

# Medications Requiring Prior Authorization for Medical Necessity for Elevate Plus Members - Chart

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 (May Require Prior Authorization)
<i>Acromegaly</i>	SANDOSTATIN LAR SIGNIFOR LAR SOMAVERT	SOMATULINE DEPOT
<i>Allergies</i> Antihistamines	<i>dexchlorpheniramine</i> Diphen Elixir RyClora CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	<i>doxycycline hyclate delayed-rel tablet</i> <i>doxycycline hyclate tablet 50 mg</i> <i>doxycycline hyclate tablet 75 mg</i> <i>doxycycline hyclate tablet 150 mg</i> <i>doxycycline monohydrate capsule 75 mg</i> <i>doxycycline monohydrate capsule 150 mg</i> <i>minocycline ext-rel</i> CoreMino Mondoxyne NL capsule 75 mg Targadox DORYX DORYX MPC	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	<i>nitrofurantoin (NDC* 16571074024 only)</i> MACRODANTIN	<i>nitrofurantoin (except NDC* 16571074024)</i>
<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>tavorole</i>	<i>terbinafine tablet</i>
<i>Anti-infectives, Antiretroviral Agents</i> Combination Agents	COMPLERA STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA</i>
	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>

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<i>Anti-infectives, Antiretroviral Agents</i> Protease Inhibitors	APTIVUS	Talk to your doctor
	LEXIVA VIRACEPT	atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA
<i>Anti-infectives, Antivirals</i> Cytomegalovirus †	VALCYTE	valganciclovir
<i>Anti-infectives, Antivirals</i> Hepatitis B †	BARACLUDE TABLET EPIVIR HBV	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMPLIDY
<i>Anti-infectives, Antivirals</i> 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)
<i>Anti-infectives, Antivirals</i> Herpes †	acyclovir cream VALTREX	acyclovir capsule, acyclovir tablet, valacyclovir
	DARAPRIM	pyrimethamine
<i>Anti-infectives</i> Miscellaneous		
<i>Antiobesity</i>	CONTRAVE XENICAL	orlistat, QSYMIA, SAXENDA, WEGOVY
<i>Antiseizure Agents</i>	topiramate ext-rel capsule (generics for QUDEXY XR only)	carbamazepine, carbamazepine ext-rel, clobazam, clonazepam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, 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, XCOPRI
	BANZEL SUSPENSION ONFI	clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR
	SABRIL	vigabatrin
	ZONEGRAN	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, 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, XCOPRI
<i>Anxiety †</i> Benzodiazepines	ATIVAN XANAX XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
<i>Asthma †</i> Beta Agonists, Short-Acting	albuterol sulfate CFC-free aerosol (NDC* 66993001968 only) PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol
<i>Asthma †</i> Leukotriene Modulators	zileuton ext-rel SINGULAIR	montelukast, zafirlukast
<i>Asthma †</i> Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
<i>Asthma † or Chronic Obstructive Pulmonary Disease (COPD) †</i> Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT

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<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	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS, MYDAYIS, VYVANSE</i>
<i>Autoimmune Agents Physician-Administered Agents</i>	ACTEMRA INTRAVENOUS ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
	AVSOLA CIMZIA LYOPHILIZED POWDER INFLECTRA RENFLEXIS	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease Only)	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
	ILUMYA	REMICADE
<i>Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis</i> †	CIMZIA PREFILLED SYRINGE SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, RINVOQ
<i>Autoimmune Agents Self-Administered Agents Crohn's Disease</i> †	CIMZIA PREFILLED SYRINGE	HUMIRA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS
<i>Autoimmune Agents Self-Administered Agents Psoriasis</i> †	CIMZIA PREFILLED SYRINGE COSENTYX ENBREL	HUMIRA, OTEZLA, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
<i>Autoimmune Agents Self-Administered Agents Psoriatic Arthritis</i> †	CIMZIA PREFILLED SYRINGE ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREMFYA XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS
<i>Autoimmune Agents Self-Administered Agents Rheumatoid Arthritis</i> †	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS CIMZIA PREFILLED SYRINGE KINERET SIMPONI	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
<i>Autoimmune Agents Self-Administered Agents Ulcerative Colitis</i> †	SIMPONI	HUMIRA, RINVOQ, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
<i>Autoimmune Agents Self-Administered Agents All Other Conditions</i> †	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA
<i>Cancer Biosimilars</i>	RIABNI TRUXIMA	RUXIENCE

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<b>Cancer</b> Chronic Myelogenous Leukemia † Kinase Inhibitors	GLEEVEC TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<b>Cancer</b> Follicular Lymphoma † PI3K Inhibitors	ALIQOPA	Talk to your doctor
	ZYDELIG	COPIKTRA
<b>Cancer</b> Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
<b>Cancer</b> Multiple Myeloma † Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO, VELCADE
<b>Cancer</b> Prostate † Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone</i> , <i>bicalutamide</i> , ERLEADA, XTANDI, YONSA
<b>Cancer</b> Prostate † Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD, FIRMAGON
<b>Cardiovascular</b> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	NORPACE	<i>disopyramide</i>
<b>Cardiovascular</b> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<b>Cardiovascular</b> Antilipemics Fibrates	<i>fenofibrate capsule 30 mg</i> <i>fenofibrate capsule 50 mg</i> <i>fenofibrate capsule 90 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 30 mg, 50 mg, 90 mg, 130 mg</i> ; <i>fenofibrate tablet 40 mg, 120 mg</i> ), <i>fenofibric acid delayed-rel</i>
<b>Cardiovascular</b> 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>
<b>Cardiovascular</b> Antilipemics Niacins	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i>
	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters</i> , VASCEPA

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<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, 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>Central Precocious Puberty</i>	LUPRON DEPOT-PED	SUPPRELIN LA, TRIPTODUR
<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 NATAZIA 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</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</i>
<i>Dental</i> Cavity/Caries Prevention	PREVIDENT	Talk to your doctor

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<i>Depression †</i> Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i> <i>paroxetine HCl ext-rel</i> (NDC* 60505367503 only) LEXAPRO PAXIL PAXIL CR PEVEVA PROZAC TRINTELLIX 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</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> APLENZIN WELLBUTRIN XL	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
<i>Depression and/or Schizophrenia †</i> Antipsychotics, Atypicals	ABILIFY FANAPT LATUDA SEROQUEL XR	<i>aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>
<i>Dermatology</i> Acne †	<i>adapalene pad</i> <i>clindamycin gel (NDC* 68682046275 only)</i> <i>Vanoxide-HC</i> ACANYA AZELEX DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	<i>adapalene (except adapalene pad), adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ONEXTON</i>
<i>Dermatology</i> Actinic Keratosis †	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA</i>
<i>Dermatology</i> Anti-infective / Anti-inflammatory	NEO-SYNALAR	<i>desonide (except desonide gel) or hydrocortisone WITH gentamicin</i>
<i>Dermatology</i> Antibiotics	<i>mupirocin cream</i>	<i>gentamicin, 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, calcipotriene solution</i>
	<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI</i>
<i>Dermatology</i> Atopic Dermatitis †	<i>doxepin cream</i>	<i>desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
	ELIDEL	<i>pimecrolimus, tacrolimus, EUCRISA</i>
	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA

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<i>Dermatology</i> Rosacea †	FINACEA GEL MIRVASO NORITATE	<i>azelaic acid gel, brimonidine gel, ivermectin cream, metronidazole, FINACEA FOAM</i>
<i>Dermatology</i> Scars	CICATRACE POLYTOZA RECEDO SCARSILK PAD SILIVEX SILTREX	Talk to your doctor
<i>Dermatology</i> Seborrheic Dermatitis †	<i>ketoconazole foam 2%</i> Ketodan	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
<i>Dermatology</i> Skin Inflammation and Hives † Low Potency Corticosteroids	<i>desonide gel</i> DesRx <i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> 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>betamethasone dipropionate ointment 0.05%</i> <i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG	<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 emollient foam</i> <i>clobetasol spray</i> <i>fluocinonide cream 0.1%</i> Tovet CLOBEX SPRAY CORDRAN TAPE OLUX-E ULTRAVATE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient 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, econazole, ketoconazole cream 2%, NAFTIN</i>
<i>Diabetes †</i> Biguanides	<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>

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<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 <b>WITH</b> <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> † Long Acting Insulins <sup>6</sup>	TOUJEO	TRESIBA
<i>Diabetes</i> † Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
<i>Diabetes</i> † Supplies, Needles <sup>7</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>7</sup>	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES	BD ULTRAFINE INSULIN SYRINGES



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	All other insulin syringes that are not BD ULTRAFINE brand	
<b>Diabetes †</b> Supplies, Test Strips and Kits <sup>8,9</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>8</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>8</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>8</sup> , ONETOUCH ULTRA STRIPS AND KITS <sup>8</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>8</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>Endocrine and Metabolic Corticosteroids</b>	<i>prednisolone solution 10 mg/5 mL</i> <i>prednisolone solution 20 mg/5 mL</i> <i>Millipred</i> BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE	<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>Gastrointestinal Anticholinergics</b>	<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>
<b>Gastrointestinal Antidiarrheals</b>	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
<b>Gastrointestinal Antiemetics</b>	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
<b>Gastrointestinal Irritable Bowel Syndrome †</b>	AMITIZA	<i>lubiprostone, LINZESS, MOVANTIK, SYMPROIC</i>
	MOTEGRITY TRULANCE	<i>lubiprostone, LINZESS</i>
<b>Gastrointestinal Laxatives</b>	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),</i> <i>sodium sulfate-potassium sulfate-magnesium sulfate, CLENPIQ</i>
<b>Gastrointestinal Pancreatic Enzymes</b>	PANCREAZE PERTZYE	CREON, VIOKACE, ZENPEP

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options (May Require Prior Authorization)</b>
<b>Gastrointestinal Proton Pump Inhibitors (PPIs)</b>	<i>lansoprazole delayed-rel orally disintegrating tablet</i> <i>omeprazole-sodium bicarbonate</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
<b>Gastrointestinal Ulcer Treatment</b>	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
<b>Gaucher Disease</b>	ELELYSO	CERDELGA, CERZYME
<b>Genitourinary Interstitial Cystitis</b>	ELMIRON RIMSO-50	Talk to your doctor
<b>Genitourinary Miscellaneous</b>	LITHOSTAT	Talk to your doctor
<b>Gout †</b>	THIOLA THIOLA EC	<i>tiopronin</i>
	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet, MITIGARE</i>
	ULORIC	<i>allopurinol</i>
<b>Growth Hormones</b>	HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, NORDITROPIN
<b>Hematologic Anticoagulants Injectable</b>	HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
<b>Hematologic Anticoagulants Oral</b>	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<b>Hematologic Chelating Agents</b>	CUPRIMINE	<i>penicillamine</i>
	DESFERAL EXJADE FERRIPROX JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE	<i>trientine</i>
	EPOGEN PROCRIT	ARANESP, RETACRIT
<b>Hematologic Erythropoiesis-Stimulating Agents</b>		
<b>Hematologic Hemophilia B</b>	ALPROLIX	REBINYN
<b>Hematologic Neutropenia Colony Stimulating Factors</b>	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX NEUPOGEN ZARXIO	NIVESTYM
	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options (May Require Prior Authorization)</b>
<i>Hematologic</i> Platelet Aggregation Inhibitors	ZONTIVITY	Talk to your doctor
<i>Hematologic</i> Thrombocytopenia Agents	PROMACTA	DOPTELET, TAVALISSE
<i>High Blood Pressure</i> † ACE Inhibitor / Diuretic Combinations	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
<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>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> † 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>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine, AUSTEDO, AUSTEDO XR</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP RASUVO	<i>methotrexate</i>
<i>Immunology</i> Hereditary Angioedema	BERINERT	<i>icatibant, RUCONEST</i>
	TAKHZYRO	Talk to your doctor
<i>Immunology</i> Immune Globulins	CUVITRU GAMMAGARD HYQVIA	CUTAQUIG

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options (May Require Prior Authorization)</b>
<i>Inflammatory Bowel Disease (IBD) Ulcerative Colitis †</i>	ASACOL HD COLAZAL DELZICOL LIALDA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
<i>Interferons †</i>	PEGASYS	Talk to your doctor
<i>Kidney Disease † Phosphate Binders</i>	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<i>Menopausal Symptom Agents Oral</i>	<i>paroxetine mesylate capsule 7.5 mg</i>  MENEST OSPHENA PREMARIN	<i>paroxetine HCl</i>  <i>estradiol</i>
<i>Menopausal Symptom Agents Transdermal</i>	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Menopausal Symptom Agents Vaginal</i>	<i>estradiol vaginal tablet</i> Yuvafem ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
<i>Multiple Sclerosis</i>	AUBAGIO AVONEX EXTAVIA GILENYA PLEGRIDY TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
<i>Musculoskeletal</i>	<i>carisoprodol 250 mg</i> <i>chlorzoxazone 250 mg</i> <i>chlorzoxazone 375 mg</i> <i>chlorzoxazone 500 mg</i> (NDC* 73007001303 only) <i>chlorzoxazone 750 mg</i> <i>cyclobenzaprine ext-rel capsule</i> <i>cyclobenzaprine tablet 7.5 mg</i> <i>metaxalone 400 mg</i> <i>methocarbamol 500 mg</i> (NDC* 69036091010 only) <i>methocarbamol 750 mg</i> (NDCs* 69036093090, 70868090190 only) <i>orphenadrine-aspirin-caffeine</i> Fexmid Lorzone Orphengesic Forte AMRIX NORGESIC FORTE	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
<i>Narcolepsy</i>	NUVIGIL PROVIGIL	<i>armodafinil, modafinil, SUNOSI</i>
	XYREM	SODIUM OXYBATE
<i>Nephropathic Cystinosis</i>	PROCYSBI	CYSTAGON
<i>Ophthalmic Allergies</i>	ALREX BEPREVE LASTACAFT ZERVIAE	<i>azelastine, bepotastine, cromolyn sodium</i>
<i>Ophthalmic Anti-infectives</i>	AZASITE CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options (May Require Prior Authorization)</b>
<i>Ophthalmic</i> Anti-infective / Anti-inflammatory	TOBRADEX ST ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
<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 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 SINGLE DOSE, RESTASIS MULTIDOSE, XIIDRA
<i>Ophthalmic</i> Glaucoma	TRAVATAN Z	<i>bimatoprost, latanoprost, tafluprost, travoprost, LUMIGAN</i>
	BETIMOL TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETOPTIC S</i>
<i>Ophthalmic</i> Miscellaneous	AVENOVA	Talk to your 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 OXYTROL TOVIAZ	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ</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> <i>diclofenac potassium powder</i> <i>Bupap</i> 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> <i>Migergot</i> CAFERGOT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options (May Require Prior Authorization)
	MAXALT MAXALT-MLT	
	<i>sumatriptan-naproxen</i> TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY or ZEMBRACE SYMTOUCH</i>
Pain Migraine CGRP Inhibitors	AIMOVIG	AJOVY, EMGALITY, QULIPTA
Pain Neuropathic Pain †	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>
Pain Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	SUBSYS	<i>fentanyl transmucosal lozenge</i>
	<i>levorphanol oxymorphone ext-rel</i> 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, oxycodone-acetaminophen</i>
	<i>tramadol (NDC* 52817019610 only) tramadol ext-rel capsule</i>	<i>tramadol (except NDC* 52817019610), tramadol ext-rel tablet</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 dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet</i>
	CELEBREX	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>diclofenac sodium solution 2% Capsinac Diclofex DC Diclosaicin Iclofenac CP Inflammacin Kapzin DC NuDiclo SoluPak NuDiclo TabPak Pennsaicin Sure Result DSS Premium Pack Ziclocin Pak Ziclopro</i>	<i>diclofenac sodium, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>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</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options (May Require Prior Authorization)
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH dextansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet</i>
<i>Parkinson's Disease</i>	APOKYN	INBRIJA, KYNMOBI
	NOURIANZ	<i>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 <sup>10</sup></i>	AZESCO PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins that are not CITRANATAL	<i>generic 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>Respiratory Alpha-1 Antitrypsin Deficiency</i>	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C
<i>Respiratory Cough</i>	<i>benzonatate (NDCs* 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDCs* 69336012615, 69499032915)</i>
<i>Respiratory Xanthines</i>	THEO-24	<i>formoterol inhalation solution, ipratropium inhalation solution, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	<i>quazepam zolpidem sublingual LUNESTA ROZEREM SILENOR ZOLPIMIST</i>	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
<i>Testosterone Replacement † Androgens</i>	<i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only) ANDROGEL FORTESTA TESTIM VOGELXO</i>	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>
<i>Thyroid Supplements</i>	CYTOMEL	<i>levothyroxine, liothyronine, SYNTHROID</i>
	TIROSINT	<i>levothyroxine, SYNTHROID</i>
<i>Urea Cycle Disorders</i>	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</i>
<i>Uterine Fibroids †</i>	LUPRON DEPOT	ORIAHNN

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 <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	ATOPADERM	<i>calcipotriene cream</i>
ACANYA	AUBAGIO	<i>calcipotriene foam</i>
ACIPHEX	AVASTIN	CALCIPOTRIENE FOAM
ACIPHEX SPRINKLE	AVENOVA	<i>calcipotriene-betamethasone</i>
ACTEMRA ACTPEN	AVONEX	<i>calcitriol ointment</i>
ACTEMRA INTRAVENOUS	AVSOLA	CAMBIA
ACTEMRA SUBCUTANEOUS	AZASITE	<i>Capsinac</i>
ACTOS	AZELEX	CARAC
ACUVAIL	AZESCO	CARAFATE
<i>acyclovir cream</i>	AZOR	CARBINOXAMINE TABLET 6 MG
<i>adapalene pad</i>	BALCOLTRA	CARDIZEM
ADCIRCA	BANZEL SUSPENSION	CARDIZEM CD
ADDERALL	BARACLUDE TABLET	CARDIZEM LA
ADDERALL XR	BECONASE AQ	<i>carisoprodol 250 mg</i>
ADZENYS XR-ODT	BENICAR	CARNITOR
AIMOVIQ	BENICAR HCT	CARNITOR SF
<i>albuterol sulfate CFC-free aerosol</i>	BENSAL HP	CELEBREX
(NDC* 66993001968 only)	<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)
ALEVICYN GEL	BEPREVE	<i>chlorzoxazone 250 mg</i>
ALEVICYN SG	BERINERT	<i>chlorzoxazone 375 mg</i>
ALEVICYN SOLUTION	BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE	<i>chlorzoxazone 500 mg</i> (NDC* 73007001303 only)
ALIQOPA	<i>betamethasone dipropionate ointment 0.05%</i>	<i>chlorzoxazone 750 mg</i>
ALLISON MEDICAL INSULIN SYRINGES <sup>7</sup>	BETAPACE	CICATRACE
ALPROLIX	BETAPACE AF	CILOXAN
ALREX	BETIMOL	CIMZIA LYOPHILIZED POWDER
ALTOPREV	BEVESPI AEROSPHERE	CIMZIA PREFILLED SYRINGE
ALVESCO	BEYAZ	CIPRO HC
AMITIZA	BORTEZOMIB	CIPRODEX
AMRIX	BREEZE 2 STRIPS AND KITS <sup>9</sup>	<i>ciprofloxacin-fluocinolone</i>
ANDROGEL	BROMSITE	<i>clindamycin gel</i> (NDC* 68682046275 only)
APEXICON E	<i>Bupap</i>	<i>clobetamol emollient foam</i>
APIDRA	BUPHENYL	<i>clobetamol spray</i>
APLENZIN	<i>bupropion ext-rel tablet 450 mg</i>	CLOBEX SPRAY
APOKYN	<i>butalbital-acetaminophen capsule</i>	<i>clocortolone cream</i>
APTENSIO XR	<i>butalbital-acetaminophen tablet 25-325 mg</i>	COLAZAL
APTIVUS	<i>butalbital-acetaminophen tablet 50-300 mg</i>	<i>colchicine capsule</i>
ARALAST NP	BUTALBITAL-ACETAMINOPHEN	COLCRYS
ARTHROTEC	(NDC* 69499034230 only)	COMPLERA
ASACOL HD	<i>butalbital-acetaminophen-caffeine capsule</i>	CONCERTA
ASMANEX	BUTRANS	CONTOUR NEXT STRIPS AND KITS <sup>9</sup>
ASMANEX HFA	BYDUREON BCISE	CONTOUR STRIPS AND KITS <sup>9</sup>
ATACAND	BYETTA	CONTRAVE
ATACAND HCT	CAFERGOT	
ATIVAN		



CORDRAN CREAM  
CORDRAN LOTION  
CORDRAN OINTMENT  
CORDRAN TAPE  
COREG CR  
CoreMino  
COZAAR  
CRESEMBA  
CRESTOR  
CUPRIMINE  
CUVITRU  
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  
diclofenac potassium capsule 25 mg  
diclofenac potassium powder  
diclofenac potassium tablet 25 mg  
diclofenac sodium solution 2%  
Diclofex DC  
Diclosaicin  
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  
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  
DYRENIUM  
EDARBI  
EDARBYCLOR  
E.E.S. GRANULES  
EFFEXOR XR  
ELELYSO  
ELIDEL  
ELMIRON  
ENLITE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
ENTERAGAM  
ENTYVIO (For Crohn's Disease Only)  
EPICERAM  
EPIVIR HBV  
EPOGEN  
ergotamine-caffeine  
ERYPED  
estradiol vaginal tablet  
ESTRING  
EVEKEO  
EVERSENSE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
EXFORGE  
EXFORGE HCT  
EXJADE  
EXTAVIA  
FABIOR  
FANAPT

FEMRING  
fenofibrate capsule 30 mg  
fenofibrate capsule 50 mg  
fenofibrate capsule 90 mg  
fenofibrate capsule 130 mg  
fenofibrate tablet 40 mg  
fenofibrate tablet 120 mg  
FENOGLIDE TABLET 120 MG  
fenopufen  
FENOPROFEN CAPSULE  
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  
FOCALIN XR  
FORTAMET  
FORTESTA  
FOSRENOL  
FREESTYLE LIBRE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
FREESTYLE STRIPS AND KITS 9  
FULPHILA  
GAMMAGARD  
GEL-ONE  
GILENYA  
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  
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  
hyoscyamine sulfate ext-rel  
HYQVIA  
HYSINGLA ER  
HYZAAR  
Iclofenac CP  
icosapent ethyl  
ILUMYA  
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  
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)  
lansoprazole delayed-rel orally disintegrating tablet  
lanthanum carbonate  
LANTUS  
LASTACRAFT  
LATUDA  
LESCOL XL  
LETAIRIS  
levorphanol  
LEXAPRO  
LEXIVA  
LIALDA  
LIBRAX  
LILETTA  
LIPITOR  
LITHOSTAT  
LIVALO  
Lofena  
Lorzone  
LOTEMAX  
LOTEMAX SM  
luliconazole  
LUNESTA  
LUPRON DEPOT  
LUPRON DEPOT-PED  
LYRICA  
MACRODANTIN  
Matzim LA  
MAVYRET  
MAXALT  
MAXALT-MLT  
MAXIDEX  
mefenamic acid (NDC\* 69336012830 only)  
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  
MOTEGRITY

MOVIPREP  
*mupirocin cream*  
MYTESI  
NAPRELAN  
*naproxen CR*  
*naproxen suspension*  
*naproxen-esomeprazole*  
NATAZIA  
NEO-SYNALAR  
NESINA  
NEULASTA  
NEULASTA ONPRO  
NEUPOGEN  
NEVANAC  
NEXIUM  
*niacin tablet 500 mg*  
*Niacor*  
NILANDRON  
*nitrofurantoin (NDC\* 16571074024 only)*  
NORGESIC FORTE  
NORITATE  
NORPACE  
NORVASC  
NOURIANZ  
NOVO NORDISK NEEDLES <sup>7</sup>  
NOXAFIL  
*NuDiclo SoluPak*  
*NuDiclo TabPak*  
NUTROPIN AQ  
NUVARING  
NUVIGIL  
OLUX-E  
*omeprazole-sodium bicarbonate*  
OMNARIS  
OMNITROPE  
ONFI  
ONGLYZA  
ORENCIA INTRAVENOUS  
*orphenadrine-aspirin-caffeine*  
*Orphengesic Forte*  
ORTHOVISC  
OSENI  
OSMOPREP  
OSPHENA  
OTREXUP  
OWEN MUMFORD NEEDLES <sup>7</sup>  
*oxiconazole (NDCs\* 00168035830, 51672135902 only)*  
OXYCONTIN  
*oxymorphone ext-rel*  
OXYTROL  
PANCREAZE  
*paroxetine HCl ext-rel (NDC\* 60505367503 only)*  
*paroxetine mesylate capsule 7.5 mg*  
PAXIL  
PAXIL CR  
*peg 3350-electrolytes (generics for MOVIPREP only)*  
PEGASYS  
*Pennaicin*  
PERCOCET  
PERRIGO NEEDLES <sup>7</sup>  
PERTZYE  
PEXEVA  
PLAVIX  
PLEGRIDY  
POLYTOZA  
*posaconazole delayed-rel tablet*  
PRADAXA  
PRALUENT  
PRED FORTE  
PRED MILD  
*prednisolone solution 10 mg/5 mL*  
*prednisolone solution 20 mg/5 mL*  
PREMARIN  
PREMARIN CREAM  
PRENATAL PLUS  
PREVACID

PREVIDENT  
PRISTIQ  
PROAIR RESPICLIK  
PROCRIT  
PROCYSBI  
PROMACTA  
PROMETRIUM  
PROTONIX  
PROVENTIL HFA  
PROVIGIL  
PROZAC  
QNASL  
QTERN  
*quazepam*  
RAPAFLO  
RASUVO  
RAVICTI  
RECEDO  
REMODULIN  
RENFLEXIS  
REVATIO  
RIABNI  
RIMSO-50  
RIOMET  
RITUXAN  
ROZEREM  
*RyClora*  
RYTARY  
SABRIL  
SAIZEN  
SANDOSTATIN LAR  
SCARSILK PAD  
SEASONIQUE  
SEROQUEL XR  
SIGNIFOR LAR  
SILENOR  
SILIVEX  
SILTREX  
SIMPONI  
SINGULAIR  
SOMAVERT  
SORILUX  
SPRIX  
STRIBILD  
SUBOXONE  
SUBSYS  
*sucralfate suspension*  
*sumatriptan-naproxen*  
SUPREP  
*Sure Result DSS Premium Pack*  
SYNERDERM  
SYNVISC  
SYNVISC-ONE  
SYPRINE  
TAKHZYRO  
*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  
TOUJEO  
*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  
TRINTELLIX  
TRIVIDIA INSULIN SYRINGES <sup>7</sup>  
TRULANCE  
TRUVADA  
TRUXIMA  
TUDORZA  
UDENYCA  
ULORIC  
ULTIMED INSULIN SYRINGES <sup>7</sup>  
ULTIMED NEEDLES <sup>7</sup>  
ULTRAVATE  
UROXATRAL  
VALCYTE  
VALTREX  
*Vanoxide-HC*  
VECTICAL  
VELTIN  
*venlafaxine ext-rel tablet (except 225 mg)*  
VENTOLIN HFA  
VEREGEN  
VIEKIRA PAK  
VIIBRYD  
VIRACEPT  
VISCO-3  
VITAFOL-ONE  
VIVELLE-DOT  
VOGELXO  
WELLBUTRIN XL  
XANAX  
XANAX XR  
XENAZINE  
XENICAL  
XOPENEX HFA  
XYREM  
YASMIN  
YAZ  
*Yuvaferm*  
ZALVIT  
ZARXIO  
ZEGERID  
ZEMAIRA  
ZEPATIER  
ZERVIAE  
ZESTORETIC  
ZETIA  
ZETONNA  
ZIANA  
*Ziclocin Pak*  
*Ziclopro*  
*zileuton ext-rel*  
ZIRGAN  
ZOLADEX  
ZOLOFT  
*zolpidem sublingual*  
ZOLPIMIST  
ZONEGRAN  
ZONTIVITY  
ZORVOLEX  
ZYDELIG  
ZYLET  
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](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.

<sup>†</sup> 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\*.

<sup>1</sup> 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.

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

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

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

<sup>5</sup> Long Acting Insulins - First Generation.

<sup>6</sup> Long Acting Insulins - Second Generation.

<sup>7</sup> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>8</sup> 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.

<sup>9</sup> ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

<sup>10</sup> Generic prenatal vitamins and CITRANATAL are the only preferred options.

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