availity	
USTEKINUMAB-AEKN SC	CoverMyMeds	Availity	
USTEKINUMAB-TWWE SC	CoverMyMeds	Availity	
VABRINITY		Availity	
VABYSMO		Availity	
VANFLYTA	CoverMyMeds		
VANRAFIA	CoverMyMeds		
VASCEPA	CoverMyMeds		
VECTIBIX		Availity	
VEGZELMA		Availity	
VELCADE		Availity	
VELETRI		Availity	
VELSIPITY	CoverMyMeds		
VENCLEXTA	CoverMyMeds		
VENCLEXTA STARTING PACK	CoverMyMeds		
VENTAVIS	CoverMyMeds		
VENXXIVA	CoverMyMeds		
VEOZAH	CoverMyMeds		
VERKAZIA	CoverMyMeds		
VERQUVO	CoverMyMeds		
VERZENIO	CoverMyMeds		
VEVYE	CoverMyMeds		
VFEND	CoverMyMeds		
VIBERZI	CoverMyMeds		
VICTOZA	CoverMyMeds		
VIDAZA		Availity	
VIJOICE	CoverMyMeds		
VILTEPSO		Availity	
VIMIZIM		Availity	
VIMOVO	CoverMyMeds		
VISTOGARD	CoverMyMeds		
VISUDYNE		Availity	
VITRAKVI	CoverMyMeds		
VIVJOA	CoverMyMeds		
VIZIMPRO	CoverMyMeds		
VOGELXO	CoverMyMeds		
VOGELXO PUMP	CoverMyMeds		
VONJO	CoverMyMeds		
VONVENDI	Availity		
VORANIGO	CoverMyMeds		
VORICONAZOLE	CoverMyMeds		
VOSEVI	CoverMyMeds		
VOTRIENT	CoverMyMeds		
VOWST	CoverMyMeds		
VOXZOGO	CoverMyMeds		
VOYDEYA	CoverMyMeds		
VOYXACT	CoverMyMeds		
VPRIV		Availity	
VTAMA	CoverMyMeds		
VUMERITY	CoverMyMeds		
VYALEV	CoverMyMeds		
VYEPTI		Availity	
VYJUVEK		Availity	
VYKAT XR	CoverMyMeds		
VYLOY		Availity	
VYNDAMAX	CoverMyMeds		
VYNDAQEL	CoverMyMeds		
VYONDYS 53		Availity	
VYVGART		Availity	
VYVGART HYTRULO PREFILLED SYRINGE	CoverMyMeds		
VYVGART HYTRULO VIAL		Availity	
VYXEOS		Availity	
WAINUA	CoverMyMeds		
WAKIX	CoverMyMeds		
WASKYRA		Availity	
WAYRILZ	CoverMyMeds		
WELIREG	CoverMyMeds		
WEZLANA IV		Availity	
WEZLANA SC	CoverMyMeds	Availity	
WILATE	Availity		

WINLEVI	CoverMyMeds		
WINREVAIR	CoverMyMeds	Availity	
WYOST		Availity	
XALKORI	CoverMyMeds		
XBRYK SC		Availity	
XDEMY	CoverMyMeds		
XELJANZ	CoverMyMeds		
XELJANZ XR	CoverMyMeds		
XEMBIFY	CoverMyMeds		
XENAZINE	CoverMyMeds		
XENPOZYME		Availity	
XEOMIN		Availity	
XERMELO	CoverMyMeds		
XGEVA		Availity	
XHANCE	CoverMyMeds		
XIAFLEX		Availity	
XIFAXAN	CoverMyMeds		
XIIDRA	CoverMyMeds		
XODOL	CoverMyMeds		
XOFIGO		Availity	
XOLAIR	CoverMyMeds	Availity	
XOLREMDI	CoverMyMeds		
XOSPATA	CoverMyMeds		
XPHOZAH	CoverMyMeds		
XPOVIO	CoverMyMeds		
XTAMPZA ER	CoverMyMeds		
XTANDI	CoverMyMeds		
XTRENBO		Availity	
XURIDEN	CoverMyMeds		
XYNTHA	Availity		
XYNTHA SOLOFUSE	Availity		
XYOSTED	CoverMyMeds		
XYREM	CoverMyMeds		
XYVONA	CoverMyMeds		
XYWAV	CoverMyMeds		
YARGESA	CoverMyMeds		
YARTEMLEA		Availity	
YCANTH		Availity	
YERVOY		Availity	
YESCARTA		Availity	
YESINTEK IV		Availity	
YESINTEK SC	CoverMyMeds	Availity	
YEZTUGO SC		Availity	
YEZTUGO TABLETS	CoverMyMeds		
YONDELIS		Availity	
YONSA	CoverMyMeds		
YORVIPATH	CoverMyMeds		
YOSPRALA	CoverMyMeds		
YUFLYMA	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
YUFLYMA 1-PEN KIT	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
YUFLYMA 2-PEN KIT	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
YUFLYMA 2-SYRINGE KIT	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
YUSIMRY	CoverMyMeds		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
YUTIQ		Availity	
YUTREPIA	CoverMyMeds		
ZALTRAP		Availity	
ZARXIO	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
ZAVESCA	CoverMyMeds		
ZAVZPRET	CoverMyMeds		
ZEGFROVY	CoverMyMeds		
ZEJULA	CoverMyMeds		
ZELBORAF	CoverMyMeds		
ZELSUVMI GEL	CoverMyMeds		
ZELVYSIA POWDER	CoverMyMeds		
ZEMAIRA		Availity	
ZEPATIER	CoverMyMeds		
ZEPOSIA	CoverMyMeds		

ZEPOSIA 7-DAY STARTER PACK	CoverMyMeds		
ZEPOSIA STARTER KIT	CoverMyMeds		
ZEPZELCA		Availity	
ZERVIATE	CoverMyMeds		
ZEVALIN Y-90		Availity	
ZEVASKYN		Availity	
ZIEXTENZO	CoverMyMeds	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
ZIIHERA		Availity	
ZILBRYSQ	CoverMyMeds		
ZILEUTON ER	CoverMyMeds		
ZILRETTA		Availity	
ZINPLAVA		Availity	
ZIRABEV		Availity	
ZOKINVY	CoverMyMeds		
ZOLADEX		Availity	
ZOLEDRONIC ACID		Availity	
ZOLGENSMA 17.6-18.0 KG		Availity	
ZOLINZA	CoverMyMeds		
ZOMACTON	CoverMyMeds		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
ZONALON	CoverMyMeds		
ZORYVE	CoverMyMeds		
ZTALMY	CoverMyMeds		
ZTLIDO	CoverMyMeds		
ZULRESSO		Availity	
ZURZUVAE	CoverMyMeds		
ZUSDURI		Availity	
ZYCLARA	CoverMyMeds		
ZYCLARA PUMP	CoverMyMeds		
ZYDELIG	CoverMyMeds		
ZYKADIA	CoverMyMeds		
ZYMFENTRA	CoverMyMeds		
ZYNLONTA		Availity	
ZYNTEGLO		Availity	
ZYNYZ		Availity	
ZYTIGA	CoverMyMeds		