



October 2023

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

This list is applicable to the NALC Health Benefit Plan Formulary Drug List with Advance 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.

Select Formulary Options may also require prior authorization.

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (May Require Prior Authorization)
<i>Acromegaly</i>	SANDOSTATIN LAR SIGNIFOR LAR SOMAVERT	SOMATULINE DEPOT
<i>Allergies Antihistamines</i>	<i>dexchlorpheniramine</i> <i>Diphen Elixir</i> <i>RyClora</i> CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
<i>Allergies Nasal Steroids / Combinations</i>	BECONASE AQ OMNARIS QNASL ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
<i>Anti-infectives, Antibacterials Erythromycins / Macrolides</i>	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials Tetracyclines</i>	<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> <i>CoreMino</i> <i>Mondoxyne NL capsule 75 mg</i> <i>Targadox</i> DORYX DORYX MPC	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>Anti-infectives, Antibacterials Miscellaneous</i>	<i>nitrofurantoin (NDC* 16571074024 only)</i> MACRODANTIN	<i>nitrofurantoin (except NDC* 16571074024)</i>

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Anti-infectives, Antifungals	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
	<i>posaconazole delayed-rel tablet</i> NOXAFIL	<i>fluconazole, itraconazole</i>
	CRESEMBA	<i>itraconazole</i>
	<i>tavaborole</i>	<i>terbinafine tablet</i>
Anti-infectives, Antiretroviral Agents 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>
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS	Talk to your doctor
	LEXIVA VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
Anti-infectives, Antivirals Cytomegalovirus †	VALCYTE	<i>valganciclovir</i>
Anti-infectives, Antivirals Hepatitis B †	BARACLUDE TABLET EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
Anti-infectives, Antivirals Hepatitis C †	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
	VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals Herpes †	<i>acyclovir cream</i> VALTREX	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
Anti-infectives Miscellaneous	DARAPRIM	<i>pyrimethamine</i>
Antiobesity	CONTRAVE XENICAL	<i>orlistat, QSYMIA, SAXENDA, WEGOVY</i>
Antiseizure Agents	<i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only)	<i>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</i>
	BANZEL SUSPENSION ONFI	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
	SABRIL	<i>vigabatrin</i>
	ZONEGRAN	<i>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 † Benzodiazepines	ATIVAN XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
Asthma † Beta Agonists, Short-Acting	<i>albuterol sulfate CFC-free aerosol</i> (NDC* 66993001968 only) PROAIR RESPICLICK PROVENTIL HFA	<i>albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol</i>

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	VENTOLIN HFA XOPENEX HFA	
<i>Asthma</i> † Leukotriene Modulators	<i>zileuton ext-rel</i> SINGULAIR	<i>montelukast, zafirlukast</i>
<i>Asthma</i> † Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDHALER
<i>Asthma</i> † or <i>Chronic Obstructive Pulmonary Disease (COPD)</i> † Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT
<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, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexmethylphenidate 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
	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

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<i>Autoimmune Agents</i> Self-Administered Agents Ulcerative Colitis †	SIMPONI	HUMIRA, RINVOQ, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
<i>Autoimmune Agents</i> Self-Administered Agents All Other Conditions †	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA
<i>Cancer</i> Biosimilars	RIABNI TRUXIMA	RUXIENCE
<i>Cancer</i> Chronic Myelogenous Leukemia † Kinase Inhibitors	GLEEVEC TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Follicular Lymphoma † PI3K Inhibitors	ALIQOPA	Talk to your doctor
	ZYDELIG	COPIKTRA
<i>Cancer</i> Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
<i>Cancer</i> Multiple Myeloma † Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO, VELCADE
<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 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>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	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>

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Cardiovascular Antilipemics Niacins	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i>
Cardiovascular Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
Cardiovascular Antilipemics PCSK9 Inhibitors	PRALUENT	REPATHA
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
Cardiovascular Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
Cardiovascular Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
Cardiovascular Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors	ADCIRCA REVATIO	<i>sildenafil, tadalafil</i>
Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN	<i>treprostinil</i>
Carnitine Deficiency	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Central Precocious Puberty	LUPRON DEPOT-PED	SUPPRELIN LA, TRIPTODUR
Chronic Obstructive Pulmonary Disease (COPD) † Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
Chronic Obstructive Pulmonary Disease (COPD) † Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
Contraceptives 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>
Contraceptives Progestin Intrauterine Devices	LILETTA	KYLEENA, MIRENA, SKYLA
Contraceptives Vaginal	NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>

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<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
<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 PEXEVA 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>doxepin cream</i>	<i>desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>

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<i>Dermatology</i> Atopic Dermatitis †	ELIDEL	<i>pimecrolimus, tacrolimus, EUCRISA</i>
<i>Dermatology</i> Rosacea †	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
	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 SILVEX SILTREX	Talk to your doctor
<i>Dermatology</i> Seborrheic Dermatitis †	<i>ketconazole foam 2%</i> Ketodan	<i>ketconazole 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, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>

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<i>Diabetes</i> † Biguanides	<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)
<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 ⁴	NOVOLIN 70/30 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	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 ⁵	LANTUS	BASAGLAR, LEVEMIR
<i>Diabetes</i> † Long Acting Insulins ⁶	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 ⁷	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES	BD ULTRAFINE NEEDLES

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	All other insulin needles that are not BD ULTRAFINE brand	
<i>Diabetes</i> † Supplies, Syringes ⁷	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
<i>Diabetes</i> † Supplies, Test Strips and Kits ^{8,9}	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 ⁸ , ACCU-CHEK GUIDE STRIPS AND KITS ⁸ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁸ , ONETOUCH ULTRA STRIPS AND KITS ⁸ , ONETOUCH VERIO STRIPS AND KITS ⁸
	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
<i>Dietary Supplements</i>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite Dexifol Folvite-D Genicin Vita-S HylaVite TronVite Vitasure FERIVA 21/7 NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE ORTHO D ORTHO DF RHEUMATE TALIVA XYZBAC</i>	<i>folic acid</i>
	<i>MultiPro VASCULERA</i>	Talk to your doctor
<i>Endocrine and Metabolic Corticosteroids</i>	<i>prednisolone solution 10 mg/5 mL prednisolone solution 20 mg/5 mL Millipred BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE RAYOS</i>	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>
<i>Endocrine and Metabolic Progestins</i>	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
<i>Endometriosis</i> †	LUPRON DEPOT ZOLADEX	ORILISSA
	FOLLISTIM AQ	GONAL-F

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (May Require Prior Authorization)
Fertility Regulators Follicle-Stimulating Hormones	CHORIONIC GONADOTROPIN NOVAREL PREGNYL	OVIDREL
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) <i>hyoscyamine sulfate ext-rel</i> GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
Gastrointestinal Antidiarrheals	ENTERAGAM	<i>alosetron</i> , VIBERZI, XIFAXAN 550 MG
	MYTESI	<i>diphenoxylate-atropine</i> , <i>loperamide</i>
Gastrointestinal Antiemetics	TRANSDERM SCOP	<i>meclizine</i> , <i>scopolamine transdermal</i>
Gastrointestinal Irritable Bowel Syndrome †	AMITIZA	<i>lubiprostone</i> , LINZESS, MOVANTIK, SYMPROIC
	MOTEGRITY TRULANCE	<i>lubiprostone</i> , LINZESS
Gastrointestinal 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), <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> , CLENPIQ
	PANCREAZE PERTZYE	CREON, VIOKACE, ZENPEP
Gastrointestinal Probiotics	ZELAC	Talk to your doctor
Gastrointestinal Proton Pump Inhibitors (PPIs)	<i>lansoprazole delayed-rel</i> <i>orally disintegrating tablet</i> <i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>dexlansoprazole delayed-rel</i> , <i>esomeprazole delayed-rel</i> , <i>lansoprazole delayed-rel capsule</i> , <i>omeprazole delayed-rel</i> , <i>pantoprazole delayed-rel tablet</i>
	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
Gaucher Disease	ELELYSO	CERDELGA, CEREZYME
Genitourinary Interstitial Cystitis	ELMIRON RIMSO-50	Talk to your doctor
Genitourinary Miscellaneous	LITHOSTAT	Talk to your doctor
	THIOLA THIOLA EC	<i>tiopronin</i>
Gout †	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet</i> , MITIGARE
	ULORIC	<i>allopurinol</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (May Require Prior Authorization)
<i>Growth Hormones</i>	HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, NORDITROPIN
<i>Hematologic Anticoagulants Injectable</i>	HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
<i>Hematologic Anticoagulants Oral</i>	PRADAXA	<i>warfarin, ELIQUIS, 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>	EPOGEN PROCRIT	ARANESP, RETACRIT
<i>Hematologic Hemophilia B</i>	ALPROLIX	REBINYN
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX NEUPOGEN ZARXIO	NIVESTYM
	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
<i>Hematologic Platelet Aggregation Inhibitors</i>	ZONTIVITY	Talk to your doctor
	PROMACTA	DOPTELET, TAVALISSE
<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>
<i>High Blood Pressure † Angiotensin II Receptor Antagonist / Diuretic Combinations</i>	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 † Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations</i>	AZOR EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (May Require Prior Authorization)
<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</i> (except generics for CARDIZEM LA)
<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
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis †	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</i> † Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<i>Menopausal Symptom Agents</i> Oral	<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>
	MENEST OSPHENA PREMARIN	<i>estradiol</i>
<i>Menopausal Symptom Agents</i> Transdermal	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Menopausal Symptom Agents</i> Vaginal	<i>estradiol vaginal tablet</i> <i>Yuvaferm</i> 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>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (May Require Prior Authorization)
<i>Musculoskeletal</i>	<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</i>	<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 LASTACAPT ZERVIAE	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>
<i>Ophthalmic Anti-infectives</i>	AZASITE CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>
<i>Ophthalmic Anti-infective / Anti-inflammatory</i>	TOBRADEX ST ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
<i>Ophthalmic Anti-inflammatory, Nonsteroidal</i>	ACUVAIL BROMSITE NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
<i>Ophthalmic Anti-inflammatory, Steroidal</i>	FLAREX FML FORTE FML LIQUIFILM INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
<i>Ophthalmic Antivirals</i>	ZIRGAN	<i>trifluridine</i>
<i>Ophthalmic Artificial Tears</i>	LACRISERT	RESTASIS SINGLE DOSE, RESTASIS MULTIDOSE, XIIDRA
<i>Ophthalmic Glaucoma</i>	TRAVATAN Z BETIMOL TIMOPTIC OCUDOSE	<i>bimatoprost, latanoprost, tafluprost, travoprost, LUMIGAN <i>timolol maleate solution, BETOPTIC S</i></i>
<i>Ophthalmic Miscellaneous</i>	AVENOVA	Talk to your doctor
<i>Opioid Dependency</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (May Require Prior Authorization)
<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</i> , FORTEO, PROLIA, TYMLOS
<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</i> , MYRBETRIQ
<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 MAXALT MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH
	<i>sumatriptan-naproxen</i> TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , NURTEC ODT, ONZETRA XSAIL, UBRELVY or ZEMBRACE SYMTOUCH
<i>Pain</i> Migraine CGRP Inhibitors	AIMOVIG	AJOVY, EMGALITY, QULIPTA
<i>Pain</i> Neuropathic Pain †	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>
<i>Pain</i> Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal</i> , BELBUCA
	SUBSYS	<i>fentanyl transmucosal lozenge</i>
	<i>levorphanol</i> <i>oxymorphone ext-rel</i> HYSINGLA ER OXYCONTIN	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel</i> , NUCYNТА ER, XTAMPZA ER
	PERCOCET	<i>hydrocodone-acetaminophen, oxycodone-acetaminophen</i>
	<i>tramadol (NDC* 52817019610 only)</i> <i>tramadol ext-rel capsule</i>	<i>tramadol (except NDC* 52817019610), tramadol ext-rel tablet</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (May Require Prior Authorization)
Pain and Inflammation † Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet
	CELEBREX	celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	diclofenac sodium solution 2% Capsinac Diclofenac DC Diclofenac Iclofenac CP Inflammacin Kapzin DC NuDiclo SoluPak NuDiclo TabPak Pennaicin Sure Result DSS Premium Pack Ziclocin Pak Ziclopro PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	diclofenac potassium capsule 25 mg diclofenac potassium tablet 25 mg fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC* 69336012830 only) meloxicam capsule naproxen CR naproxen suspension Lofena FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet
Parkinson's Disease	APOKYN	INBRIJA, KYNMOBI
	NOURIANZ	entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO
	RYTARY	carbidopa-levodopa, carbidopa-levodopa ext-rel
Phenylketonuria	KUVAN	sapropterin
Postherpetic Neuralgia	HORIZANT	gabapentin, pregabalin, pregabalin ext-rel, GRALISE
Premenstrual Dysphoric Disorder (PMDD)	fluoxetine tablet (generics for SARAFEM only)	fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline
Prenatal Vitamins ¹⁰	AZESCO PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins that are not CITRANATAL	generic prenatal vitamins, CITRANATAL

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (May Require Prior Authorization)
Prostate Condition Benign Prostatic Hyperplasia †	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
Respiratory Alpha-1 Antitrypsin Deficiency	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C
Respiratory Cough	<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs* 69336012615, 69499032915)
Respiratory Xanthines	THEO-24	<i>formoterol inhalation solution, ipratropium inhalation solution, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
Sleep Disorder Hypnotics, Non-benzodiazepines	<i>quazepam</i> <i>zolpidem sublingual</i> LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
Testosterone Replacement † Androgens	<i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) ANDROGEL FORTESTA TESTIM VOGELXO	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution</i> , ANDRODERM, NATESTO
Thyroid Supplements	CYTOMEL	<i>levothyroxine, liothyronine</i> , SYNTHROID
	TIROSINT	<i>levothyroxine</i> , SYNTHROID
Urea Cycle Disorders	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</i>
Uterine Fibroids †	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 ¹	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark® National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.

The listed formulary options are subject to change.

List of Drugs Requiring Prior Authorization for Medical Necessity

ABILIFY
 ACANYA
 ACIPHEX
 ACIPHEX SPRINKLE
 ACTEMRA ACTPEN
 ACTEMRA INTRAVENOUS
 ACTEMRA SUBCUTANEOUS
Activite
 ACTOS
 ACUVAIL
acyclovir cream
adapalene pad
 ADCIRCA
 ADDERALL
 ADDERALL XR
 ADZENYS XR-ODT
 AIMOVIG
albuterol sulfate CFC-free aerosol
 (NDC* 66993001968 only)
 ALEVICYN GEL
 ALEVICYN SG
 ALEVICYN SOLUTION
 ALIQOPA
 ALLISON MEDICAL INSULIN SYRINGES 7
 ALPROLIX
 ALREX
 ALTOPREV
 ALVESCO
 AMITIZA
 AMRIX
 ANDROGEL
 APEXICON E
 APIDRA
 APLENZIN
 APOKYN
 APTENSIO XR
 APTIVUS
 ARALAST NP
 ARTHROTEC
 ASACOL HD
 ASMANEX
 ASMANEX HFA
 ATACAND
 ATACAND HCT
 ATIVAN
 ATOPADERM
 AUBAGIO
 AVASTIN
 AVENOVA
 AVONEX
 AVSOLA
 AZASITE
 AZELEX
 AZESCO
 AZOR
 BALCOLTRA
 BANZEL SUSPENSION
 BARACLUDE TABLET
 BECONASE AQ
 BENICAR
 BENICAR HCT
 BENSAL HP
benzonatate (NDCs* 69336012615, 69499032915 only)
 BEPREVE
 BERINERT
 BETAMETHASONE ACETATE-
 BETAMETHASONE SODIUM PHOSPHATE
betamethasone dipropionate ointment 0.05%
 BETAPACE
 BETAPACE AF
 BETIMOL
 BEVESPI AEROSPHERE
 BEYAZ
 BORTEZOMIB
 BREEZE 2 STRIPS AND KITS 9

BROMSITE
Bupap
 BUPHENYL
bupropion ext-rel tablet 450 mg
butalbital-acetaminophen capsule
butalbital-acetaminophen tablet 25-325 mg
butalbital-acetaminophen tablet 50-300 mg
 BUTALBITAL-ACETAMINOPHEN
 (NDC* 69499034230 only)
butalbital-acetaminophen-caffeine capsule
 BUTRANS
 BYDUREON BCISE
 BYETTA
 CAFERGOT
calcipotriene cream
calcipotriene foam
 CALCIPOTRIENE FOAM
calcipotriene-betamethasone
calcitriol ointment
 CAMBIA
Capsinac
 CARAC
 CARAFATE
 CARBINOXAMINE TABLET 6 MG
 CARDIZEM
 CARDIZEM CD
 CARDIZEM LA
carisoprodol 250 mg
 CARNITOR
 CARNITOR SF
 CELEBREX
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
 CIMZIA PREFILLED SYRINGE
 CIPRO HC
 CIPRODEX
ciprofloxacin-fluocinolone
clindamycin gel (NDC* 68682046275 only)
clobetasol emollient foam
clobetasol spray
 CLOBEX SPRAY
clocortolone cream
 COLAZAL
colchicine capsule
 COLCRYS
 COMPLERA
 CONCERTA
 CONTOUR NEXT STRIPS AND KITS 9
 CONTOUR STRIPS AND KITS 9
 CONTRAVE
 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
Dexifol
diclofenac potassium capsule 25 mg
diclofenac potassium powder
diclofenac potassium tablet 25 mg
diclofenac sodium solution 2%
Dicloflex 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
fenopropfen
 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
 FOCALIN XR
 FOLLISTIM AQ
Folvite-D
 FORTAMET
 FORTESTA
 FOSRENOL
 FOSTEUM
 FOSTEUM PLUS
 FREESTYLE LIBRE CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 FREESTYLE STRIPS AND KITS⁹
 FULPHILA
 GAMMAGARD
 GEL-ONE
Genicin Vita-S
 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 70/30⁴
 HUMULIN N⁴
 HUMULIN R⁴
 HYALGAN
hydrocortisone butyrate lipophilic cream 0.1%
hydrocortisone butyrate lotion
HylaVite
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
 LASTACAFT
 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
Mondoxyne NL capsule 75 mg
 MONOVISC
 MOTEGRITY
 MOVIPREP
MultiPro
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
 NICADAN
 NICAPRIN
 NICAZEL
 NICAZEL FORTE
 NICOMIDE
 NILANDRON
nitrofurantoin (NDC 16571074024 only)*
 NORGESIC FORTE
 NORITATE
 NORPACE
 NORVASC
 NOURIANZ
 NOVAREL
 NOVO NORDISK NEEDLES⁷
 NOXAFIL
NuDiclo SoluPak
NuDiclo TabPak
 NUTROPIN AQ
 NUVARING
 NUVIGIL
 OLUX-E
omeprazole-sodium bicarbonate
 OMNARIS
 OMNITROPE
 ONFI
 ONGLYZA
 ORENCIA INTRAVENOUS
orphenadrine-aspirin-caffeine
Orphenesic Forte
 ORTHO D
 ORTHO DF
 ORTHOVISC
 OSENI
 OSMOPREP
 OSPHENA
 OTREXUP
 OWEN MUMFORD NEEDLES⁷
oxiconazole (NDCs 00168035830, 51672135902 only)*
 OXYCONTIN
oxymorphone ext-rel
 OXYTROL
 PANCREAZE
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
Pennaiclin
 PENNSAID
 PERCOCET
 PERRIGO NEEDLES⁷
 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
 PREGNYL
 PREMARIN

PREMARIN CREAM
PRENATAL PLUS
PREVACID
PREVIDENT
PRILOSEC
PRISTIQ
PROAIR RESPICLICK
PROCRIT
PROCYSBI
PROMACTA
PROMETRIUM
PROTONIX
PROVENTIL HFA
PROVIGIL
PROZAC
QNASL
QTERN
quazepam
RAPAFLO
RASUVO
RAVICTI
RAYOS
RECEDO
REMODULIN
RENFLXIS
REVATIO
RHEUMATE
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
STENDRA
STRIBILD
SUBOXONE
SUBSYS
sucrafate suspension
sumatriptan-naproxen

SUPREP
Sure Result DSS Premium Pack
SYNERDERM
SYNVISC
SYNVISC-ONE
SYPRINE
TAKHZYRO
TALIVA
Targadox
TASIGNA
tavorole
TAYTULLA
TAZORAC
TECFIDERA
TESTIM
testosterone gel 1%
(authorized generics for TESTIM and VOGELXO only)
THEO-24
THIOLA
THIOLA EC
TIMOPTIC OCUDOSE
TIROSINT
TOBI
TOBI PODHALER
TOBRADEX ST
topiramate ext-rel capsule (generics for QUDEXY XR only)
TOPROL-XL
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 ⁷
TronVite
TRULANCE
TRUVADA
TRUXIMA
TUDORZA
UDENYCA
ULORIC
ULTIMED INSULIN SYRINGES ⁷
ULTIMED NEEDLES ⁷
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
WELLBUTRIN XL
XANAX
XANAX XR
XENAZINE
XENICAL
XOPENEX HFA
XYREM
XYZBAC
YASMIN
YAZ
Yuvaferm
ZALVIT
ZARXIO
ZEGERID
ZELAC
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.

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

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

** Listing does not include certain NDCs*.

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

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

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

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

⁵ Long Acting Insulins - First Generation.

⁶ Long Acting Insulins - Second Generation.

⁷ BD ULTRAFINE syringes and needles are the only preferred options.

⁸ 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.

⁹ ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

¹⁰ Generic prenatal vitamins and CITRANATAL are the only preferred options.

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