

# Medications Requiring Prior Authorization for Medical Necessity

Below is a list of medicines by drug class that will not be covered without a prior authorization for medical necessity. If you continue using one of these drugs without prior approval for medical necessity, you may be required to pay the full cost.

If you are currently using one of the drugs requiring prior authorization for medical necessity, ask your doctor to choose one of the generic or brand formulary options listed below.

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
Allergies Antihistamines	carbinoxamine tablet 6 mg	levocetirizine
Allergies Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA
Anticonvulsants	ZONEGRAN	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT
Anti-infectives, Antibacterials Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	erythromycins
Anti-infectives, Antibacterials Tetracyclines	ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	doxycycline hyclate, minocycline, tetracycline
Anti-infectives, Antibacterials Miscellaneous	MACRODANTIN	nitrofurantoin
Anti-infectives, Antivirals Cytomegalovirus *	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis C *	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>
	DAKLINZA TECHNIVIE VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals Herpes *	VALTREX	acyclovir, valacyclovir
Anti-inflammatory Steroidal, Ophthalmic	FML LIQUIFILM PRED FORTE	dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
Antiobesity	CONTRAVE QSYMIA	BELVIQ, BELVIQ XR, SAXENDA
Asthma * Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	levalbuterol tartrate CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK
Asthma * Severe Asthma Agents	FASENRA	DUPIXENT, NUCALA

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<i>Asthma</i> * Steroid Inhalants	ALVESCO	ARNUITY ELLIPTA, ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR, QVAR REDIHALER
<i>Asthma</i> * or <i>Chronic Obstructive Pulmonary Disease (COPD)</i> * Steroid / Beta Agonist Combinations	DULERA	ADVAIR, BREO ELLIPTA, SYMBICORT
<i>Attention Deficit Hyperactivity Disorder</i> *	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
<i>Autoimmune Conditions</i>	ACTEMRA	ENBREL, HUMIRA, KEVZARA, XELJANZ, XELJANZ XR
	CIMZIA	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
	ENTYVIO	HUMIRA, XELJANZ
	KINERET	ENBREL, HUMIRA, KEVZARA, XELJANZ, XELJANZ XR
	ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
	SIMPONI	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
	TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
<i>Cancer</i> Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
<i>Cancer</i> Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide, XTANDI</i>
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	<i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations <sup>3</sup>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	PRALUENT	REPATHA
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>

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<i>Cardiovascular Diuretics</i>	DYRENIUM	<i>amiloride</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Depression *</i> Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA EFFEXOR XR	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression *</i> Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
<i>Depression and/or Schizophrenia *</i> Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
<i>Dermatology Acne *</i>	<i>Vanoxide-HC</i> ACANYA BENZACLIN ONEXTON VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC</i>
<i>Dermatology Actinic Keratosis *</i>	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
<i>Dermatology Antipsoriatics</i>	<i>calcipotriene cream calcitriol ointment</i> SORILUX VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>
<i>Dermatology Atopic Dermatitis *</i>	<i>doxepin cream</i>	<i>desonide, hydrocortisone, tacrolimus, ELIDEL, EUCRISA</i>
<i>Dermatology Rosacea *</i>	NORITATE	<i>metronidazole, FINACEA, SOOLANTRA</i>
<i>Dermatology Seborrheic Dermatitis *</i>	XOLEGEL	<i>ciclopirox, ketoconazole</i>
<i>Dermatology Skin Inflammation and Hives *</i> Corticosteroids	<i>hydrocortisone 1% in absorbase (NDCs<sup>^</sup> 69499032210, 69499034325 only)</i>	<i>desonide, hydrocortisone</i>
	<i>clobetasol spray CLOBEX SPRAY OLUX-E</i>	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream</i>
	<i>flurandrenolide ointment CORDRAN OINTMENT</i>	<i>clocortolone, hydrocortisone butyrate, mometasone, triamcinolone</i>
	<i>diflorasone cream diflorasone ointment APEXICON E PSORCON</i>	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%)</i>

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<i>Dermatology</i> Wound Care Products	<i>Alevicyn solution</i> ALEVICYN GEL ALEVICYN KIT ALEVICYN SG	<i>desonide, hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A BENSAL HP NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
<i>Diabetes</i> * Biguanides	FORTAMET (and its generics) GLUMETZA (and its generics) RIOMET	<i>metformin, metformin ext-rel</i> (except generic FORTAMET or GLUMETZA)
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR OSENI	JANUMET, JANUMET XR
<i>Diabetes</i> * Injectable Incretin Mimetics	BYDUREON BYETTA	OZEMPIC, TRULICITY, VICTOZA
<i>Diabetes</i> * Insulins	APIDRA HUMALOG  HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 <sup>4</sup> HUMULIN N <sup>4</sup> HUMULIN R <sup>4</sup>  NOTE: <i>Humulin R U-500</i> <i>concentrate will not be subject to prior</i> <i>authorization and will continue to be covered.</i>	FIASP, NOVOLOG  NOVOLOG MIX 70/30 NOVOLOG MIX 70/30 NOVOLIN 70/30 <sup>4</sup> NOVOLIN N <sup>4</sup> NOVOLIN R <sup>4</sup>
<i>Diabetes</i> * Long Acting Insulins	LANTUS TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
<i>Diabetes</i> * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<i>Diabetes</i> * Supplies, Needles <sup>5</sup>	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES

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<i>Diabetes</i> * Supplies, Syringes <sup>5</sup>	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
<i>Diabetes</i> * Supplies, Test Strips and Kits <sup>6, 7</sup>	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ONETOUCH ULTRA STRIPS AND KITS ONETOUCH VERIO STRIPS AND KITS All other test strips that are not ACCU-CHEK brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>6</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>6</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>6</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>6</sup>
<i>Dietary Supplements</i>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Dexifol</i> <i>Folika-T</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> <i>TronVite</i> <i>Xvite</i> FERIVA 21/7 FOLIC-K FOLIKA-D FOLIKA-V MEBOLIC NICAPRIN NICAZEL NICAZEL FORTE OMNIVEX ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	VASCULERA	Consult doctor
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
<i>Gastrointestinal</i> Anticholinergics	GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
<i>Gastrointestinal</i> Antiemetics	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal</i> Laxatives	<i>lactulose pak</i>	<i>lactulose solution</i>
<i>Gastrointestinal</i> Opioid-induced Constipation	RELISTOR	MOVANTIK
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	<i>omeprazole-sodium bicarbonate</i> NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CERESZYME

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<i>Genitourinary</i> Interstitial Cystitis	RIMSO-50	Consult doctor
<i>Growth Hormones</i>	NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, HUMATROPE
<i>Hematologic</i> Anticoagulants (oral)	PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO
<i>Hematologic</i> Erythropoiesis-Stimulating Agents	EPOGEN PROCRIT	ARANESP, RETACRIT
<i>Hematologic</i> Hemophilia A	ELOCTATE HELIXATE FS	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic</i> Hemophilia B	ALPROLIX	Consult doctor
<i>Hematologic</i> Hereditary Angioedema	BERINERT	RUCONEST
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	FULPHILA	NEULASTA, UDENYCA
	GRANIX NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel</i> , BRILINTA
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan -hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<i>Matzim</i> LA CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics)	<i>diltiazem ext-rel</i> (except generic of CARDIZEM LA)
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine</i> , AUSTEDO

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<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i>
	COLAZAL	<i>balsalazide</i>
<i>Kidney Disease *</i> Phosphate Binders	FOSRENOL	<i>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<i>Multiple Sclerosis</i>	EXTAVIA	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA, TYSABRI</i>
<i>Musculoskeletal</i>	<i>chlorzoxazone 250 mg</i> (NDC <sup>^</sup> 69499033060 only) AMRIX CHLORZOXAZONE 250 MG (NDC <sup>^</sup> 46672086046 only)	<i>cyclobenzaprine</i>
<i>Narcolepsy</i> Wakefulness Promoters	NUVIGIL	<i>armodafinil</i>
<i>Ophthalmic</i> Miscellaneous	AVENOVA	Consult doctor
<i>Opioid Reversal</i>	EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>
<i>Osteoarthritis *</i> Viscosupplements	EUFLEXXA HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC ONE	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
<i>Osteoporosis *</i>	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
<i>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>
<i>Pain</i> Headache *	<i>butalbital-acetaminophen</i> (NDC <sup>^</sup> 69499034230 only) <i>butalbital-acetaminophen-caffeine capsule</i> FIORICET CAPSULE VANATOL LQ VANATOL S	<i>diclofenac sodium, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> CAFERGOT	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
<i>Pain</i> Opioid Analgesics	LAZANDA	<i>fentanyl transmucosal lozenge, ABSTRAL, SUBSYS</i>
	<i>levorphanol</i>	<i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, EMBEDA, HYSINGLA ER, NUCYNDA ER, OXYCONTIN</i>
	PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNDA</i>
<i>Pain</i> Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM LIDOTREX	<i>lidocaine-prilocaine</i>
<i>Pain and Inflammation *</i> Corticosteroids	<i>Dexpak</i> MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>

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<i>Pain and Inflammation</i> * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	<i>diclofenac sodium gel 1% (NDC<sup>^</sup> 69499031866 only) Dicloflex DC (NDC<sup>^</sup> 51021037201 only) Diclosaicin Inflammacin NuDiclo SoluPak NuDiclo TabPak Xelitral PENNSAID</i>	<i>diclofenac sodium, diclofenac sodium gel 1% (except NDC<sup>^</sup> 69499031866), diclofenac sodium solution, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>fenoprofen capsule naproxen CR CAMBIA FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX</i>	<i>diclofenac sodium, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>naproxen suspension</i>	<i>ibuprofen suspension</i>
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin, GRALISE</i>
<i>Prostate Condition Benign Prostatic Hyperplasia</i> *	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
	UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
<i>Respiratory Alpha-1 Antitrypsin Deficiency</i>	PROLASTIN-C ZEMAIRA	ARALAST NP, GLASSIA
<i>Respiratory Cough</i>	<i>benzonatate (NDCs<sup>^</sup> 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDCs<sup>^</sup> 69336012615, 69499032915)</i>
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
<i>Testosterone Replacement</i> * Androgens	<i>testosterone gel 1% <sup>8</sup> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO</i>	<i>testosterone gel, testosterone solution, ANDRODERM, ANDROGEL 1.62%</i>
<i>Thyroid Supplements</i>	TIROSINT	<i>levothyroxine, SYNTHROID</i>



Category/ Drug Class	Other Considerations
Autoimmune and Hepatitis C *	For some clients, an Indication-Based Formulary will be utilized for products in these classes and may result in additional products not covered without a medical exception.
Drugs for Infusion Into Spaces Other Than the Blood	A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit.
Generics	Limited source generics may be evaluated when appropriate and potentially not be covered without a medical exception.
Hyperinflation	On a quarterly basis, products with significant cost inflation that have clinically appropriate and more cost-effective alternatives may be evaluated and potentially not be covered without a medical exception.
New-to-Market Agents <sup>1</sup>	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark® National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.
Specialty	As new specialty products launch, as well as quarterly throughout the year, CVS Caremark will re-evaluate existing specialty products to determine appropriate formulary placement, which includes potentially not covering without a medical exception, adding back or deleting these products.

The listed formulary options are subject to change.

List of Drugs Requiring Prior Authorization for Medical Necessity		
ABILIFY ACANYA ACTEMRA ACTICLATE ACTOS ADDERALL XR ALCORTIN A ALEVICYN GEL ALEVICYN KIT ALEVICYN SG <i>Alevicyn solution</i> ALLISON MEDICAL INSULIN SYRINGES <sup>5</sup> ALPROLIX ALTOPREV ALVESCO AMRIX ANDROGEL 1% APEXICON E APIDRA ARTHROTEC ASACOL HD ATACAND ATACAND HCT AVENOVA BECONASE AQ BENICAR BENICAR HCT BENSAL HP BENZACLIN <i>benzonatate</i> (NDCs <sup>a</sup> 69336012615, 69499032915 only) BERINERT BETAPACE BETAPACE AF BREEZE 2 STRIPS AND KITS <sup>7</sup> <i>butalbital-acetaminophen</i> (NDC <sup>a</sup> 69499034230 only) <i>butalbital-acetaminophen-caffeine capsule</i> BYDUREON BYETTA CAFERGOT <i>calcipotriene cream</i> <i>calcitriol ointment</i> CAMBIA CARAC <i>carbinoxamine tablet 6 mg</i> CARDIZEM CARDIZEM CD	CARDIZEM LA (and its generics) CARNITOR CARNITOR SF <i>chlorthalozone 250 mg</i> (NDC <sup>a</sup> 69499033060 only) CHLORZOXAZONE 250 MG (NDC <sup>a</sup> 46672086046 only) CIMZIA <i>clobetasol spray</i> CLOBEX SPRAY COLAZAL CONTOUR NEXT STRIPS AND KITS <sup>7</sup> CONTOUR STRIPS AND KITS <sup>7</sup> CONTRAVE CORDRAN OINTMENT CRESTOR CYMBALTA DAKLINZA DELZICOL DETROL LA <i>Dexifol</i> <i>Dexpak</i> <i>diclofenac sodium gel 1%</i> (NDC <sup>a</sup> 69499031866 only) <i>Diclofex DC</i> (NDC <sup>a</sup> 51021037201 only) <i>Diclosaicin</i> <i>diflorasone cream</i> <i>diflorasone ointment</i> <i>dihydroergotamine spray</i> DIOVAN DIOVAN HCT DORYX DORYX MPC <i>doxepin cream</i> DULERA DUTOPROL DYRENIUM EDARBI EDARBICLOR E.E.S. GRANULES EFFEXOR XR ELELYSO ELOCTATE ENABLEX ENTYVIO EPOGEN ERYPED EUFLEXXA EVZIO	EXFORGE EXFORGE HCT EXTAVIA FANAPT FASENRA <i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG <i>fenoprofen capsule</i> FENOPROFEN CAPSULE FERIVA 21/7 FIORICET CAPSULE <i>fluocinonide cream 0.1%</i> <i>flurouracil cream 0.5%</i> <i>flurandrenolide ointment</i> FML LIQUIFILM FOLIC-K FOLIKA-D <i>Folika-T</i> FOLIKA-V FOLLISTIM AQ FORTAMET (and its generics) FORTESTA FOSRENOL FOSTEUM FOSTEUM PLUS FREESTYLE STRIPS AND KITS <sup>7</sup> FULPHILA <i>Genicin Vita-S</i> GLEEVEC GLUMETZA (and its generics) GLYCOPYRROLATE TABLET 1.5 MG GRANIX HELIXATE FS HORIZANT HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 <sup>4</sup> HUMULIN N <sup>4</sup> HUMULIN R <sup>4</sup> HYALGAN <i>hydrocortisone 1% in absorbase</i> (NDCs <sup>a</sup> 69499032210, 69499034325 only) <i>HylaVite</i> INDOCIN <i>Inflammacin</i>

INTERMEZZO	NUVIGIL	TALTZ
INTUNIV	OLEPTRO	TARGADOX
INVOKAMET	OLUX-E	TASIGNA
INVOKAMET XR	<i>omeprazole-sodium bicarbonate</i>	TECHNIVIE
INVOKANA	OMNARIS	TESTIM
JALYN	OMNITROPE	<i>testosterone gel 1%<sup>8</sup></i>
JENTADUETO	OMNIVEX	TIROSINT
JENTADUETO XR	ONETOUCH ULTRA STRIPS AND KITS <sup>7</sup>	TOBI
KAZANO	ONETOUCH VERIO STRIPS AND KITS <sup>7</sup>	TOBI PODHALER
KINERET	ONEXTON	TOUJEO
KOMBIGLYZE XR	ONGLYZA	TRADJENTA
<i>lactulose pak</i>	ORENCIA CLICKJECT	TRICOR
LANOXIN TABLET (125 MCG and 250 MCG only)	ORENCIA INTRAVENOUS	TRIVIDIA INSULIN SYRINGES <sup>5</sup>
LANTUS	ORENCIA SUBCUTANEOUS	<i>TronVite</i>
LAZANDA	ORTHO DF	TUDORZA
LESCOL XL	ORTHOVISC	ULTIMED INSULIN SYRINGES <sup>5</sup>
<i>levorphanol</i>	OSENI	ULTIMED NEEDLES <sup>5</sup>
LIDOCAINE-TETRACAINE CREAM	OWEN MUMFORD NEEDLES <sup>5</sup>	UROXATRAL
LIDOTREX	OXYTROL	VALCYTE
LIPITOR	PENNSAID	VALTREX
LIVALO	PERRIGO NEEDLES <sup>5</sup>	VANATOL LQ
<i>Lorid</i>	PLAVIX	VANATOL S
LUNESTA	PRADAXA	<i>Vanoxide-HC</i>
MACRODANTIN	PRALUENT	VASCULERA
<i>Matzim LA</i>	PRED FORTE	VECTICAL
MAVYRET	PREVACID	VELTIN
MEBOLIC	PRIMLEV	<i>venlafaxine ext-rel tablet (except 225 mg)</i>
MIACALCIN INJECTION	PROCRIT	VENTOLIN HFA
MIACALCIN NASAL SPRAY	PROLASTIN-C	VIAGRA
MILLIPRED	PROTONIX	VIEKIRA PAK
MINOCIN	PROVENTIL HFA	VOGELXO
MONOVISC	PSORCON	<i>Xeltral</i>
NAPRELAN	QNASL	XENAZINE
<i>naproxen CR</i>	QSYMIA	XOLEGEL
<i>naproxen suspension</i>	RAYOS	XOPENEX HFA
NATESTO	RELISTOR	<i>Xvite</i>
NESINA	RHEUMATE	XYZBAC
NEUPOGEN	RIBOZEL	ZARXIO
NEXIUM	RIMSO-50	ZEGERID
NICAPRIN	RIOMET	ZEMAIRA
NICAZEL	ROZEREM	ZEPATIER
NICAZEL FORTE	SAIZEN	ZETIA
NILANDRON	SEROQUEL XR	ZETONNA
NORDITROPIN	SIMPONI	ZIANA
NORITATE	SORILUX	ZOLPIMIST
NORVASC	SPRIX	ZONEGRAN
NOVACORT	STENDRA	ZORVOLEX
NOVO NORDISK NEEDLES <sup>5</sup>	SYNERDERM	ZUPLENZ
<i>NuDido SoluPak</i>	SYNVISC	ZYTIGA
<i>NuDido TabPak</i>	SYNVISC-ONE	ZYVIT
NUTROPIN AQ	TALIVA	

There may be additional drugs subject to prior authorization or other plan design restrictions. Please consult your plan for further information.

This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug options. Log in to [Caremark.com](http://Caremark.com) to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change.

Subject to applicable laws and regulations.

<sup>^</sup> Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

<sup>\*</sup> This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

<sup>1</sup> If your doctor believes you have a specific clinical need for one of these products, he or she should contact the Prior Authorization department at: 1-855-240-0536.

<sup>2</sup> For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

<sup>3</sup> If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.

<sup>4</sup> Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).

<sup>5</sup> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>6</sup> An ACCU-CHEK blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

<sup>7</sup> ACCU-CHEK brand test strips are the only preferred options.

<sup>8</sup> Listing reflects the authorized generics for TESTIM and VOGELXO.

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