

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 SIGNIFOR LAR SOMAVERT	SOMATULINE DEPOT
<i>Allergies</i> Antihistamines	dexchlorpheniramine Diphen Elixir RyClora CARBINOXAMINE TABLET 6 MG	levocetirizine
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ DYMISTA OMNARIS QNASL ZETONNA	azelastine-fluticasone, flunisolide, fluticasone, mometasone
<i>Anticonvulsants</i>	topiramate ext-rel capsule (generics for QUDEXY XR only) LAMICTAL LAMICTAL ODT	carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
	BANZEL SUSPENSION ONFI	clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR
	SABRIL	vigabatrin
	KEPPRA KEPPRA XR LAMICTAL XR 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, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	erythromycins
<i>Anti-infectives, Antibacterials</i> Tetracyclines	doxycycline hyclate delayed-rel tablet doxycycline hyclate tablet 50 mg doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel CoreMino Mondoxylene NL capsule 75 mg Targadox ACTICLATE DORYX DORYX MPC	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline

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<i>Anti-infectives, Antibacterials</i> Miscellaneous	<i>nitrofurantoin</i> (NDC* 16571074024 only) MACRODANTIN	<i>nitrofurantoin</i> (except NDC* 16571074024)
<i>Anti-infectives, Antifungals</i>	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
	<i>posaconazole delayed-rel tablet</i> NOXAFIL	<i>fluconazole, itraconazole</i>
	CRESEMBA	<i>itraconazole</i>
	<i>tavaborole</i>	<i>terbinafine tablet</i>
<i>Anti-infectives, Antiretroviral Agents</i> Combination Agents	ATRIPLA COMPLERA STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY, TEMIXYS</i>
<i>Anti-infectives, Antiretroviral Agents</i> Protease Inhibitors	APTIVUS	Consult doctor
	LEXIVA VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus [†]	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals</i> Hepatitis B [†]	BARACLUDE TABLET EPIVIR HBV HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</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
	VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals</i> Herpes [†]	<i>acyclovir cream</i> VALTREX	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
<i>Anti-infectives</i> Miscellaneous	DARAPRIM	<i>pyrimethamine</i>
<i>Antiobesity</i>	CONTRACE XENICAL	QSYMIA, SAXENDA, WEGOVY
<i>Anxiety</i> [†] Benzodiazepines	ATIVAN XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
<i>Asthma</i> [†] Beta Agonists, Short-Acting	<i>albuterol sulfate CFC-free aerosol</i> (NDC* 66993001968 only) PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol</i> (except NDC* 66993001968), <i>levalbuterol tartrate CFC-free aerosol</i>
<i>Asthma</i> [†] Leukotriene Modulators	<i>zileuton ext-rel</i> SINGULAIR	<i>montelukast, zafirlukast</i>
<i>Asthma</i> [†] Steroid Inhalants	ALVESCO ARNUITY ELLIPTA ASMANEX ASMANEX HFA FLOVENT DISKUS QVAR REDHALER	FLOVENT HFA, PULMICORT FLEXHALER

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<i>Asthma</i> † or <i>Chronic Obstructive Pulmonary Disease (COPD)</i> † Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT
<i>Asthma</i> † Severe Asthma	NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR
<i>Attention Deficit Hyperactivity Disorder</i> †	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADDERALL XR ADZENYS XR-ODT APTENSIO XR CONCERTA DAYTRANA FOCALIN XR QUILLICHEW ER QUILLIVANT XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, QELBREE, VYVANSE</i>
<i>Autoimmune Agents</i> Physician-Administered Agents	ACTEMRA INTRAVENOUS ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
	AVSOLA CIMZIA LYOPHILIZED POWDER INFLECTRA RENFLEXIS	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease Only)	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
<i>Autoimmune Agents</i> Self-Administered Agents Ankylosing Spondylitis †	SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, RINVOQ
<i>Autoimmune Agents</i> Self-Administered Agents Crohn's Disease †	None	HUMIRA, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS
<i>Autoimmune Agents</i> Self-Administered Agents Non-Radiographic Axial Spondyloarthritis †	TALTZ	CIMZIA PREFILLED SYRINGE, COSENTYX
<i>Autoimmune Agents</i> Self-Administered Agents Psoriasis †	COSENTYX ENBREL	HUMIRA, OTEZLA, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
<i>Autoimmune Agents</i> Self-Administered Agents Psoriatic Arthritis †	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA
<i>Autoimmune Agents</i> Self-Administered Agents Rheumatoid Arthritis †	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET SIMPONI	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
<i>Autoimmune Agents</i> Self-Administered Agents Ulcerative Colitis †	SIMPONI	HUMIRA, RINVOQ, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR, ZEPOSIA

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<i>Autoimmune Agents</i> Self-Administered Agents All Other Conditions †	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA
Botulinum Toxins	BOTOX	Consult doctor
<i>Cancer</i> Antimetabolites	ALIMTA	<i>pemetrexed</i>
<i>Cancer</i> Biosimilars	RIABNI TRUXIMA	RUXIENCE
<i>Cancer</i> Chronic Myelogenous Leukemia † Kinase Inhibitors	GLEEVEC ICLUSIG TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Follicular Lymphoma † PI3K Inhibitors	ALIQUOPA	Consult doctor
<i>Cancer</i> Melanoma † BRAF/MEK Inhibitors	MEKINIST	COTELLIC, MEKTOVI
	TAFINLAR	BRAFTOVI, ZELBORAF
<i>Cancer</i> Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
<i>Cancer</i> mTOR Inhibitors	AFINITOR AFINITOR DISPERZ	<i>everolimus</i>
<i>Cancer</i> Multiple Myeloma † Proteasome Inhibitors	BORTEZOMIB KYPROLIS	<i>bortezomib</i> , NINLARO
<i>Cancer</i> Non-Small Cell Lung Cancer † ALK Inhibitors	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
<i>Cancer</i> PARP Inhibitor	RUBRACA	LYNPARZA, ZEJULA
<i>Cancer</i> Prostate † Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone</i> , <i>bicalutamide</i> , ERLEADA, XTANDI, YONSA
<i>Cancer</i> Prostate † Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD, FIRMAGON
<i>Cancer</i> Renal Cell Carcinoma Kinase Inhibitors	SUTENT VOTRIENT	<i>sunitinib</i> , CABOMETYX, INLYTA, LENVIMA, NEXAVAR

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Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	sotalol
	MULTAQ NEXTERONE	amiodarone
	NORPACE	disopyramide
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	ezetimibe
Cardiovascular Antilipemics Fibrates	fenofibrate capsule 50 mg fenofibrate capsule 130 mg fenofibrate tablet 40 mg fenofibrate tablet 120 mg FENOGLIDE TABLET 120 MG TRICOR	fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Cardiovascular Antilipemics MTP Inhibitors	JUXTAPID	PRALUENT
Cardiovascular Antilipemics Niacins	niacin tablet 500 mg Niacor	niacin ext-rel
Cardiovascular Antilipemics Omega-3 Fatty Acids	icosapent ethyl	omega-3 acid ethyl esters, VASCEPA
Cardiovascular Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin
Cardiovascular Diuretics	DYRENIUM	amiloride, triamterene
Cardiovascular Nitrates	isosorbide dinitrate 40 mg	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate
Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	ambrisentan, bosentan, OPSUMIT
Cardiovascular Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors	ADCIRCA REVATIO	sildenafil, tadalafil
Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN	treprostinil
Carnitine Deficiency	CARNITOR CARNITOR SF	levocarnitine

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<i>Chronic Obstructive Pulmonary Disease (COPD) †</i> Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
<i>Chronic Obstructive Pulmonary Disease (COPD) †</i> Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
<i>Contraceptives</i> Oral	BALCOLTRA BEYAZ MINASTRIN 24 FE SEASONIQUE TAYTULLA YASMIN YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
<i>Contraceptives</i> Progestin Intrauterine Devices	LILETTA	KYLEENA, MIRENA, SKYLA
<i>Contraceptives</i> Vaginal	<i>ethinyl estradiol-etonogestrel</i> <i>EluRyng</i>	ANNOVERA, NUVARING
<i>Cushing's Syndrome</i>	KORLYM	Consult doctor
<i>Cystic Fibrosis †</i> Inhaled Antibiotics	CAYSTON TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Dental</i> Cavity/Caries Prevention	PREVIDENT	Consult doctor
<i>Depression †</i> Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i> <i>paroxetine HCl ext-rel</i> <i>(NDC* 60505367503 only)</i> LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>
<i>Depression †</i> Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression †</i> Antidepressants, Miscellaneous Agents	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
<i>Depression and/or Schizophrenia †</i> Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, LATUDA, VRAYLAR</i>

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<i>Dermatology</i> Acne †	<i>adapalene pad</i> <i>clindamycin gel</i> (NDC* 68682046275 only) <i>Vanoxide-HC</i> ACANYA AZELEX DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	<i>adapalene</i> (except <i>adapalene pad</i>), <i>benzoyl peroxide</i> , <i>clindamycin gel</i> (except NDC* 68682046275), <i>clindamycin solution</i> , <i>clindamycin-benzoyl peroxide</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
<i>Dermatology</i> Actinic Keratosis †	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%</i> , <i>fluorouracil solution</i> , <i>imiquimod</i> , ZYCLARA
<i>Dermatology</i> Anti-infective / Anti-inflammatory	NEO-SYNALAR	<i>desonide</i> (except <i>desonide gel</i>) or <i>hydrocortisone</i> WITH <i>gentamicin</i>
<i>Dermatology</i> Antibiotics	<i>mupirocin cream</i>	<i>gentamicin</i> , <i>mupirocin ointment</i>
<i>Dermatology</i> Antipsoriatics	<i>calcipotriene cream</i> <i>calcipotriene foam</i> <i>calcitriol ointment</i> CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL	<i>calcipotriene ointment</i> , <i>calcipotriene solution</i>
	<i>calcipotriene-betamethasone</i> DUOBRII	<i>calcipotriene ointment</i> or <i>calcipotriene solution</i> WITH <i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>) or BRYHALI; ENSTILAR
<i>Dermatology</i> Atopic Dermatitis †	<i>doxepin cream</i>	<i>desonide</i> (except <i>desonide gel</i>), <i>hydrocortisone</i> , <i>pimecrolimus</i> , <i>tacrolimus</i> , EUCRISA
	ELIDEL	<i>pimecrolimus</i> , <i>tacrolimus</i> , EUCRISA
<i>Dermatology</i> Rosacea †	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
	<i>ivermectin cream</i> FINACEA GEL MIRVASO NORITATE	<i>azelaic acid gel</i> , <i>metronidazole</i> , FINACEA FOAM, RHOFADE, SOOLANTRA
<i>Dermatology</i> Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor
<i>Dermatology</i> Seborrheic Dermatitis †	<i>ketoconazole foam 2%</i> <i>Ketodan</i>	<i>ketoconazole shampoo 2%</i> , <i>selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox</i> , <i>ketoconazole cream 2%</i>
<i>Dermatology</i> Skin Inflammation and Hives † Low Potency Corticosteroids	<i>desonide gel</i> <i>DesRx</i> <i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> <i>Nolix</i> CORDRAN CREAM CORDRAN LOTION	<i>desonide</i> (except <i>desonide gel</i>), <i>hydrocortisone</i>

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<i>Dermatology</i> Skin Inflammation and Hives † Medium Potency Corticosteroids	<i>clocortolone cream</i> <i>desoximetasone ointment 0.05%</i> <i>flurandrenolide ointment</i> <i>hydrocortisone butyrate lipophilic cream 0.1%</i> <i>hydrocortisone butyrate lotion</i> <i>triamcinolone aerosol 0.2%</i> <i>triamcinolone ointment 0.05%</i> <i>Trianex</i> CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment,</i> <i>hydrocortisone butyrate solution, mometasone, triamcinolone cream,</i> <i>triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
<i>Dermatology</i> Skin Inflammation and Hives † High Potency Corticosteroids	<i>betamethasone dipropionate ointment 0.05%</i> <i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%),</i> <i>fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<i>Dermatology</i> Skin Inflammation and Hives † Very High Potency Corticosteroids	<i>clobetasol emollient foam</i> <i>clobetasol spray</i> <i>fluocinonide cream 0.1%</i> <i>Tovet</i> CLOBEX SPRAY CORDRAN TAPE OLUX-E ULTRAVATE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam),</i> <i>clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream,</i> <i>halobetasol ointment</i>
<i>Dermatology</i> Warts	VEREGEN	<i>imiquimod</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide (except desonide gel), hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ATOPADERM BENSAL HP EPICERAM KAMDOLY SYNERDERM	<i>desonide (except desonide gel), hydrocortisone</i>
	<i>luliconazole</i> <i>oxiconazole</i> (NDCs* 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
<i>Diabetes</i> † Biguanides	<i>metformin ext-rel (generics for FORTAMET</i> <i>and GLUMETZA only)</i> FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
<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	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA WITH <i>pioglitazone</i>
<i>Diabetes</i> † Injectable Incretin Mimetics	BYDUREON BCISE BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA

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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 ⁵	LANTUS	BASAGLAR, LEVEMIR
Diabetes † Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
Diabetes † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
Diabetes † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
Diabetes † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
Diabetes † Supplies, Needles ⁶	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
Diabetes † Supplies, Syringes ⁶	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES

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Diabetes [†] Supplies, Test Strips and Kits ^{7, 8}	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ACCU-CHEK or ONETOUCH brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁷ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁷ , ACCU-CHEK GUIDE STRIPS AND KITS ⁷ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁷ , ONETOUCH ULTRA STRIPS AND KITS ⁷ , ONETOUCH VERIO STRIPS AND KITS ⁷
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM All other continuous glucose monitoring systems that are not DEXCOM brand	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
Dietary Supplements	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	Activite Dexifol Folvite-D Genicin Vita-S HylaVite Lorid TronVite Vitasure Xvite FERIVA 21/7 NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	MultiPro PRODIGEN VASCULERA	Consult doctor
Endocrine and Metabolic Corticosteroids	<i>prednisolone solution 10 mg/5 mL</i> <i>prednisolone solution 20 mg/5 mL</i> BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone,</i> <i>prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL),</i> <i>prednisone</i>
Endocrine and Metabolic Hereditary Tyrosinemia Type 1 Agents	NITYR	ORFADIN
Endocrine and Metabolic Progestins	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
Endocrine and Metabolic Severe Hypoglycemia	GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE</i>
Endometriosis [†]	ZOLADEX	MYFEMBREE, ORLISSA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Erectile Dysfunction</i> † Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
	CHORIONIC GONADOTROPIN NOVAREL PREGNYL	OIDREL
<i>Gastrointestinal</i> Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) <i>hyoscyamine sulfate ext-rel</i> GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
<i>Gastrointestinal</i> Antidiarrheals	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
<i>Gastrointestinal</i> Antiemetics	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal</i> Irritable Bowel Syndrome †	AMITIZA	<i>lubiprostone, LINZESS, SYMPROIC</i>
<i>Gastrointestinal</i> Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	<i>peg 3350-electrolytes</i> (generics for MOVIPREP only) GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>
<i>Gastrointestinal</i> Opioid-Induced Constipation	MOVANTIK	<i>lubiprostone, SYMPROIC</i>
<i>Gastrointestinal</i> Probiotics	PROVAD ZELAC	Consult doctor
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	<i>dexlansoprazole delayed-rel</i> <i>lansoprazole delayed-rel</i> <i>orally disintegrating tablet</i> <i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE DEXILANT NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule,</i> <i>omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
<i>Gastrointestinal</i> Ulcer Treatment	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary</i> Interstitial Cystitis	ELMIRON RIMSO-50	Consult doctor

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Genitourinary Miscellaneous	LITHOSTAT	Consult doctor
	THIOLA THIOLA EC	<i>tiopronin</i>
Gout †	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet</i> , MITIGARE
	ULORIC	<i>allopurinol</i>
Growth Hormones	GENOTROPIN HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	NORDITROPIN
Hematologic Anticoagulants Injectable	<i>heparin sodium in 5% dextrose</i> HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
Hematologic Anticoagulants Oral	PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO
Hematologic Chelating Agents	CUPRIMINE	<i>penicillamine</i>
	DESFERAL EXJADE FERRIPROX JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE	<i>trientine</i>
Hematologic Erythropoiesis-Stimulating Agents	ARANESP EPOGEN PROCRT	RETACRIT
Hematologic Hemophilia B	BENEFIX IXINITY RIXUBIS	ALPROLIX, REBINYN
Hematologic Miscellaneous Bleeding Disorders Agents	FEIBA	NOVOSEVEN RT, SEVENFACT
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX LEUKINE NEUPOGEN ZARXIO	NIVESTYM
Hematologic Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor
	NPLATE	DOPTelet, PROMACTA, TAVALISSE
High Blood Pressure † ACE Inhibitors	EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>
High Blood Pressure † ACE Inhibitor / Diuretic Combinations	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>High Blood Pressure</i> † Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure</i> † Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	<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	AZOR 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>olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure</i> † Beta-blockers	COREG CR INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</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>diltiazem ext-rel</i> (generics for CARDIZEM LA only) <i>Matzim LA</i> CARDIZEM CARDIZEM CD CARDIZEM LA	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
<i>High Blood Pressure</i> † Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	<i>amlodipine WITH celecoxib</i>
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO
<i>Immunology</i> Hereditary Angioedema	BERINERT FIRAZYR	<i>icatibant, RUCONEST</i>
	CINRYZE	ORLADEYO, TAKHZYRO
<i>Immunology</i> Miscellaneous	ARCALYST	ILARIS

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Inflammatory Bowel Disease (IBD) Ulcerative Colitis [†]	budesonide ext-rel ASACOL HD COLAZAL DELZICOL LIALDA PENTASA	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel
Interferons [†]	PEGASYS	Consult doctor
Kidney Disease [†] Phosphate Binders	lanthanum carbonate FOSRENOL	calcium acetate, sevelamer carbonate, AURYXIA, PHOSLYRA, VELPHORO
Menopausal Symptom Agents Oral	paroxetine mesylate capsule 7.5 mg	paroxetine HCl
	MENEST OSPHENA PREMARIN	estradiol
Menopausal Symptom Agents Transdermal	MINIVELLE VIVELLE-DOT	estradiol, DIVIGEL, EVAMIST
Menopausal Symptom Agents Vaginal	estradiol vaginal tablet Yuvaferm ESTRING FEMRING INTRAROSA PREMARIN CREAM	estradiol vaginal cream, IMVEXXY, VAGIFEM
Multiple Sclerosis	EXTAVIA TECFIDERA	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
Musculoskeletal	carisoprodol 250 mg chlorzoxazone 250 mg chlorzoxazone 375 mg chlorzoxazone 500 mg (NDC* 73007001303 only) chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg metaxalone 400 mg methocarbamol 500 mg (NDC* 69036091010 only) methocarbamol 750 mg (NDCs* 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Flexmid Lorzone Orphengesic Forte AMRIX NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
Narcolepsy Wakefulness Promoters	NUVIGIL PROVIGIL	armodafinil, modafinil, SUNOSI, WAKIX, XYWAV
Nephropathic Cystinosis	PROCYSBI	CYSTAGON
Ophthalmic Allergies	ALREX BEPREVE LASTACFT ZERVIAE	azelastine, bepotastine, cromolyn sodium, olopatadine
Ophthalmic Anti-infectives	AZASITE CILOXAN	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE
Ophthalmic Anti-infective / Anti-inflammatory	TOBRADEX ST ZYLET	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Ophthalmic</i> Anti-inflammatory, Nonsteroidal	ACUVAIL BROMSITE NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
<i>Ophthalmic</i> Anti-inflammatory, Steroidal	FLAREX FML FORTE FML LIQUIFILM FML S.O.P. INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
<i>Ophthalmic</i> Antivirals	ZIRGAN	<i>trifluridine</i>
<i>Ophthalmic</i> Artificial Tears	LACRISERT	RESTASIS, XIIDRA
<i>Ophthalmic</i> Glaucoma	<i>bimatoprost solution 0.03%</i> TRAVATAN Z	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
	BETIMOL TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETOPTIC S</i>
<i>Ophthalmic</i> Miscellaneous	AVENOVA	Consult doctor
<i>Opioid Dependency</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
<i>Osteoarthritis</i> † Viscosupplements	GEL-ONE HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<i>Osteoporosis</i> † Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
<i>Otic</i> Anti-infective / Anti-inflammatory	<i>ciprofloxacin-fluocinolone</i> CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
<i>Overactive Bladder / Incontinence</i> † Urinary Antispasmodics	DETROL LA MYRBETRIQ OXYTROL TOVIAZ	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Pain</i> Headache †	<i>butalbital-acetaminophen capsule</i> <i>butalbital-acetaminophen tablet 25-325 mg</i> <i>butalbital-acetaminophen tablet 50-300 mg</i> <i>butalbital-acetaminophen-caffeine capsule</i> <i>Bupap</i> <i>Vtol LQ</i> BUTALBITAL-ACETAMINOPHEN (NDC* 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen,</i> <i>naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> <i>Migergot</i> CAFERGOT MAXALT MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT,</i> <i>ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	<i>sumatriptan-naproxen</i> TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or</i> <i>naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan,</i> <i>zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY,</i> <i>ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>
<i>Pain</i> Neuropathic Pain †	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>
<i>Pain</i> Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA SUBSYS	<i>fentanyl transmucosal lozenge</i>
	<i>levorphanol</i> <i>oxymorphone ext-rel</i> HYSINGLA ER NUCYNTA ER OXYCONTIN	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone,</i> <i>morphine ext-rel, XTAMPZA ER</i>
	NUCYNTA	<i>hydromorphone, morphine, oxycodone</i>
	PERCOCET	<i>hydrocodone-acetaminophen, oxycodone-acetaminophen</i>
	<i>tramadol (NDC* 52817019610 only)</i> <i>tramadol ext-rel capsule</i>	<i>tramadol (except NDC* 52817019610), tramadol ext-rel tablet</i>
<i>Pain</i> Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC* 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Pain and Inflammation † Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet
	CELEBREX	celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	diclofenac sodium solution 2% CapsFenac Pak Capsinac Diclofex DC DicloHeal-60 Diclosaicin Iclofenac CP Inflamacin Kapzin DC NuDiclo SoluPak NuDiclo TabPak Pennsaicin Sure Result DSS Premium Pack Ziclopro PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	diclofenac potassium capsule 25 mg diclofenac potassium tablet 25 mg fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC* 69336012830 only) meloxicam capsule naproxen CR naproxen suspension Lofena FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet
Parkinson's Disease	APOKYN	INBRIJA, KYNMOBI
	NOURIANZ	amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO
Phenylketonuria	KUVAN	sapropterin
Postherpetic Neuralgia	HORIZANT	gabapentin, pregabalin, pregabalin ext-rel, GRALISE
Premenstrual Dysphoric Disorder (PMDD)	fluoxetine tablet (generics for SARAFEM only)	fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline
Prenatal Vitamins ⁹	AZESCO CITRANATAL PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins	generic prenatal vitamins
Prostate Condition Benign Prostatic Hyperplasia †	JALYN	dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin
	RAPAFLO UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Pseudobulbar Affect</i>	NUEDEXTA	Consult doctor
<i>Respiratory</i> Alpha-1 Antitrypsin Deficiency	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C
<i>Respiratory</i> Anaphylaxis Treatment Agents	ADRENALIN SYMJEPI	<i>epinephrine auto-injector</i> , AUVI-Q, EPIPEN, EPIPEN JR
<i>Respiratory</i> Cough	<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs* 69336012615, 69499032915)
<i>Respiratory</i> Idiopathic Pulmonary Fibrosis	ESBRIET	<i>pirfenidone</i> , OFEV
<i>Respiratory</i> Xanthines	THEO-24	<i>ipratropium inhalation solution</i> , PERFORMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
<i>Sleep Disorder</i> Hypnotics, Non-benzodiazepines	<i>quazepam</i> <i>zolpidem sublingual</i> EDLUAR LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin</i> , <i>eszopiclone</i> , <i>ramelteon</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , BELSOMRA, DAYVIGO
<i>Testosterone Replacement</i> † Androgens	<i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) ANDROGEL FORTESTA TESTIM VOGELXO	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution</i> , ANDRODERM, NATESTO
<i>Thyroid Supplements</i>	CYTOMEL	<i>levothyroxine</i> , <i>liothyronine</i> , SYNTHROID
	TIROSINT	<i>levothyroxine</i> , SYNTHROID
<i>Urea Cycle Disorders</i>	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</i>

Category Drug Class	Other Considerations
All Drugs	On a quarterly basis, new and existing products - including limited source generics, products with significant cost inflation, and specialty and non-specialty products - may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in additional products not covered without a medical exception, addition or deletion of a product.
Atopic Dermatitis †	As new atopic dermatitis products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options are available on the formulary and may result in additional products not covered without a medical exception, addition or deletion of a product on the first day of any calendar month.
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 for certain conditions 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.
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.

The listed formulary options are subject to change.

List of Drugs Requiring Prior Authorization for Medical Necessity

ABILIFY	BETAPACE AF	CORDRAN OINTMENT
ACANYA	BETIMOL	CORDRAN TAPE
ACIPHEX	BEVESPI AEROSPHERE	COREG CR
ACIPHEX SPRINKLE	BEYAZ	CoreMino
ACTEMRA ACTPEN	bimatoprost solution 0.03%	COZAAR
ACTEMRA INTRAVENOUS	BORTEZOMIB	CRESEMBA
ACTEMRA SUBCUTANEOUS	BOTOX	CRESTOR
ACTICLATE	BREEZE 2 STRIPS AND KITS ⁸	CUPRIMINE
Activite	BROMSITE	cyclobenzaprine ext-rel capsule
ACTOS	budesonide ext-rel	cyclobenzaprine tablet 7.5 mg
ACUVAIL	Bupap	CYMBALTA
acyclovir cream	BUPHENYL	CYTOMEL
adapalene pad	bupropion ext-rel tablet 450 mg	DARAPRIM
ADICIRCA	butalbital-acetaminophen capsule	DAYTRANA
ADDERALL	butalbital-acetaminophen tablet 25-325 mg	DELZICOL
ADDERALL XR	butalbital-acetaminophen tablet 50-300 mg	DESFERAL
ADRENALIN	BUTALBITAL-ACETAMINOPHEN	desonide gel
ADZENYS XR-ODT	(NDC* 69499034230 only)	desoximetasone ointment 0.05%
AFINITOR	butalbital-acetaminophen-caffeine capsule	DesRx
AFINITOR DISPERZ	BUTRANS	DETROL LA
albuterol sulfate CFC-free aerosol	BYDUREON BCISE	dexchlorpheniramine
(NDC* 66993001968 only)	BYETTA	Dexifol
ALEVICYN GEL	CAFERGOT	DEXILANT
ALEVICYN SG	calcipotriene cream	dexlansoprazole delayed-rel
ALEVICYN SOLUTION	calcipotriene foam	diclofenac potassium capsule 25 mg
ALIMTA	CALCIPOTRIENE FOAM	diclofenac potassium tablet 25 mg
ALIQOPA	calcipotriene-betamethasone	diclofenac sodium solution 2%
ALLISON MEDICAL INSULIN SYRINGES ⁶	calcitriol ointment	Dicloflex DC
ALREX	CAMBIA	DicloHeal-60
ALTOPREV	CapsFenac Pak	Diclosaicin
ALVESCO	Capsinac	DIFFERIN LOTION
AMITIZA	CARAC	diflorasone cream
AMRIX	CARAFATE	diflorasone ointment
ANDROGEL	CARBINOXAMINE TABLET 6 MG	dihydroergotamine spray
APEXICON E	CARDIZEM	diltiazem ext-rel (generics for CARDIZEM LA only)
APIDRA	CARDIZEM CD	DIOVAN
APOKYN	CARDIZEM LA	DIOVAN HCT
APTENSIO XR	carisoprodol 250 mg	Diphen Elixir
APTIVUS	CARNITOR	DORYX
ARALAST NP	CARNITOR SF	DORYX MPC
ARANESP	CAYSTON	doxepin cream
ARCALYST	CELEBREX	doxycycline hyclate delayed-rel tablet
ARNUITY ELLIPTA	chlordiazepoxide-clidinium	doxycycline hyclate tablet 50 mg
ARTHROTEC	(NDCs* 11534019701, 42494040901, 51293069601,	doxycycline hyclate tablet 75 mg
ASACOL HD	51293069610, 67877073101, 70700018501 only)	doxycycline hyclate tablet 150 mg
ASMANEX	chlorzoxazone 250 mg	doxycycline monohydrate capsule 75 mg
ASMANEX HFA	chlorzoxazone 375 mg	doxycycline monohydrate capsule 150 mg
ATACAND	chlorzoxazone 500 mg (NDC* 73007001303 only)	doxycycline monohydrate delayed-rel capsule
ATACAND HCT	chlorzoxazone 750 mg	DULERA
ATIVAN	CHORIONIC GONADOTROPIN	DUOBRII
ATOPADERM	CIALIS	DUTOPROL
ATRIPLA	CICATRACE	DYMISTA
AVASTIN	CILOXAN	DYRENIUM
AVENOVA	CIMZIA LYOPHILIZED POWDER	EDARBI
AVSOLA	CINRYZE	EDARBYCLOR
AZASITE	CIPRO HC	EDLUAR
AZELEX	CIPRODEX	E.E.S. GRANULES
AZESCO	ciprofloxacin-fluocinolone	EFFEXOR XR
AZOR	CITRANATAL	ELELYSO
BALCOLTRA	clindamycin gel (NDC* 68682046275 only)	ELIDEL
BANZEL SUSPENSION	clobetasol emollient foam	ELMIRON
BARACLUDE TABLET	clobetasol spray	EluRyng
BEAU RX	CLOBEX SPRAY	ENLITE CONTINUOUS
BECONASE AQ	clocortolone cream	GLUCOSE MONITORING SYSTEM
BENEFIX	COLAZAL	ENTERAGAM
BENICAR	colchicine capsule	ENTYVIO (For Crohn's Disease Only)
BENICAR HCT	COLCRYS	EPANED
BENSAL HP	COMPLERA	EPICERAM
benzonatate (NDCs* 69336012615, 69499032915 only)	CONCERTA	EPIVIR HBV
BEPREVE	CONSENSI	EPOGEN
BERINERT	CONTOUR NEXT STRIPS AND KITS ⁸	ergotamine-caffeine
BETAMETHASONE ACETATE-	CONTOUR STRIPS AND KITS ⁸	ERYPED
BETAMETHASONE SODIUM PHOSPHATE	CONTRAVE	ESBRIET
betamethasone dipropionate ointment 0.05%	CORDRAN CREAM	estradiol vaginal tablet
BETAPACE	CORDRAN LOTION	ESTRING

ethinyl estradiol-etonogestrel
 EVEKEO
 EVERSENSE CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 EXFORGE
 EXFORGE HCT
 EXJADE
 EXTAVIA
 FABIOR
 FANAPT
 FEIBA
 FEMRING
fenofibrate capsule 50 mg
fenofibrate capsule 130 mg
fenofibrate tablet 40 mg
fenofibrate tablet 120 mg
 FENOGLIDE TABLET 120 MG
fenopropfen
 FENOPROFEN CAPSULE
 FERIVA 21/7
 FERRIPROX
Fexmid
 FINACEA GEL
 FIORICET CAPSULE
 FIRAZYR
 FLAREX
 FLOVENT DISKUS
flucytosine capsule 500 mg
fluocinonide cream 0.1%
fluorouracil cream 0.5%
fluoxetine tablet (generics for SARAFEM only)
fluoxetine tablet 60 mg
flurandrenolide cream
flurandrenolide lotion
flurandrenolide ointment
 FML FORTE
 FML LIQUIFILM
 FML S.O.P.
 FOCALIN XR
 FOLLISTIM AQ
Folvite-D
 FORTAMET
 FORTESTA
 FOSRENOL
 FOSTEUM
 FOSTEUM PLUS
 FREESTYLE LIBRE CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 FREESTYLE STRIPS AND KITS ⁸
 FULPHILA
 GEL-ONE
Genicin Vita-S
 GENOTROPIN
 GLASSIA
 GLEEVEC
 GLUCAGEN HYPOKIT
 GLUCAGON EMERGENCY KIT
 GLUMETZA
 GLYCOPYRROLATE TABLET 1.5 MG
 GOLYTELY
 GRANIX
 GUARDIAN CONNECT CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 GUARDIAN REAL-TIME CONTINUOUS
 GLUCOSE MONITORING SYSTEM
halcinonide cream
 HALOG
heparin sodium in 5% dextrose
 HEPARIN SODIUM IN 5% DEXTROSE
 HEPSERA
 HERCEPTIN
 HERCEPTIN HYLECTA
 HORIZANT
 HUMALOG
 HUMALOG MIX 50/50
 HUMALOG MIX 75/25
 HUMATROPE
 HUMULIN 70/30 ⁴

HUMULIN N ⁴
 HUMULIN R ⁴
 HYALGAN
hydrocortisone butyrate lipophilic cream 0.1%
hydrocortisone butyrate lotion
HylaVite
hyoscyamine sulfate ext-rel
 HYSINGLA ER
 HYZAAR
Iclofenac CP
 ICLUSIG
icosapent ethyl
 INCRUSE ELLIPTA
 INDERAL LA
 INDERAL XL
 INDOCIN
indomethacin capsule 20 mg
Inflammacin
 INFLECTRA
 INNOPRAN XL
 INTRAROSA
 INTUNIV
 INVELTYS
 INVOKAMET
 INVOKAMET XR
 INVOKANA
isosorbide dinitrate 40 mg
ivermectin cream
 IXINITY
 JADENU
 JALYN
 JENTADUETO
 JENTADUETO XR
 JUXTAPID
 KAMDOY
Kapzin DC
 KAZANO
 KEPBRA
 KEPBRA XR
ketoconazole foam 2%
Ketodan
ketoprofen capsule 25 mg
ketoprofen ext-rel capsule
 KINERET
 KOMBIGLYZE XR
 KORLYM
 KUVAN
 KYPROLIS
 LACRISERT
 LACTULOSE PAK
 LAMICTAL
 LAMICTAL ODT
 LAMICTAL XR
 LANOXIN TABLET (125 MCG and 250 MCG only)
lansoprazole delayed-rel orally disintegrating tablet
lanthanum carbonate
 LANTUS
 LASTACAF
 LAZANDA
 LESCOL XL
 LETAIRIS
 LEUKINE
levorphanol
 LEXAPRO
 LEXIVA
 LIALDA
 LIBRAX
 LIDOCAINE-TETRACAINE CREAM
 (NDC* 71800063115 only)
 LIDOTREX
 LILETTA
 LIPITOR
 LITHOSTAT
 LIVALO
Lofena
Lorid
Lorzone
 LOTEMAX

LOTEMAX SM
luliconazole
 LUNESTA
 LUPRON DEPOT
 LYRICA
 MACRODANTIN
Matzim LA
 MAVYRET
 MAXALT
 MAXALT-MLT
 MAXIDEX
mefenamic acid (NDC 69336012830 only)*
 MEKINIST
meloxicam capsule
 MENEST
metaxalone 400 mg
metformin ext-rel
 (generics for FORTAMET and GLUMETZA only)
methocarbamol 500 mg (NDC 69036091010 only)*
methocarbamol 750 mg
 (NDCs* 69036093090, 70868090190 only)
 MIACALCIN INJECTION
 MICARDIS
 MICARDIS HCT
Migergot
 MILLIPRED
 MINASTRIN 24 FE
 MINIVELLE
minocycline ext-rel
 MIRVASO
Mondoxyme NL capsule 75 mg
 MONOVISC
 MOVANTIK
 MOVIPREP
 MULTAQ
MultiPro
mupirocin cream
 MYRBETRIQ
 MYTESI
 NAPRELAN
naproxen CR
naproxen suspension
naproxen-esomeprazole
 NEO-SYNALAR
 NESINA
 NEULASTA
 NEULASTA ONPRO
 NEUPOGEN
 NEVANAC
 NEXIUM
 NEXTERONE
niacin tablet 500 mg
Niacor
 NICADAN
 NICAPRIN
 NICAZEL
 NICAZEL FORTE
 NICOMIDE
 NILANDRON
nitrofurantoin (NDC 16571074024 only)*
 NITYR
Nolix
 NORGESIC FORTE
 NORITATE
 NORPACE
 NORVASC
 NOURIANZ
 NOVAREL
 NOVO NORDISK NEEDLES ⁶
 NOXAFIL
 NPLATE
 NUCALA LYOPHILIZED POWDER
 NUCYNTA
 NUCYNTA ER
NuDiclo SoluPak
NuDiclo TabPak
 NUEDEXTA
 NUTROPIN AQ

NUVIGIL
 OLUX-E
omeprazole-sodium bicarbonate
 OMNARIS
 OMNITROPE
 OMNIVEX
 ONFI
 ONGLYZA
 ORENCIA INTRAVENOUS
orphenadrine-aspirin-caffeine
Orphengesic Forte
 ORTHO D
 ORTHO DF
 ORTHOVISC
 OSENI
 OSMOPREP
 OSPHENA
 OTREXUP
 OWEN MUMFORD NEEDLES ⁶
oxiconazole (NDCs* 00168035830, 51672135902 only)
 OXYCONTIN
oxymorphone ext-rel
 OXYTROL
pantoprazole delayed-rel suspension
paroxetine HCl ext-rel (NDC* 60505367503 only)
paroxetine mesylate capsule 7.5 mg
 PAXIL
 PAXIL CR
peg 3350-electrolytes (generics for MOVIPREP only)
 PEGASYS
Pennsaicin
 PENNSAID
 PENTASA
 PERCOCET
 PERRIGO NEEDLES ⁶
 PEVEA
 PLAVIX
 POLYTOZA
posaconazole delayed-rel tablet
 PRADAXA
 PRED FORTE
 PRED MILD
prednisolone solution 10 mg/5 mL
prednisolone solution 20 mg/5 mL
 PREGNYL
 PREMARIN
 PREMARIN CREAM
 PRENATAL PLUS
 PREVACID
 PREVIDENT
 PRILOSEC
 PRISTIQ
 PROAIR HFA
 PROAIR RESPICLICK
 PROCRIT
 PROCYSBI
 PRODIGEN
 PROMETRIUM
 PROTONIX
 PROVAD
 PROVENTIL HFA
 PROVIGIL
 PROZAC
 PSORCON
 QNASL
 QTERN
quazepam
 QUILLICHEW ER
 QUILLIVANT XR
 QVAR REDHALER
 RAPAFLO
 RAVICTI
 RAYOS
 RECEDO

REMODULIN
 RENFLEXIS
 REPATHA
 REVATIO
 RHEUMATE
 RIABNI
 RIBOZEL
 RIMSO-50
 RIOMET
 RITUXAN
 RIXUBIS
 ROZEREM
 RUBRACA
RyClora
 SABRIL
 SAIZEN
 SANDOSTATIN LAR
 SCARSILK PAD
 SEASONIQUE
 SEROQUEL XR
 SIGNIFOR LAR
 SIL-K PAD
 SILENOR
 SILVEX
 SILTREX
 SIMPONI
 SINGULAIR
 SOMAVERT
 SORILUX
 SPRIX
 STENDRA
 STRIBILD
 SUBOXONE
 SUBSYS
sucralfate suspension
sumatriptan-naproxen
 SUPREP
Sure Result DSS Premium Pack
 SUTENT
 SYMJEPI
 SYNERDERM
 SYNVISC
 SYNVISC-ONE
 SYPRINE
 TAFINLAR
 TALIVA
Targadox
 TASIGNA
tavorole
 TAYTULLA
 TAZORAC
 TECFIDERA
 TESTIM
testosterone gel 1%
 (authorized generics for TESTIM and VOGELXO only)
 THEO-24
 THIOLA
 THIOLA EC
 TIMOPTIC OCUDOSE
 TIROSINT
 TOBI
 TOBI PODHALER
 TOBRADEX ST
topiramate ext-rel capsule (generics for QUDEXY XR only)
 TOPROL-XL
Tovet
 TOVIAZ
 TRACLEER
 TRADJENTA
tramadol (NDC* 52817019610 only)
tramadol ext-rel capsule
 TRANSDERM SCOP
 TRAVATAN Z
 TRELSTAR MIXJECT

TREXIMET
triamcinolone aerosol 0.2%
triamcinolone ointment 0.05%
Trianex
 TRICOR
 TRIVIDIA INSULIN SYRINGES ⁶
TronVite
 TRUVADA
 TRUXIMA
 TUDORZA
 UDENYCA
 ULORIC
 ULTIMED INSULIN SYRINGES ⁶
 ULTIMED NEEDLES ⁶
 ULTRAVATE
 UROXATRAL
 VALCYTE
 VALTREX
Vanoxide-HC
 VASCULERA
 VECTICAL
 VELTIN
venlafaxine ext-rel tablet (except 225 mg)
 VENTOLIN HFA
 VEREGEN
 VIAGRA
 VIEKIRA PAK
 VIIBRYD
 VIRACEPT
 VISCO-3
 VITAFOL-ONE
Vitasure
 VIVELLE-DOT
 VOGELXO
 VOTRIENT
Vtol LQ
 XALKORI
 XANAX
 XANAX XR
 XENAZINE
 XENICAL
 XOLEGEL
 XOPENEX HFA
Xvite
 XYZBAC
 YASMIN
 YAZ
Yuvaferm
 ZALVIT
 ZARXIO
 ZEGERID
 ZELAC
 ZEMAIRA
 ZEPATIER
 ZERVIAE
 ZESTORETIC
 ZETIA
 ZETONNA
 ZIANA
Ziclopro
zileuton ext-rel
 ZIRGAN
 ZOLADEX
 ZOLOFT
zolpidem sublingual
 ZOLPIMIST
 ZONEGRAN
 ZONTIVITY
 ZORVOLEX
 ZUPLENZ
 ZYLET
 ZYTIGA
 ZYVIT

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.

† This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

* 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.

** Listing does not include certain NDCs*.

¹ If your doctor believes you have a specific clinical need for one of these products, they 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 Long Acting Insulins - First Generation.

⁶ BD ULTRAFINE syringes and needles are the only preferred options.

⁷ An ACCU-CHEK or ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK or ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

⁸ ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

⁹ Generic prenatal vitamins are the only preferred options.

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