

# Medications Requiring Prior Authorization for Medical Necessity for Clients with Advanced Control Specialty Formulary<sup>®</sup>

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
Acromegaly	SANDOSTATIN LAR SIGNIFOR LAR SOMAVERT	SOMATULINE DEPOT
Allergies Antihistamines	dexchlorpheniramine Diphen Elixir RyClora CARBINOXAMINE TABLET 6 MG	levocetirizine
Allergies Nasal Steroids / Combinations	BECONASE AQ DYMISTA OMNARIS QNASL ZETONNA	azelastine-fluticasone, flunisolide, fluticasone, mometasone
Anticonvulsants	topiramate ext-rel capsule (generics for QUDEXY XR only)	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, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
	BANZEL SUSPENSION ONFI	clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR
	SABRIL	vigabatrin
	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, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
Anti-infectives, Antibacterials Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	erythromycins
Anti-infectives, Antibacterials Tetracyclines	doxycycline hyclate delayed-rel tablet doxycycline hyclate tablet 50 mg (NDC* 72143021160 only) doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel CoreMino Mondoxyme NL capsule 75 mg Targadox ACTICLATE DORYX DORYX MPC	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
Anti-infectives, Antibacterials Miscellaneous	nitrofurantoin (NDCs* 16571074024, 70408023932 only) MACRODANTIN	nitrofurantoin (except NDCs* 16571074024, 70408023932)
Anti-infectives, Antifungals	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet NOXAFIL	fluconazole, itraconazole
	CRESEMBA	itraconazole
	tavorole	terbinafine tablet
Anti-infectives, Antiretroviral Agents Combination Agents	ATRIPLA COMPLERA STRIBILD	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
	TRUVADA	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY, TEMIXYS
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS	Consult doctor
	INVIRASE LEXIVA VIRACEPT	atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA
Anti-infectives, Antivirals Cytomegalovirus †	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis B †	BARACLUDE TABLET EPIVIR HBV HEPSERA	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VELMIDY
Anti-infectives, Antivirals Hepatitis C †	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>
	VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals Herpes †	acyclovir cream VALTREX	acyclovir capsule, acyclovir tablet, valacyclovir
Anti-infectives Miscellaneous	DARAPRIM	pyrimethamine
Antiobesity	CONTRACE XENICAL	QSYMIA, SAXENDA, WEGOVY
Anxiety † Benzodiazepines	ATIVAN XANAX XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
Asthma † Beta Agonists, Short-Acting	albuterol sulfate CFC-free aerosol (NDC* 66993001968 only) PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol
Asthma † Leukotriene Modulators	zileuton ext-rel SINGULAIR	montelukast, zafirlukast
Asthma † Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDHALER
Asthma † or Chronic Obstructive Pulmonary Disease (COPD) † Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Attention Deficit Hyperactivity Disorder</i> †	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA FOCALIN XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel**, dexamethylphenidate ext-rel, methylphenidate ext-rel**, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel**, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel**, MYDAYIS, QELBREE, VYVANSE</i>
<i>Autoimmune Agents Physician-Administered Agents</i>	ACTEMRA INTRAVENOUS ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
	AVSOLA CIMZIA LYOPHILIZED POWDER INFLECTRA RENFLXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease Only)	REMICADE, STELARA INTRAVENOUS
	ILUMYA	REMICADE
<i>Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis</i> †	SIMPONI TALTZ	COSENTYX, ENBREL, HUMIRA
<i>Autoimmune Agents Self-Administered Agents Crohn's Disease</i> †	None	HUMIRA, STELARA SUBCUTANEOUS
<i>Autoimmune Agents Self-Administered Agents Non-Radiographic Axial Spondyloarthritis</i> †	TALTZ	CIMZIA PREFILLED SYRINGE, COSENTYX
<i>Autoimmune Agents Self-Administered Agents Psoriasis</i> †	COSENTYX ENBREL	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
<i>Autoimmune Agents Self-Administered Agents Psoriatic Arthritis</i> †	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA SUBCUTANEOUS, TREMFYA
<i>Autoimmune Agents Self-Administered Agents Rheumatoid Arthritis</i> †	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET SIMPONI	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
<i>Autoimmune Agents Self-Administered Agents Ulcerative Colitis</i> †	SIMPONI	HUMIRA, STELARA SUBCUTANEOUS #, XELJANZ #, XELJANZ XR #, ZEPOSIA #  # After failure of HUMIRA
<i>Autoimmune Agents Self-Administered Agents All Other Conditions</i> †	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA
<i>Botulinum Toxins</i>	BOTOX	Consult doctor

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<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	ALIQOPA ZYDELIG	COPIKTRA
<i>Cancer</i> Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
<i>Cancer</i> mTOR Inhibitors	AFINITOR	<i>everolimus</i> , AFINITOR DISPERZ
<i>Cancer</i> Multiple Myeloma † Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO, VELCADE
<i>Cancer</i> Non-Small Cell Lung Cancer † ALK Inhibitors	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
<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>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	NORPACE	<i>disopyramide</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	<i>fenofibrate capsule 50 mg</i> <i>fenofibrate capsule 130 mg</i> <i>fenofibrate tablet 40 mg</i> <i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate</i> (except <i>fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg</i> ), <i>fenofibric acid delayed-rel</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations <sup>3</sup>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin</i> , <i>ezetimibe-simvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>rosuvastatin</i> , <i>simvastatin</i>
<i>Cardiovascular</i> Antilipemics Niacins	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Cardiovascular</i> Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
<i>Cardiovascular</i> Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors	ADCIRCA REVATIO	<i>sildenafil, tadalafil</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN	<i>treprostinil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) †</i> Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA, YUPELRI
<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	NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>
<i>Cystic Fibrosis †</i> Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Dental</i> Cavity/Caries Prevention	PREVIDENT	Consult doctor

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Depression</i> † Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	fluoxetine tablet 60 mg paroxetine HCl ext-rel (NDC* 60505367503 only) LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	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>Depression</i> † Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	venlafaxine ext-rel tablet (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
<i>Depression</i> † Antidepressants, Miscellaneous Agents	bupropion ext-rel tablet 450 mg	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
<i>Depression and/or Schizophrenia</i> † Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR
<i>Dermatology</i> Acne †	adapalene pad clindamycin gel (NDC* 68682046275 only) Vanoxide-HC ACANYA AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
<i>Dermatology</i> Actinic Keratosis †	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA
<i>Dermatology</i> Anti-infective / Anti-inflammatory	NEO-SYNALAR	desonide (except desonide gel) or hydrocortisone <b>WITH</b> gentamicin
<i>Dermatology</i> Antibiotics	mupirocin cream	gentamicin, mupirocin ointment
<i>Dermatology</i> Antipsoriatics	calcipotriene cream calcipotriene foam calcitriol ointment CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL	calcipotriene ointment, calcipotriene solution
	calcipotriene-betamethasone	calcipotriene ointment or calcipotriene solution <b>WITH</b> desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI
<i>Dermatology</i> Atopic Dermatitis †	doxepin cream	desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA
	ELIDEL	pimecrolimus, tacrolimus, EUCRISA
<i>Dermatology</i> Rosacea †	doxycycline monohydrate delayed-rel capsule	ORACEA
	ivermectin cream FINACEA GEL MIRVASO NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<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> Ketodan	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
<i>Dermatology</i> Skin Inflammation and Hives † Low Potency Corticosteroids	<i>desonide gel</i> DesRx <i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> Nolix CORDRAN CREAM CORDRAN LOTION	<i>desonide (except desonide gel), hydrocortisone</i>
<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> Trianex CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
<i>Dermatology</i> Skin Inflammation and Hives † High Potency Corticosteroids	<i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<i>Dermatology</i> Skin Inflammation and Hives † Very High Potency Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream, halobetasol cream</i>
	CORDRAN TAPE ULTRAVATE	<i>clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, 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 KAMDOY 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 and GLUMETZA only)</i> FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<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
<i>Diabetes</i> † Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 <sup>4</sup>	NOVOLIN 70/30 <sup>4</sup>
	HUMULIN N <sup>4</sup>	NOVOLIN N <sup>4</sup>
	HUMULIN R <sup>4</sup>	NOVOLIN R <sup>4</sup>
	NOTE: <i>Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i>	
<i>Diabetes</i> † Long Acting Insulins <sup>5</sup>	LANTUS	BASAGLAR, LEVEMIR
<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> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
<i>Diabetes</i> † Supplies, Needles <sup>6</sup>	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 <sup>6</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



Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<b>Diabetes †</b> Supplies, Test Strips and Kits <sup>7, 8</sup>	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 <sup>7</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>7</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>7</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>7</sup> , ONETOUCH ULTRA STRIPS AND KITS <sup>7</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>7</sup>
	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
<b>Dietary Supplements</b>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite</i> <i>Dexifol</i> <i>Folvite-D</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> <i>TronVite</i> <i>Vitasure</i> <i>Xvite</i> FERIVA 21/7 FOLIC-K NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	<i>MultiPro</i> PRODIGEN VASCULERA	Consult doctor
<b>Endocrine and Metabolic Corticosteroids</b>	<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>
<b>Endocrine and Metabolic Progestins</b>	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
<b>Endometriosis †</b>	LUPRON DEPOT ZOLADEX	ORILISSA
<b>Erectile Dysfunction †</b> <b>Phosphodiesterase Inhibitors</b>	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
	CHORIONIC GONADOTROPIN NOVAREL PREGNYL	OVIDREL
<i>Gastrointestinal</i> Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) <i>hyoscyamine sulfate ext-rel</i> <i>Oscimin SR</i> <i>Symax-SR</i> GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
<i>Gastrointestinal</i> Antidiarrheals	ENTERAGAM	<i>alosetron</i> , VIBERZI, XIFAXAN 550 MG
	MYTESI	<i>diphenoxylate-atropine</i> , <i>loperamide</i>
<i>Gastrointestinal</i> Antiemetics	TRANSDERM SCOP	<i>meclizine</i> , <i>scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron</i> , <i>ondansetron</i> , SANCUSO
<i>Gastrointestinal</i> Irritable Bowel Syndrome	AMITIZA	<i>lubiprostone</i> , LINZESS, MOVANTIK, SYMPROIC
<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</i> (except generics for MOVIPREP), CLENPIQ
<i>Gastrointestinal</i> Probiotics	PROVAD ZELAC	Consult doctor
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	<i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel</i> , <i>lansoprazole delayed-rel</i> , <i>omeprazole delayed-rel</i> , <i>pantoprazole delayed-rel tablet</i> , DEXILANT
<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
<i>Genitourinary</i> Miscellaneous	LITHOSTAT	Consult doctor
	THIOLA THIOLA EC	<i>tiopronin</i>
<i>Gout †</i>	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet</i> , MITIGARE
	ULORIC	<i>allopurinol</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Growth Hormones</i>	GENOTROPIN HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	NORDITROPIN
<i>Hematologic Anticoagulants Injectable</i>	<i>heparin sodium in 5% dextrose</i> HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
<i>Hematologic Anticoagulants Oral</i>	ELIQUIS PRADAXA	<i>warfarin, XARELTO</i>
<i>Hematologic Chelating Agents</i>	CUPRIMINE	<i>penicillamine</i>
	DESFERAL EXJADE FERRIPROX JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE	<i>trientine</i>
<i>Hematologic Erythropoiesis-Stimulating Agents</i>	ARANESP EPOGEN PROCRIT	RETACRIT
<i>Hematologic Hemophilia B</i>	ALPROLIX	Consult doctor
<i>Hematologic Miscellaneous Bleeding Disorders Agents</i>	FEIBA	NOVOSEVEN RT, SEVENFACT
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX LEUKINE NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor
<i>Hematologic Thrombocytopenia Agents</i>	MULPLETA	Consult doctor
	NPLATE	PROMACTA, TAVALISSE
<i>High Blood Pressure † ACE Inhibitors</i>	EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>
<i>High Blood Pressure † ACE Inhibitor / Diuretic Combinations</i>	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
<i>High Blood Pressure † Angiotensin II Receptor Antagonists</i>	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<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>amlodipine-valsartan-hydrochlorothiazide, 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>
<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>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> Antimetabolites	CELLCEPT MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>
<i>Immunology</i> Calcineurin Inhibitors	ASTAGRAF XL ENVARUSUS XR	<i>tacrolimus</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO
<i>Immunology</i> Hereditary Angioedema	BERINERT	<i>icatibant, RUCONEST</i>
	CINRYZE	<i>ORLADEYO, TAKHZYRO</i>
<i>Immunology</i> Rapamycin Derivatives	RAPAMUNE ZORTRESS	<i>everolimus, sirolimus</i>
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis †	<i>budesonide ext-rel</i> <i>mesalamine delayed-rel tablet 800 mg</i> COLAZAL DELZICOL LIALDA	<i>balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, PENTASA</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Interferons</i> †	PEGASYS	Consult doctor
<i>Kidney Disease</i> † Phosphate Binders	lanthanum carbonate FOSRENOL	calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO
<i>Menopausal Symptom Agents</i> Oral	paroxetine mesylate capsule 7.5 mg	paroxetine HCl
	MENEST OSPHENA PREMARIN	estradiol
<i>Menopausal Symptom Agents</i> Transdermal	MINIVELLE VIVELLE-DOT	estradiol, DIVIGEL, EVAMIST
<i>Menopausal Symptom Agents</i> Vaginal	estradiol vaginal tablet Yuvaferm ESTRING FEMRING INTRAROSA PREMARIN CREAM	estradiol vaginal cream, IMVEXXY, VAGIFEM
<i>Multiple Sclerosis</i>	EXTAVIA TECFIDERA	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
<i>Musculoskeletal</i>	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 Fexmid Lorzone Orphengesic Forte AMRIX NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
<i>Narcolepsy</i> Wakefulness Promoters	NUVIGIL PROVIGIL	armodafinil, modafinil, SUNOSI, WAKIX, XYWAV
<i>Nephropathic Cystinosis</i>	PROCYSBI	CYSTAGON
<i>Ophthalmic</i> Allergies	ALREX BEPREVE LASTACAFT ZERVIAE	azelastine, bepotastine, cromolyn sodium, olopatadine
<i>Ophthalmic</i> Anti-infectives	AZASITE CILOXAN	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE
<i>Ophthalmic</i> Anti-infective / Anti-inflammatory	TOBRADEX ST ZYLET	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT
<i>Ophthalmic</i> Anti-inflammatory, Nonsteroidal	ACUVAIL BROMSITE NEVANAC	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<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	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA, TOVIAZ</i>
<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> Bupap Vtol LQ BUTALBITAL-ACETAMINOPHEN (NDC* 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> Migergot CAFERGOT MAXALT MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	<i>sumatriptan-naproxen</i> TREMEX	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
Pain Migraine CGRP Inhibitors	AIMOVIG	AJOVY, EMGALITY
Pain Neuropathic Pain †	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>
Pain Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
	levorphanol oxymorphone ext-rel HYSINGLA ER OXYCONTIN	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
	PERCOCET	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
	<i>tramadol (NDC* 52817019610 only)</i> <i>tramadol ext-rel capsule</i>	<i>tramadol (except NDC* 52817019610), tramadol ext-rel tablet</i>
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC* 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>
Pain and Inflammation † Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i>
	CELEBREX	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	CapsFenac Pak Capsinac Diclofex DC DicloHeal-60 Iclofenac CP Inflammacin Kapzin DC NuDiclo SoluPak NuDiclo TabPak Pennaicin Sure Result DSS Premium Pack Ziclopro PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>fenoprofen</i> <i>indomethacin capsule 20 mg</i> <i>ketoprofen capsule 25 mg</i> <i>ketoprofen ext-rel capsule</i> <i>mefenamic acid (NDC* 69336012830 only)</i> <i>meloxicam capsule</i> <i>naproxen CR</i> <i>naproxen suspension</i> FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Parkinson's Disease</i>	APOKYN	INBRIJA, KYNMOBI
	NOURIANZ	<i>amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>
	RYTARY	<i>carbidopa-levodopa, carbidopa-levodopa ext-rel</i>
<i>Phenylketonuria</i>	KUVAN	<i>sapropterin</i>
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin, pregabalin, pregabalin ext-rel, GRALISE</i>
<i>Premenstrual Dysphoric Disorder (PMDD)</i>	<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline</i>
<i>Prenatal Vitamins</i> <sup>9</sup>	AZESCO PRENATAL PLUS TRINAZ VITAFOL-ONE ZALVIT All other brand prenatal vitamins that are not CITRANATAL	<i>prenatal vitamins, CITRANATAL</i>
<i>Prostate Condition Benign Prostatic Hyperplasia</i> †	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>Pseudobulbar Affect</i>	NUEDEXTA	Consult doctor
<i>Respiratory Alpha-1 Antitrypsin Deficiency</i>	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C
<i>Respiratory Anaphylaxis Treatment Agents</i>	ADRENALIN SYMJEPI	<i>epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR</i>
<i>Respiratory Cough</i>	<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	<i>benzonatate (except NDCs* 69336012615, 69499032915)</i>
<i>Respiratory Xanthines</i>	THEO-24	<i>ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	<i>quazepam</i> <i>zolpidem sublingual</i> LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
<i>Testosterone Replacement</i> † Androgens	<i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)</i> ANDROGEL FORTESTA TESTIM VOGELXO	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>
<i>Thyroid Supplements</i>	CYTOMEL NATURE-THROID WESTHROID WP THYROID	<i>levothyroxine, liothyronine, SYNTHROID</i>
	TIROSINT	<i>levothyroxine, SYNTHROID</i>
<i>Transplant</i> † Immunosuppressants, Calcineurin Inhibitors	PROGRAF	<i>tacrolimus</i>



Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
Urea Cycle Disorders	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</i>
Uterine Fibroids †	LUPRON DEPOT	ORIAHNN, MYFEMBREE

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.
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 <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.

The listed formulary options are subject to change.

## List of Drugs Requiring Prior Authorization for Medical Necessity

ABILIFY	APTENSIO XR	BEVESPI AEROSPHERE
ACANYA	APTIVUS	BEYAZ
ACIPHEX	ARALAST NP	<i>bimatoprost solution 0.03%</i>
ACIPHEX SPRINKLE	ARANESP	BOREZOMIB
ACTEMRA ACTPEN	ARTHROTEC	BOTOX
ACTEMRA INTRAVENOUS	ASMANEX	BREEZE 2 STRIPS AND KITS <sup>8</sup>
ACTEMRA SUBCUTANEOUS	ASMANEX HFA	BROMSITE
ACTICLATE	ASTAGRAF XL	<i>budesonide ext-rel</i>
<i>Activite</i>	ATACAND	<i>Bupap</i>
ACTOS	ATACAND HCT	BUPHENYL
ACUVAIL	ATIVAN	<i>bupropion ext-rel tablet 450 mg</i>
<i>acyclovir cream</i>	ATOPADERM	<i>butalbital-acetaminophen capsule</i>
<i>adapalene pad</i>	ATRIPLA	<i>butalbital-acetaminophen tablet 25-325 mg</i>
ADCIRCA	AVASTIN	<i>butalbital-acetaminophen tablet 50-300 mg</i>
ADDERALL	AVENOVA	BUTALBITAL-ACETAMINOPHEN
ADRENALIN	AVSOLA	(NDC* 69499034230 only)
ADZENYS ER	AZASITE	<i>butalbital-acetaminophen-caffeine capsule</i>
ADZENYS XR-ODT	AZELEX	BUTRANS
AFINITOR	AZESCO	BYDUREON BCISE
AIMOVIG	AZOR	BYETTA
<i>albuterol sulfate CFC-free aerosol</i>	BALCOLTRA	CAFERGOT
(NDC* 66993001968 only)	BANZEL SUSPENSION	<i>calcipotriene cream</i>
ALEVICYN GEL	BARACLUDE TABLET	<i>calcipotriene foam</i>
ALEVICYN SG	BEAU RX	CALCIPOTRIENE FOAM
ALEVICYN SOLUTION	BECONASE AQ	<i>calcipotriene-betamethasone</i>
ALIQOPA	BENICAR	<i>calcitriol ointment</i>
ALLISON MEDICAL INSULIN SYRINGES <sup>6</sup>	BENICAR HCT	CAMBIA
ALPROLIX	BENSAL HP	<i>CapsFenac Pak</i>
ALREX	BENZACLIN	<i>Capsinac</i>
ALTOPREV	<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	CARAC
ALVESCO	BEPREVE	CARAFATE
AMITIZA	BERINERT	CARBINOXAMINE TABLET 6 MG
AMRIX	BETAMETHASONE ACETATE-	CARDIZEM
ANDROGEL	BETAMETHASONE SODIUM PHOSPHATE	CARDIZEM CD
APEXICON E	BETAPACE	CARDIZEM LA
APIDRA	BETAPACE AF	<i>carisoprodol 250 mg</i>
APOKYN	BETIMOL	CARNITOR

CARNITOR SF  
CELEBREX  
CELLCEPT  
*chlordiazepoxide-clidinium*  
(NDCs\* 11534019701, 42494040901, 51293069601,  
51293069610, 67877073101, 70700018501 only)  
*chlorzoxazone 250 mg*  
*chlorzoxazone 375 mg*  
*chlorzoxazone 500 mg* (NDC\* 73007001303 only)  
*chlorzoxazone 750 mg*  
CHORIONIC GONADOTROPIN  
CIALIS  
CICATRACE  
CILOXAN  
CIMZIA LYOPHILIZED POWDER  
CINRYZE  
CIPRO HC  
CIPRODEX  
*ciprofloxacin-fluocinolone*  
*clindamycin gel* (NDC\* 68682046275 only)  
*clobetasol spray*  
CLOBEX SPRAY  
*clocortolone cream*  
COLAZAL  
*colchicine capsule*  
COLCRYS  
COMPLERA  
CONSENSI  
CONTOUR NEXT STRIPS AND KITS <sup>®</sup>  
CONTOUR STRIPS AND KITS <sup>®</sup>  
CONTRAVE  
CORDRAN CREAM  
CORDRAN LOTION  
CORDRAN OINTMENT  
CORDRAN TAPE  
COREG CR  
*CoreMino*  
COZAAR  
CRESEMBA  
CRESTOR  
CUPRIMINE  
*cyclobenzaprine ext-rel capsule*  
*cyclobenzaprine tablet 7.5 mg*  
CYMBALTA  
CYTOMEL  
DARAPRIM  
DAYTRANA  
DELZICOL  
DESFERAL  
*desonide gel*  
*desoximetasone ointment 0.05%*  
*DesRx*  
DETROL LA  
*dexchlorpheniramine*  
*Dexitol*  
*Diclofex DC*  
*DicloHeal-60*  
DIFFERIN LOTION  
*diflorasone cream*  
*diflorasone ointment*  
*dihydroergotamine spray*  
*diltiazem ext-rel* (generics for CARDIZEM LA only)  
DIOVAN  
DIOVAN HCT  
*Diphen Elixir*  
DORYX  
DORYX MPC  
*doxepin cream*  
*doxycycline hyclate delayed-rel tablet*  
*doxycycline hyclate tablet 50 mg*  
(NDC\* 72143021160 only)  
*doxycycline hyclate tablet 75 mg*  
*doxycycline hyclate tablet 150 mg*  
*doxycycline monohydrate capsule 75 mg*  
*doxycycline monohydrate capsule 150 mg*  
*doxycycline monohydrate delayed-rel capsule*  
DULERA  
DUTOPROL

DYMISTA  
DYRENIUM  
EDARBI  
EDARBYCLOR  
E.E.S. GRANULES  
EFFEXOR XR  
ELELYSO  
ELIDEL  
ELIQUIS  
ELMIRON  
ENLITE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
ENTERAGAM  
ENTYVIO (For Crohn's Disease Only)  
ENVARUS XR  
EPANED  
EPICERAM  
EPIVIR HBV  
EPOGEN  
*ergotamine-caffeine*  
ERYPED  
*estradiol vaginal tablet*  
ESTRING  
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  
*fenoprofen*  
FENOPROFEN CAPSULE  
FERIVA 21/7  
FERRIPROX  
*Fexmid*  
FINACEA GEL  
FIORICET CAPSULE  
FLAREX  
*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  
FOLIC-K  
FOLLISTIM AQ  
*Folvite-D*  
FORTAMET  
FORTESTA  
FOSRENOL  
FOSTEUM  
FOSTEUM PLUS  
FREESTYLE LIBRE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
FREESTYLE STRIPS AND KITS <sup>®</sup>  
FULPHILA  
GEL-ONE  
*Genicin Vita-S*  
GENOTROPIN  
GLASSIA  
GLEEVEC  
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 <sup>4</sup>  
HUMULIN N <sup>4</sup>  
HUMULIN R <sup>4</sup>  
HYALGAN  
*hydrocortisone butyrate lipophilic cream 0.1%*  
*hydrocortisone butyrate lotion*  
*HylaVite*  
*hyoscyamine sulfate ext-rel*  
HYSINGLA ER  
HYZAAR  
*Iclofenac CP*  
ICLUSIG  
*icosapent ethyl*  
ILUMYA  
INCRUSE ELLIPTA  
INDERAL LA  
INDERAL XL  
INDOCIN  
*indomethacin capsule 20 mg*  
*Inflammacin*  
INFLECTRA  
INNOPRAN XL  
INTRAROSA  
INTUNIV  
INVELTYS  
INVIRASE  
INVOKAMET  
INVOKAMET XR  
INVOKANA  
*isosorbide dinitrate 40 mg*  
*ivermectin cream*  
JADENU  
JALYN  
JENTADUETO  
JENTADUETO XR  
KAMDOY  
*Kapzin DC*  
KAZANO  
*ketoconazole foam 2%*  
*Ketodan*  
*ketoprofen capsule 25 mg*  
*ketoprofen ext-rel capsule*  
KINERET  
KOMBIGLYZE XR  
KUVAN  
KYPROLIS  
LACRISERT  
LACTULOSE PAK  
LANOXIN TABLET (125 MCG and 250 MCG only)  
*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  
*Lorid*  
*Lorzone*  
 LOTEMAX  
 LOTEMAX SM  
*luliconazole*  
 LUNESTA  
 LUPRON DEPOT  
 LYRICA  
 MACRODANTIN  
*Matzim LA*  
 MAVYRET  
 MAXALT  
 MAXALT-MLT  
 MAXIDEX  
*mefenamic acid* (NDC\* 69336012830 only)  
*meloxicam capsule*  
 MENEST  
*mesalamine delayed-rel tablet 800 mg*  
*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  
*Mondoxyne NL capsule 75 mg*  
 MONOVISC  
 MOVIPREP  
 MULPLETA  
*MultiPro*  
*mupirocin cream*  
 MYFORTIC  
 MYRBETRIQ  
 MYTESI  
 NAPRELAN  
*naproxen CR*  
*naproxen suspension*  
*naproxen-esomeprazole*  
 NATURE-THROID  
 NEO-SYNALAR  
 NESINA  
 NEULASTA  
 NEULASTA ONPRO  
 NEUPOGEN  
 NEVANAC  
 NEXIUM  
*niacin tablet 500 mg*  
*Niacor*  
 NICADAN  
 NICAPRIN  
 NICAZEL  
 NICAZEL FORTE  
 NICOMIDE  
 NILANDRON  
*nitrofurantoin* (NDCs\* 16571074024, 70408023932 only)  
*Nolix*  
 NORGESIC FORTE  
 NORITATE  
 NORPACE  
 NORVASC  
 NOURIANZ  
 NOVAREL  
 NOVO NORDISK NEEDLES <sup>6</sup>  
 NOXAFIL  
 NPLATE  
*NuDiclo SoluPak*  
*NuDiclo TabPak*  
 NUEDEXTA  
 NUTROPIN AQ  
 NUVARING  
 NUVIGIL  
 OLUX-E  
*omeprazole-sodium bicarbonate*  
 OMNARIS  
 OMNITROPE  
 OMNIVEX  
 ONFI  
 ONGLYZA  
 ORENCIA INTRAVENOUS  
*orphenadrine-aspirin-caffeine*  
*Orphengesic Forte*  
 ORTHO D  
 ORTHO DF  
 ORTHOVISC  
*Oscimin SR*  
 OSENI  
 OSMOPREP  
 OSPHENA  
 OTREXUP  
 OWEN MUMFORD NEEDLES <sup>6</sup>  
*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  
*Pennaicain*  
 PENNSAID  
 PERCOGET  
 PERRIGO NEEDLES <sup>6</sup>  
 PEXEVA  
 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  
 PROCRT  
 PROCYSBI  
 PRODIGEN  
 PROGRAF  
 PROMETRIUM  
 PROTONIX  
 PROVAD  
 PROVENTIL HFA  
 PROVIGIL  
 PROZAC  
 PSORCON  
 QNASL  
 QTERN  
*quazepam*  
 RAPAFLO  
 RAPAMUNE  
 RAVICTI  
 RAYOS  
 RECEDO  
 REMODULIN  
 RENFLEXIS  
 REPATHA  
 REVATIO  
 RHEUMATE  
 RIABNI  
 RIBOZEL  
 RIMSO-50  
 RIOMET  
 RITUXAN  
 ROZEREM  
*RyClora*  
 RYTARY  
 SABRIL  
 SAIZEN  
 SANDOSTATIN LAR  
 SCARSILK PAD  
 SEASONIQUE  
 SEROQUEL XR  
 SIGNIFOR LAR  
 SIL-K PAD  
 SILENOR  
 SILIVEX  
 SILTREX  
 SIMPONI  
 SINGULAIR  
 SOMAVERT  
 SORILUX  
 SPRIX  
 STENDRA  
 STRIBILD  
 SUBOXONE  
*sucralate suspension*  
*sumatriptan-naproxen*  
 SUPREP  
*Sure Result DSS Premium Pack*  
*Symax-SR*  
 SYMJEPI  
 SYNERDERM  
 SYNVISC  
 SYNVISC-ONE  
 SYPRINE  
 TALIVA  
*Targadox*  
 TASIGNA  
*tavaborole*  
 TAYTULLA  
 TAZORAC  
 TECFIDERA  
 TESTIM  
*testosterone gel 1%*  
 (authorized generics for TESTIM and VOGELXO only)  
 THEO-24  
 THIOLA  
 THIOLA EC  
 TIMOPTIC OCULOSE  
 TIROSINT  
 TOBI  
 TOBI PODHALER  
 TOBRADEX ST  
*topiramate ext-rel capsule* (generics for QUDEXY XR only)  
 TOPROL-XL  
 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  
 TRINAZ

TRIVIDIA INSULIN SYRINGES <sup>6</sup>  
*TronVite*  
TRUVADA  
TRUXIMA  
TUDORZA  
UDENYCA  
ULORIC  
ULTIMED INSULIN SYRINGES <sup>6</sup>  
ULTIMED NEEDLES <sup>6</sup>  
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  
*Vtol LQ*  
WESTHROID  
WP THYROID  
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  
ZORTRESS  
ZORVOLEX  
ZUPLENZ  
ZYDELIG  
ZYLET  
ZYTIGA  
ZVIT

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, 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 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 and CITRANATAL are the only preferred options.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. 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.

©2022 CVS Health and/or one of its affiliates. All rights reserved.

106-31471C 040122

[Caremark.com](https://www.caremark.com)