

Medications Requiring Prior Authorization for Medical Necessity for Clients with Advanced Control Specialty Formulary®

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 ¹	Formulary Options
<i>Acromegaly</i>	SANDOSTATIN LAR	SOMATULINE DEPOT, SOMAVERT
<i>Allergies</i> Antihistamines	<i>carbinoxamine tablet 6 mg</i>	<i>levocetirizine</i>
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
<i>Anticonvulsants</i>	LAMICTAL LAMICTAL ODT LAMICTAL XR ZONEGRAN	<i>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, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
	ONFI	<i>clobazam, lamotrigine, topiramate, TROKENDI XR</i>
	SABRIL	<i>vigabatrin</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate, minocycline, tetracycline</i>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus *	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals</i> Hepatitis B *	BARACLUDE TABLET EPIVIR HBV HEPSERA VEMLIDY	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION</i>
<i>Anti-infectives, Antivirals</i> Hepatitis C *	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
	DAKLINZA VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals</i> Herpes *	VALTRESX	<i>acyclovir, valacyclovir</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Anti-inflammatory Steroidal, Ophthalmic</i>	FML LIQUIFILM PRED FORTE	<i>dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
<i>Antiobesity</i>	CONTRACE QSYMIA	BELVIQ, BELVIQ XR, SAXENDA
<i>Anxiety * Benzodiazepines</i>	XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
<i>Asthma * Beta Agonists, Short-Acting</i>	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK</i>
<i>Asthma * Leukotriene Modulators</i>	SINGULAIR	<i>montelukast, zafirlukast, zileuton ext-rel</i>
<i>Asthma * Severe Asthma Agents</i>	FASENRA	DUPIXENT, NUCALA
<i>Asthma * Steroid Inhalants</i>	ALVESCO	ARNUITY ELLIPTA, ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR, QVAR REDIHALER
<i>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations</i>	DULERA	ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT
<i>Attention Deficit Hyperactivity Disorder *</i>	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
	EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
<i>Autoimmune Agents Ankylosing Spondylitis *</i>	CIMZIA SIMPONI	COSENTYX, ENBREL, HUMIRA
<i>Autoimmune Agents Crohn's Disease *</i>	CIMZIA ENTYVIO	HUMIRA, STELARA SUBCUTANEOUS (after failure of HUMIRA)
<i>Autoimmune Agents Psoriasis *</i>	CIMZIA COSENTYX ENBREL	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ
<i>Autoimmune Agents Psoriatic Arthritis *</i>	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA
<i>Autoimmune Agents Rheumatoid Arthritis *</i>	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, XELJANZ, XELJANZ XR
<i>Autoimmune Agents Ulcerative Colitis *</i>	ENTYVIO XELJANZ	HUMIRA, SIMPONI

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Autoimmune Agents</i> All Other Conditions*	ACTEMRA KINERET ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA
<i>Cancer</i> Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide</i> , XTANDI
<i>Cancer</i> Prostate * Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT (For Prostate Cancer Only)	ELIGARD
<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</i> (except <i>fenofibrate tablet 120 mg</i>), <i>fenofibric acid</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	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>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors	ADCIRCA REVATIO	<i>sildenafil, tadalafil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
<i>Contraceptives</i> Monophasic	BEYAZ MINASTRIN 24 FE YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, SAFYRAL</i>
<i>Contraceptives</i> Progestin Intrauterine Devices	LILETTA	KYLEENA, MIRENA, SKYLA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Contraceptives Triphasic</i>	ORTHO TRI-CYCLEN LO	<i>ethinyl estradiol-norgestimate</i>
<i>Cystic Fibrosis * Inhaled Antibiotics</i>	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Dental Cavity/Caries Prevention</i>	PREVIDENT	Consult doctor
<i>Depression * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)</i>	LEXAPRO PROZAC	<i>citalopram, escitalopram, fluoxetine, paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</i>
<i>Depression * Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)</i>	<i>venlafaxine ext-rel tablet (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ</i>	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression * Antidepressants, Miscellaneous Agents</i>	OLEPTRO	<i>trazodone</i>
<i>Depression and/or Schizophrenia * Antipsychotics, Atypicals</i>	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
<i>Dermatology Acne *</i>	<i>Vanoxide-HC ACANYA BENZACLIN ONEXTON VELTIN ZIANA</i>	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, RETIN-A MICRO, TAZORAC</i>
<i>Dermatology Actinic Keratosis *</i>	<i>fluorouracil cream 0.5% CARAC</i>	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
<i>Dermatology Antibiotics</i>	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
<i>Dermatology Antipsoriatics</i>	<i>calcipotriene cream calcitriol ointment SORILUX VECTICAL</i>	<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>	FINACEA GEL NORITATE	<i>metronidazole, FINACEA FOAM, SOOLANTRA</i>
<i>Dermatology Seborrheic Dermatitis *</i>	XOLEGEL	<i>ciclopirox, ketoconazole</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Dermatology Skin Inflammation and Hives * Corticosteroids	clobetasol spray CLOBEX SPRAY OLUX-E	clobetasol foam
	fluocinonide cream 0.1%	clobetasol cream
	flurandrenolide ointment CORDRAN OINTMENT	clocortolone, hydrocortisone butyrate, mometasone, triamcinolone
	diflorasone cream diflorasone ointment APEXICON E PSORCON	desoximetasone, fluocinonide (except fluocinonide cream 0.1%)
Dermatology Wound Care Products	Alevicyn solution ALEVICYN GEL ALEVICYN KIT ALEVICYN SG	desonide, hydrocortisone
Dermatology Miscellaneous Skin Conditions	ALCORTIN A BENSAL HP NOVACORT SYNERDERM	desonide, hydrocortisone
Diabetes * Biguanides	FORTAMET (and its generics) GLUMETZA (and its generics) RIOMET	metformin, metformin ext-rel (except generic FORTAMET or GLUMETZA)
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR OSENİ	JANUMET, JANUMET XR
Diabetes * Injectable Incretin Mimetics	BYDUREON BYETTA	OZEMPIC, TRULICITY, VICTOZA
Diabetes * Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ⁴	NOVOLIN 70/30 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	NOTE: Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.	
Diabetes * Long Acting Insulins	LANTUS TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
Diabetes * Insulin Sensitizers	ACTOS	pioglitazone
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<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 ⁵	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
<i>Diabetes</i> * Supplies, Syringes ⁵	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 ^{6,7}	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 ⁶ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁶ , ACCU-CHEK GUIDE STRIPS AND KITS ⁶ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁶
<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>
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
<i>Estrogen Replacement</i> *	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Fertility</i> *	BRAVELLE FOLLISTIM AQ	GONAL-F
	CHORIONIC GONADOTROPIN NOVAREL PREGNYL	OVIDREL

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Gastrointestinal Anticholinergics</i>	GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
<i>Gastrointestinal Antiemetics</i>	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal Laxatives</i>	<i>lactulose pak</i>	<i>lactulose solution</i>
<i>Gastrointestinal Opioid-induced Constipation</i>	RELISTOR	MOVANTIK
<i>Gastrointestinal Proton Pump Inhibitors (PPIs)</i>	<i>omeprazole-sodium bicarbonate</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary Interstitial Cystitis</i>	RIMSO-50	Consult doctor
<i>Gout *</i>	COLCRYS	<i>colchicine tablet</i>
<i>Growth Hormones</i>	GENOTROPIN NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE
<i>Hematologic Anticoagulants (oral)</i>	COUMADIN	<i>warfarin</i>
	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic Erythropoiesis-Stimulating Agents</i>	EPOGEN PROCRIT	ARANESP, RETACRIT
<i>Hematologic Hemophilia A *</i>	ELOCTATE HELIXATE FS	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic Hemophilia B *</i>	ALPROLIX	Consult doctor
<i>Hematologic Hereditary Angioedema *</i>	BERINERT	RUCONEST
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	FULPHILA	NEULASTA, UDENYCA
	GRANIX NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
<i>High Blood Pressure * Angiotensin II Receptor Antagonists</i>	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<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-blockers	TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
High Blood Pressure * 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 LA</i> CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics)	<i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Antimetabolites	CELLCEPT MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>
	RAPAMUNE ZORTRESS	<i>sirolimus</i>
<i>Immunology</i> Calcineurin Inhibitors	ASTAGRAF XL ENVARUSUS XR	<i>cyclosporine; cyclosporine, modified; tacrolimus</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL LIALDA	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, PENTASA</i>
	COLAZAL	<i>balsalazide</i>
<i>Interferons</i> *	PEGASYS	Consult doctor
<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>	AMRIX CHLORZOXAZONE 250 MG (NDCs [^] 46672086046, 69499033060 only)	<i>cyclobenzaprine</i>
<i>Narcolepsy</i> Wakefulness Promoters	NUVIGIL	<i>armodafinil</i>
<i>Nephropathic Cystinosis</i>	PROCYSBI	CYSTAGON

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Dependency	SUBOXONE	<i>buprenorphine-naloxone sublingual</i> , ZUBSOLV
Opioid Reversal	EVZIO	<i>naloxone injection</i> , NARCAN NASAL SPRAY
Osteoarthritis * Viscosupplements	EUFLEXXA HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
Osteoporosis * Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate</i> , FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
Overactive Bladder / Incontinence * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel</i> , MYRBETRIQ, TOVIAZ
Pain Headache *	<i>butalbital-acetaminophen</i> (NDC [^] 69499034230 only) <i>butalbital-acetaminophen-caffeine capsule</i> FIORICET CAPSULE VANATOL LQ VANATOL S	<i>diclofenac sodium, ibuprofen, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
	<i>dihydroergotamine spray</i> CAFERGOT	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
Pain Opioid Analgesics	LAZANDA	<i>fentanyl transmucosal lozenge</i> , ABSTRAL, SUBSYS
	<i>levorphanol</i>	<i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel</i> , EMBEDA, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
	PERCOCET PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen</i> , NUCYNTA
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM LIDOTREX	<i>lidocaine-prilocaine</i>
Pain and Inflammation * Corticosteroids	<i>Dexpak</i> MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Pain and Inflammation</i> * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole, or DEXILANT</i>
	<i>diclofenac sodium gel 1% (NDC[^] 69499031866 only)</i> <i>Diclofex DC (NDC[^] 51021037201 only)</i> <i>Dicloaicin</i> <i>Inflammacin</i> <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> <i>Xelitral</i> PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1% (except NDC[^] 69499031866), diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>fenoprofen capsule</i> <i>naproxen CR</i> CAMBIA FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>naproxen suspension</i>	<i>ibuprofen</i>
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin, GRALISE</i>
<i>Prostate Condition</i> Benign Prostatic Hyperplasia *	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
<i>Respiratory</i> Alpha-1 Antitrypsin Deficiency	ZEMAIRA	ARALAST NP, GLASSIA, PROLASTIN-C
<i>Respiratory</i> Cough	<i>benzonatate (NDCs[^] 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDCs[^] 69336012615, 69499032915)</i>
<i>Sleep Disorder</i> Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
<i>Testosterone Replacement</i> * Androgens	<i>testosterone gel 1% ⁸</i> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel, testosterone solution, ANDRODERM</i>
<i>Thyroid Supplements</i>	TIROSINT	<i>levothyroxine, SYNTHROID</i>
<i>Transplant</i> * Immunosuppressants, Calcineurin Inhibitors	PROGRAF	<i>tacrolimus</i>
<i>Urea Cycle Disorders</i>	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</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 ¹	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 ACIPHEX ACIPHEX SPRINKLE ACTEMRA ACTICLATE ACTOS ADCIRCA ADDERALL XR ALCORTIN A ALEVICYN GEL ALEVICYN KIT ALEVICYN SG <i>Alevicyn solution</i> ALLISON MEDICAL INSULIN SYRINGES ⁵ ALPROLIX ALTOPREV ALVESCO AMRIX ANDROGEL 1% APEXICON E APIDRA ARTHROTEC ASACOL HD ASTAGRAF XL ATACAND ATACAND HCT AVENOVA BARACLUDE TABLET BECONASE AQ BENICAR BENICAR HCT BENSAL HP BENZACLIN <i>benzonatate</i> (NDCs ⁴ 69336012615, 69499032915 only) BERINERT BETAPACE BETAPACE AF BEYAZ BRAVELLE BREEZE 2 STRIPS AND KITS ⁷ BUPHENYL <i>butalbital-acetaminophen</i> (NDC ⁴ 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 CELLCEPT CHLORZOXAZONE 250 MG (NDCs ⁴ 46672086046, 69499033060 only) CHORIONIC GONADOTROPIN CIALIS CIMZIA <i>clobetasol spray</i> CLOBEX SPRAY COLAZAL COLCRYS CONTOUR NEXT STRIPS AND KITS ⁷ CONTOUR STRIPS AND KITS ⁷ CONTRAVE CORDRAN OINTMENT COUMADIN CRESTOR CYMBALTA DAKLINZA DELZICOL DETROL LA <i>Dexifol</i> <i>Dexpak</i> <i>diclofenac sodium gel 1%</i> (NDC ⁴ 69499031866 only) <i>Diclofenac DC</i> (NDC ⁴ 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 EDARBYCLOR E.E.S. GRANULES EFFEXOR XR ELELYSO ELOCTATE ENABLEX ENTYVIO ENVARSUS XR EPIVIR HBV EPOGEN ERYPED EUFLEXXA EVEKEO 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 FINACEA GEL 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 ⁷ FULPHILA <i>Genicin Vita-S</i> GENOTROPIN
---	--	--

GLEEVEC	<i>NuDiclo SoluPak</i>	TOUJEO
GLUMETZA (and its generics)	<i>NuDiclo TabPak</i>	TRADJENTA
GLYCOPYRROLATE TABLET 1.5 MG	NUTROPIN AQ	TRICOR
GRANIX	NUVIGIL	TRIVIDIA INSULIN SYRINGES ⁵
HELIXATE FS	OLEPTRO	<i>TronVite</i>
HEPSERA	OLUX-E	TUDORZA
HORIZANT	<i>omeprazole-sodium bicarbonate</i>	ULTIMED INSULIN SYRINGES ⁵
HUMALOG	OMNARIS	ULTIMED NEEDLES ⁵
HUMALOG MIX 50/50	OMNITROPE	UROXATRAL
HUMALOG MIX 75/25	OMNIVEX	VALCYTE
HUMULIN 70/30 ⁴	ONETOUCH ULTRA STRIPS AND KITS ⁷	VALTRES
HUMULIN N ⁴	ONETOUCH VERIO STRIPS AND KITS ⁷	VANATOL LQ
HUMULIN R ⁴	ONEXTON	VANATOL S
HYALGAN	ONFI	<i>Vanoxide-HC</i>
<i>HylaVite</i>	ONGLYZA	VASCULERA
INDOCIN	ORENCIA INTRAVENOUS	VECTICAL
<i>Inflammacin</i>	ORTHO DF	VELTIN
INTERMEZZO	ORTHO TRI-CYCLEN LO	VEMLIDY
INTUNIV	ORTHOVISC	<i>venlafaxine ext-rel tablet (except 225 mg)</i>
INVOKAMET	OSENI	VENTOLIN HFA
INVOKAMET XR	OTREXUP	VIAGRA
INVOKANA	OWEN MUMFORD NEEDLES ⁵	VIEKIRA PAK
JALYN	OXYTROL	VIVELLE-DOT
JENTADUETO	PEGASYS	VOGELXO
JENTADUETO XR	PENNSAID	XANAX
KAZANO	PERCOCET	XANAX XR
KINERET	PERRIGO NEEDLES ⁵	<i>Xeltral</i>
KOMBIGLYZE XR	PLAVIX	XENAZINE
<i>lactulose pak</i>	PRADAXA	XOLEGEL
LAMICTAL	PRALUENT	XOPENEX HFA
LAMICTAL ODT	PRED FORTE	<i>Xvite</i>
LAMICTAL XR	PREGNYL	XYZBAC
LANOXIN TABLET (125 MCG and 250 MCG only)	PREVACID	YAZ
LANTUS	PREVIDENT	ZARXIO
LAZANDA	PRIMLEV	ZEGERID
LESCOL XL	PRISTIQ	ZEMAIRA
<i>levorphanol</i>	PROCRIT	ZEPATIER
LEXAPRO	PROCYSBI	ZETIA
LIALDA	PROGRAF	ZETONNA
LIDOCAINE-TETRACAINE CREAM	PROTONIX	ZIANA
LIDOTREX	PROVENTIL HFA	ZOLPIMIST
LILETTA	PROZAC	ZONEGRAN
LIPITOR	PSORCON	ZORTRESS
LIVALO	QNASL	ZORVOLEX
<i>Lorid</i>	QSYMIA	ZUPLENZ
LUNESTA	RAPAFLO	ZYTIGA
LUPRON DEPOT	RAPAMUNE	ZYVIT
MACRODANTIN	RAVICTI	
<i>Matzim LA</i>	RAYOS	
MAVYRET	RELISTOR	
MEBOLIC	REVIATIO	
MIACALCIN INJECTION	RHEUMATE	
MIACALCIN NASAL SPRAY	RIBOZEL	
MILLIPRED	RIMSO-50	
MINASTRIN 24 FE	RIOMET	
MINIVELLE	ROZEREM	
MINOCIN	SABRIL	
MONOVISC	SAIZEN	
<i>mupirocin cream</i>	SANDOSTATIN LAR	
MYFORTIC	SEROQUEL XR	
NAPRELAN	SINGULAIR	
<i>naproxen CR</i>	SORILUX	
<i>naproxen suspension</i>	SPRIX	
NATESTO	STENDRA	
NESINA	SUBOXONE	
NEUPOGEN	SYNERDERM	
NEXIUM	SYNVISC	
NICAPRIN	SYNVISC-ONE	
NICAZEL	TALIVA	
NICAZEL FORTE	TARGADOX	
NILANDRON	TASIGNA	
NORDITROPIN	TESTIM	
NORITATE	<i>testosterone gel 1% ⁸</i>	
NORVASC	TIROSINT	
NOVACORT	TOBI	
NOVAREL	TOBI PODHALER	
NOVO NORDISK NEEDLES ⁵	TOPROL-XL	

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](https://www.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.

- [^] 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.
- ^{*} This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.
- ¹ 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.
- ² 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).
- ³ If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.
- ⁴ Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).
- ⁵ BD ULTRAFINE syringes and needles are the only preferred options.
- ⁶ 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.
- ⁷ ACCU-CHEK brand test strips are the only preferred options.
- ⁸ Listing reflects the authorized generics for TESTIM and VOGELXO.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the doctor.