

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

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

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

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Acromegaly</i>	SANDOSTATIN LAR	SOMATULINE DEPOT, SOMAVERT
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
<i>Anticonvulsants</i>	ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate, minocycline, tetracycline</i>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus *	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals</i> Hepatitis B *	BARACLUDE TABLET EPIVIR HBV HEPSERA VEMLIDY	<i>entecavir tablet, lamivudine, BARACLUDE SOLUTION, VIREAD</i>
<i>Anti-infectives, Antivirals</i> Hepatitis C *	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
	DAKLINZA TECHNIVIE VIEKIRA PAK VIEKIRA XR ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals</i> Herpes *	VALTREX	<i>acyclovir, valacyclovir</i>
<i>Anti-inflammatory</i> Steroidal, Ophthalmic	FML LIQUIFILM PRED FORTE	<i>dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
<i>Antiobesity</i>	CONTRAVE QSYMIA	BELVIQ, BELVIQ XR, SAXENDA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Asthma</i> * Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>levalbuterol tartrate CFC-free aerosol</i> , PROAIR HFA, PROAIR RESPICLICK
<i>Asthma</i> * Severe Asthma Agents	FASENRA	DUPIXENT, NUCALA
<i>Asthma</i> * Steroid Inhalants	ALVESCO	ARNUITY ELLIPTA, ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR, QVAR REDIHALER
<i>Asthma</i> * or <i>Chronic Obstructive Pulmonary Disease (COPD)</i> * Steroid / Beta Agonist Combinations	DULERA	ADVAIR, BREO ELLIPTA, SYMBICORT
<i>Attention Deficit Hyperactivity Disorder</i> *	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> , <i>methylphenidate ext-rel</i> , MYDAYIS, VYVANSE
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> , <i>atomoxetine</i> , <i>guanfacine ext-rel</i> , <i>methylphenidate ext-rel</i> , MYDAYIS, VYVANSE
<i>Autoimmune Agents</i> Ankylosing Spondylitis *	CIMZIA SIMPONI	COSENTYX, ENBREL, HUMIRA
<i>Autoimmune Agents</i> Crohn's Disease *	CIMZIA ENTYVIO	HUMIRA, STELARA SUBCUTANEOUS (after failure of HUMIRA)
<i>Autoimmune Agents</i> Psoriasis *	CIMZIA COSENTYX ENBREL	HUMIRA, OTEZLA, STELARA SUBCUTANEOUS, TALTZ
<i>Autoimmune Agents</i> Psoriatic Arthritis *	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA
<i>Autoimmune Agents</i> Rheumatoid Arthritis *	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, XELJANZ, XELJANZ XR
<i>Autoimmune Agents</i> Ulcerative Colitis *	ENTYVIO XELJANZ	HUMIRA, SIMPONI
<i>Autoimmune Agents</i> All Other Conditions *	ACTEMRA KINERET ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA
<i>Cancer</i> Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone</i> , <i>bicalutamide</i> , XTANDI

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Cancer</i> Prostate * Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT (For Prostate Cancer Only)	ELIGARD
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	PRALUENT	REPATHA
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors	ADCIRCA REVATIO	<i>sildenafil, tadalafil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
<i>Contraceptives</i> Progestin Intrauterine Devices	LILETTA	KYLEENA, MIRENA, SKYLA
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Depression *</i> Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet</i> (except 225 mg) CYMBALTA EFFEXOR XR	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression *</i> Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Depression and/or Schizophrenia</i> * Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
<i>Dermatology</i> Acne *	ACANYA BENZACLIN ONEXTON <i>Vanoxide-HC</i> VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC</i>
<i>Dermatology</i> Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
<i>Dermatology</i> Antipsoriatics	SORILUX	<i>calcipotriene</i>
<i>Dermatology</i> Rosacea *	NORITATE	<i>metronidazole, FINACEA, SOOLANTRA</i>
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	<i>hydrocortisone 1% in absorbase</i> (NDCs ^a 69499032210, 69499034325 only)	<i>desonide, hydrocortisone</i>
	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN KIT ALEVICYN SG <i>Alevicyn solution</i>	<i>desonide, hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A BENSAL HP NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
<i>Diabetes</i> * Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</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 OSENİ	JANUMET, JANUMET XR
<i>Diabetes</i> * Injectable Incretin Mimetics	BYDUREON BYETTA	OZEMPIC, TRULICITY, VICTOZA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Diabetes * Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ⁴	NOVOLIN 70/30 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	NOTE: Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.	
Diabetes * Long Acting Insulins	LANTUS TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
Diabetes * Insulin Sensitizers	ACTOS	<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 * Supplies, Needles ⁵	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
Diabetes * Supplies, Syringes ⁵	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
Diabetes * Supplies, Test Strips and Kits ^{6,7}	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ONETOUCH ULTRA STRIPS AND KITS ONETOUCH VERIO STRIPS AND KITS All other test strips that are not ACCU-CHEK brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁶ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁶ , ACCU-CHEK GUIDE STRIPS AND KITS ⁶ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁶
Dietary Supplements	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	RHEUMATE	<i>folic acid</i>
	VASCULERA	Consult doctor
Erectile Dysfunction * Phosphodiesterase Inhibitors	STENDRA VIAGRA	<i>sildenafil, tadalafil</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Fertility *</i>	BRAVELLE FOLLISTIM AQ	GONAL-F
	CHORIONIC GONADOTROPIN NOVAREL PREGNYL	OVIDREL
<i>Gastrointestinal Antiemetics</i>	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal Opioid-induced Constipation</i>	RELISTOR	MOVANTIK
<i>Gastrointestinal Proton Pump Inhibitors (PPIs)</i>	NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary Interstitial Cystitis</i>	RIMSO-50	Consult doctor
<i>Growth Hormones</i>	GENOTROPIN NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE
<i>Hematologic Anticoagulants (oral)</i>	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic Erythropoiesis-Stimulating Agents</i>	EPOGEN PROCRIT	ARANESP, RETACRIT
<i>Hematologic Hemophilia A *</i>	ELOCTATE HELIXATE FS	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic Hemophilia B *</i>	ALPROLIX	Consult doctor
<i>Hematologic Hereditary Angioedema *</i>	BERINERT	RUCONEST
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	FULPHILA	NEULASTA, UDENYCA
	GRANIX NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
<i>High Blood Pressure * Angiotensin II Receptor Antagonists</i>	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations</i>	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
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>
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) Matzim LA	<i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Antimetabolites	CELLCEPT MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>
	RAPAMUNE ZORTRESS	<i>sirolimus</i>
<i>Immunology</i> Calcineurin Inhibitors	ASTAGRAF XL ENVARUSUS XR	<i>cyclosporine; cyclosporine, modified; tacrolimus</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i>
	COLAZAL	<i>balsalazide</i>
<i>Interferons</i> *	PEGASYS	Consult doctor
<i>Kidney Disease</i> * Phosphate Binders	FOSRENOL	<i>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<i>Multiple Sclerosis</i>	EXTAVIA	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA, TYSABRI</i>
<i>Musculoskeletal</i>	AMRIX <i>chlorzoxazone 250 mg</i> (NDC ^A 69499033060 only)	<i>cyclobenzaprine</i>
<i>Narcolepsy</i> Wakefulness Promoters	NUVIGIL	<i>armodafinil</i>
<i>Nephropathic Cystinosis</i>	PROCYSBI	CYSTAGON
<i>Ophthalmic</i> Miscellaneous	AVENOVA	Consult doctor
<i>Opioid Reversal</i>	EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Osteoarthritis</i> * Viscosupplements	EUFLEXXA HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
<i>Osteoporosis</i> * Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
<i>Overactive Bladder / Incontinence</i> * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>
<i>Pain</i> Headache *	<i>butalbital-acetaminophen</i> (NDC [^] 69499034230 only) <i>butalbital-acetaminophen-caffeine capsule</i> FIORICET CAPSULE VANATOL LQ VANATOL S	<i>diclofenac sodium, naproxen</i>
	CAFERGOT	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
<i>Pain</i> Opioid Analgesics	LAZANDA	<i>fentanyl transmucosal lozenge, ABSTRAL, SUBSYS</i>
	<i>levorphanol</i>	<i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, EMBEDA, HYSINGLA ER, NUCYNTA ER, OXYCONTIN</i>
	PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
<i>Pain and Inflammation</i> * Corticosteroids	<i>Dexpak</i> MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
<i>Pain and Inflammation</i> * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole, or DEXILANT</i>
	<i>diclofenac sodium gel 1%</i> (NDC [^] 69499031866 only) PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1% (except NDC[^] 69499031866), diclofenac sodium solution, meloxicam, naproxen</i>
	CAMBIA INDOCIN NAPRELAN SPRIX ZORVOLEX	<i>diclofenac sodium, meloxicam, naproxen</i>
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin, GRALISE</i>
<i>Prostate Condition</i> Benign Prostatic Hyperplasia *	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
	UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
<i>Respiratory</i> Alpha-1 Antitrypsin Deficiency	ZEMAIRA	ARALAST NP, GLASSIA, PROLASTIN-C
<i>Respiratory</i> Cough	<i>benzonatate</i> (NDC [^] 69499032915 only)	<i>benzonatate (except NDC[^] 69499032915)</i>
<i>Sleep Disorder</i> Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Testosterone Replacement * Androgens	testosterone gel 1% ⁸ ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	testosterone gel, testosterone solution, ANDRODERM, ANDROGEL 1.62%
Thyroid Supplements	TIROSINT	levothyroxine, SYNTHROID
Transplant * Immunosuppressants, Calcineurin Inhibitors	PROGRAF	tacrolimus
Urea Cycle Disorders	BUPHENYL RAVICTI	sodium phenylbutyrate

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

The listed formulary options are subject to change.

List of Drugs Requiring Prior Authorization for Medical Necessity

ABILIFY
 ACANYA
 ACTEMRA
 ACTICLATE
 ACTOS
 ADCIRCA
 ADDERALL XR
 ALCORTIN A
 ALEVICYN GEL
 ALEVICYN KIT
 ALEVICYN SG
Alevicyn solution
 ALLISON MEDICAL INSULIN SYRINGES ⁵
 ALPROLIX
 ALTOPREV
 ALVESCO
 AMRIX
 ANDROGEL 1%
 APEXICON E
 APIDRA
 ARTHROTEC
 ASACOL HD
 ASTAGRAF XL
 ATACAND
 ATACAND HCT
 AVENOVA
 BARACLUDE TABLET
 BECONASE AQ
 BENICAR
 BENICAR HCT
 BENSAL HP
 BENZACLIN
benzonatate (NDC[^] 69499032915 only)
 BERINERT
 BETAPACE
 BETAPACE AF
 BRAVELLE
 BREEZE 2 STRIPS AND KITS ⁷
 BUPHENYL
butalbital-acetaminophen (NDC[^] 69499034230 only)
butalbital-acetaminophen-caffeine capsule
 BYDUREON
 BYETTA
 CAFERGOT
 CAMBIA
 CARAC
 CARDIZEM
 CARDIZEM CD
 CARDIZEM LA (and its generics)
 CARNITOR
 CARNITOR SF
 CELLCEPT
chlorzoxazone 250 mg (NDC[^] 69499033060 only)
 CHORIONIC GONADOTROPIN
 CIMZIA
clobetasol spray
 CLOBEX SPRAY
 COLAZAL
 CONTOUR NEXT STRIPS AND KITS ⁷
 CONTOUR STRIPS AND KITS ⁷
 CONTRAVE
 CRESTOR
 CYMBALTA
 DAKLINZA
 DELZICOL
 DETROL LA
Dexpak
diclofenac sodium gel 1% (NDC[^] 69499031866 only)
 DIOVAN
 DIOVAN HCT
 DORYX
 DORYX MPC
 DULERA
 DUTOPROL

DYRENIUM
 EDARBI
 EDARBYCLOR
 E.E.S. GRANULES
 EFFEXOR XR
 ELELYSO
 ELOCTATE
 ENABLEX
 ENTYVIO
 ENVARBUS XR
 EPIVIR HBV
 EPOGEN
 ERYPED
 EUFLEXXA
 EVZIO
 EXFORGE
 EXFORGE HCT
 EXTAVIA
 FANAPT
 FASENRA
 FIORICET CAPSULE
fluorouracil cream 0.5%
 FML LIQUIFILM
 FOLLISTIM AQ
 FORTAMET
 FORTESTA
 FOSRENOL
 FOSTEUM
 FOSTEUM PLUS
 FREESTYLE STRIPS AND KITS ⁷
 FULPHILA
 GENOTROPIN
 GLEEVEC
 GLUMETZA
 GRANIX
 HELIXATE FS
 HEPSERA
 HORIZANT
 HUMALOG
 HUMALOG MIX 50/50
 HUMALOG MIX 75/25
 HUMULIN 70/30 ⁴
 HUMULIN N ⁴
 HUMULIN R ⁴
 HYALGAN
hydrocortisone 1% in absorbase (NDCs[^] 69499032210, 69499034325 only)
 INDOCIN
 INTERMEZZO
 INTUNIV
 INVOKAMET
 INVOKAMET XR
 INVOKANA
 JALYN
 JENTADUETO
 JENTADUETO XR
 KAZANO
 KINERET
 KOMBIGLYZE XR
 LANOXIN TABLET (125 MCG and 250 MCG only)
 LANTUS
 LAZANDA
 LESCOL XL
levorphanol
 LILETTA
 LIPITOR
 LIVALO
 LUNESTA
 LUPRON DEPOT
 MACRODANTIN
Matzim LA
 MAVYRET
 MIACALCIN INJECTION
 MIACALCIN NASAL SPRAY

MILLIPRED
 MINOCIN
 MONOVISC
 MYFORTIC
 NAPRELAN
 NATESTO
 NESINA
 NEUPOGEN
 NEXIUM
 NILANDRON
 NORDITROPIN
 NORITATE
 NORVASC
 NOVACORT
 NOVAREL
 NOVO NORDISK NEEDLES ⁵
 NUTROPIN AQ
 NUVIGIL
 OLEPTRO
 OLUX-E
 OMNARIS
 OMNITROPE
 ONETOUCH ULTRA STRIPS AND KITS ⁷
 ONETOUCH VERIO STRIPS AND KITS ⁷
 ONEXTON
 ONGLYZA
 ORENCIA INTRAVENOUS
 ORTHOVISC
 OSENI
 OTREXUP
 OWEN MUMFORD NEEDLES ⁵
 OXYTROL
 PEGASYS
 PENNSAID
 PERRIGO NEEDLES ⁵
 PLAVIX
 PRADAXA
 PRALUENT
 PRED FORTE
 PREVACID
 PREGNYL
 PRIMLEV
 PROCIT
 PROCYSBI
 PROGRAF
 PROTONIX
 PROVENTIL HFA
 QNASL
 QSYMIA
 RAPAMUNE
 RAVICTI
 RAYOS
 RELISTOR
 REVATIO
 RHEUMATE
 RIMSO-50
 RIOMET
 ROZEREM
 SAIZEN
 SANDOSTATIN LAR
 SEROQUEL XR
 SORILUX
 SPRIX
 STENDRA
 SYNERDERM
 SYNVISIC
 SYNVISIC-ONE
 TARGADOX
 TASIGNA
 TECHNIVIE
 TESTIM
testosterone gel 1% ⁸
 TIROSINT
 TOBI

TOBI PODHALER TOUJEO TRADJENTA TRICOR TRIVIDIA INSULIN SYRINGES ⁵ TUDORZA ULTIMED INSULIN SYRINGES ⁵ ULTIMED NEEDLES ⁵ UROXATRAL VALCYTE VALTRES VANATOL LQ VANATOL S	<i>Vanoxide-HC</i> VASCULERA VELTIN VEMLIDY <i>venlafaxine ext-rel tablet (except 225 mg)</i> VENTOLIN HFA VIAGRA VIEKIRA PAK VIEKIRA XR VOGELXO XENAZINE XOPENEX HFA ZARXIO	ZEGERID ZEMAIRA ZEPATIER ZETIA ZETONNA ZIANA ZOLPIMIST ZONEGRAN ZORTRESS ZORVOLEX ZUPLLENZ ZYTIGA
--	--	--

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 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.

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

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

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

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

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

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

⁵ BD ULTRAFINE syringes and needles are the only preferred options.

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

⁷ ACCU-CHEK brand test strips are the only preferred options.

⁸ Listing reflects the authorized generics for TESTIM and VOGELXO.

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

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