



January 2020

Medications Requiring Prior Authorization for Medical Necessity

This list is applicable to the NALC Health Benefit Plan Formulary Drug List with Advanced Control Specialty Formulary®.

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

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

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Acromegaly</i>	SANDOSTATIN LAR	SOMATULINE DEPOT, SOMAVERT
<i>Allergies Antihistamines</i>	<i>carbinoxamine tablet 6 mg</i>	<i>levocetirizine</i>
<i>Allergies Nasal Steroids / Combinations</i>	BECONASE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
<i>Anticonvulsants</i>	LAMICTAL LAMICTAL ODT LAMICTAL XR ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
	ONFI	<i>clobazam, lamotrigine, topiramate, TROKENDI XR</i>
	SABRIL	<i>vigabatrin</i>
<i>Anti-infectives, Antibacterials Erythromycins / Macrolides</i>	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials Tetracyclines</i>	ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate, minocycline, tetracycline</i>
<i>Anti-infectives, Antibacterials Miscellaneous</i>	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antivirals Cytomegalovirus *</i>	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals Hepatitis B *</i>	BARACLUDE TABLET EPIVIR HBV HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
	MAVYRET	<i>EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²</i>

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<i>Anti-infectives, Antivirals</i> Hepatitis C *	VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals</i> Herpes *	VALTREX	<i>acyclovir, valacyclovir</i>
<i>Anti-infectives, Antivirals</i> HIV	COMPLERA STRIBILD	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, TRIUMEQ
<i>Anxiety *</i> Benzodiazepines	XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
<i>Asthma *</i> Beta Agonists, Short-Acting	PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
<i>Asthma *</i> Leukotriene Modulators	SINGULAIR	<i>montelukast, zafirlukast, zileuton ext-rel</i>
<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
<i>Attention Deficit Hyperactivity Disorder *</i>	EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
<i>Autoimmune Agents</i> Ankylosing Spondylitis *	CIMZIA SIMPONI TALTZ	COSENTYX, ENBREL, HUMIRA
<i>Autoimmune Agents</i> Crohn's Disease *	CIMZIA ENTYVIO	HUMIRA, STELARA SUBCUTANEOUS (after failure of HUMIRA)
<i>Autoimmune Agents</i> Psoriasis *	CIMZIA COSENTYX ENBREL	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
<i>Autoimmune Agents</i> Psoriatic Arthritis *	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA
<i>Autoimmune Agents</i> Rheumatoid Arthritis *	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL, HUMIRA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
<i>Autoimmune Agents</i> Ulcerative Colitis *	ENTYVIO SIMPONI	HUMIRA, XELJANZ (after failure of HUMIRA)
<i>Autoimmune Agents</i> All Other Conditions *	ACTEMRA KINERET	ENBREL, HUMIRA

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	ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	
Cancer Breast	VERZENIO	IBRANCE, KISQALI
Cancer Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide</i> , XTANDI, YONSA
Cancer Prostate * Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT (For Prostate Cancer Only)	ELIGARD
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	<i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid</i>
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
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</i>
Cardiovascular Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors	ADCIRCA REVATIO	<i>sildenafil, tadalafil</i>
Carnitine Deficiency	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergic / Beta Agonist Combinations	COMBIVENT RESPIMAT	<i>ipratropium-albuterol inhalation solution</i> , ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT

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Contraceptives Monophasic	BEYAZ MINASTRIN 24 FE TAYTULLA YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
Contraceptives Biphasic	LO LOESTRIN FE	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate</i>
Contraceptives Triphasic	ORTHO TRI-CYCLEN LO	<i>ethinyl estradiol-norgestimate</i>
Contraceptives Four Phase	NATAZIA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate</i>
Contraceptives Progestin Intrauterine Devices	LILETTA	KYLEENA, MIRENA, SKYLA
Cystic Fibrosis * Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
Dental Cavity/Caries Prevention	PREVIDENT	Consult doctor
Depression * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	LEXAPRO PROZAC	<i>citalopram, escitalopram, fluoxetine, paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</i>
Depression * 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>
Depression * Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
Depression and/or Schizophrenia * Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
Dermatology Acne *	<i>Vanoxide-HC</i> ACANYA BENZACLIN ONEXTON VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, TAZORAC</i>
Dermatology Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
Dermatology Antibiotics	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
Dermatology Antipsoriatics	<i>calcipotriene cream calcitriol ointment</i> SORILUX VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>
Dermatology Atopic Dermatitis *	<i>doxepin cream</i>	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>

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<i>Dermatology</i> Rosacea *	FINACEA GEL NORITATE	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>
<i>Dermatology</i> Scars	BEAU RX	Consult doctor
	RECEDO SIL-K PAD	<i>imiquimod</i>
<i>Dermatology</i> Seborrheic Dermatitis *	XOLEGEL	<i>ciclopirox, ketoconazole</i>
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream</i>
	<i>flurandrenolide ointment</i> CORDRAN OINTMENT	<i>hydrocortisone butyrate, mometasone, triamcinolone</i>
	<i>diflorasone cream</i> <i>diflorasone ointment</i> APEXICON E PSORCON	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%)</i>
<i>Dermatology</i> Wound Care Products	<i>Alevicyn solution</i> ALEVICYN GEL ALEVICYN KIT ALEVICYN SG	<i>desonide, hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A BENSAL HP EPICERAM KAMDOY NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
<i>Diabetes *</i> Biguanides	FORTAMET (and its generics) GLUMETZA (and its generics) RIOMET	<i>metformin, metformin ext-rel (except generic FORTAMET or GLUMETZA)</i>
<i>Diabetes *</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
<i>Diabetes *</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA WITH <i>pioglitazone</i>
<i>Diabetes *</i> Injectable Incretin Mimetics	BYDUREON BYETTA	OZEMPIC, 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

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	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	LANTUS	BASAGLAR, LEVEMIR
	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 ⁵	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 ⁵	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
<i>Diabetes</i> * Supplies, Test Strips and Kits ^{6,7}	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ONETOUCH ULTRA STRIPS AND KITS ONETOUCH VERIO STRIPS AND KITS All other test strips that are not ACCU-CHEK brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁶ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁶ , ACCU-CHEK GUIDE STRIPS AND KITS ⁶ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁶

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<i>Dietary Supplements</i>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Dexifol</i> <i>Folika-T</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> <i>TronVite</i> <i>Xvite</i> FERIVA 21/7 FOLIC-K FOLIKA-D FOLIKA-V MEBOLIC NICAPRIN NICAZEL NICAZEL FORTE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	VASCULERA	Consult doctor
<i>Estrogen Replacement *</i>	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Gastrointestinal Anticholinergics</i>	GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
<i>Gastrointestinal Antiemetics</i>	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal Laxatives</i>	<i>lactulose pak</i>	<i>lactulose solution</i>
	MOVIPREP OSMOPREP	<i>peg 3350-electrolytes, SUPREP</i>
<i>Gastrointestinal Proton Pump Inhibitors (PPIs)</i>	<i>omeprazole-sodium bicarbonate</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>Gastrointestinal Ulcer Treatment</i>	CARAFATE	<i>sucralfate</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary Interstitial Cystitis</i>	RIMSO-50	Consult doctor
<i>Gout *</i>	COLCRYS	<i>colchicine tablet</i>
<i>Growth Hormones</i>	GENOTROPIN NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE
	COUMADIN	<i>warfarin</i>

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<i>Hematologic</i> Anticoagulants (oral)	PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO
<i>Hematologic</i> Erythropoiesis-Stimulating Agents	EPOGEN PROCRIT	ARANESP, RETACRIT
<i>Hematologic</i> Hemophilia A *	ELOCTATE HELIXATE FS	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic</i> Hemophilia B *	ALPROLIX	Consult doctor
<i>Hematologic</i> Hereditary Angioedema *	BERINERT	FIRAZYR, RUCONEST
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	FULPHILA	NEULASTA, UDENYCA
	GRANIX NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel</i> , <i>prasugrel</i> , BRILINTA
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan</i> , <i>eprosartan</i> , <i>irbesartan</i> , <i>losartan</i> , <i>olmesartan</i> , <i>telmisartan</i> , <i>valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide</i> , <i>irbesartan-hydrochlorothiazide</i> , <i>losartan-hydrochlorothiazide</i> , <i>olmesartan-hydrochlorothiazide</i> , <i>telmisartan-hydrochlorothiazide</i> , <i>valsartan-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-olmesartan</i> , <i>amlodipine-telmisartan</i> , <i>amlodipine-valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide</i> , <i>olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Beta-blockers	TOPROL-XL	<i>atenolol</i> , <i>carvedilol</i> , <i>carvedilol phosphate ext-rel</i> , <i>metoprolol succinate ext-rel</i> , <i>metoprolol tartrate</i> , <i>nadolol</i> , <i>pindolol</i> , <i>propranolol</i> , <i>propranolol ext-rel</i> , BYSTOLIC
<i>High Blood Pressure</i> * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel</i> WITH <i>hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<i>Matzim</i> LA CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics)	<i>diltiazem ext-rel</i> (except generic of CARDIZEM LA)
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine</i> , AUSTEDO
<i>Immunology</i> Antimetabolites	CELLCEPT MYFORTIC	<i>mycophenolate mofetil</i> , <i>mycophenolate sodium</i>
	RAPAMUNE ZORTRESS	<i>sirolimus</i>

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<i>Immunology</i> Calcineurin Inhibitors	ASTAGRAF XL ENVARSUS XR	<i>cyclosporine; cyclosporine, modified; tacrolimus</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL LIALDA	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, PENTASA</i>
	COLAZAL	<i>balsalazide</i>
<i>Interferons</i> *	PEGASYS	Consult doctor
<i>Kidney Disease</i> * Phosphate Binders	FOSRENOL	<i>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<i>Multiple Sclerosis</i>	AVONEX EXTAVIA PLEGRIDY	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI</i>
<i>Musculoskeletal</i>	AMRIX CHLORZOXAZONE 250 MG (NDCs ^A 46672086046, 69499033060 only)	<i>cyclobenzaprine</i>
<i>Narcolepsy</i> Wakefulness Promoters	NUVIGIL	<i>armodafinil, SUNOSI</i>
<i>Nephropathic Cystinosis</i>	PROCYSBI	CYSTAGON
<i>Ophthalmic</i> Allergies	ALREX	<i>azelastine, cromolyn sodium, olopatadine, LASTACAFT, PAZEO</i>
<i>Ophthalmic</i> Anti-infective / Anti-inflammatory	ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST</i>
<i>Ophthalmic</i> Anti-inflammatory, Steroidal	FLAREX FML LIQUIFILM LOTEMAX LOTEMAX SM PRED FORTE	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
<i>Ophthalmic</i> Glaucoma	TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETIMOL, BETOPTIC S</i>
<i>Ophthalmic</i> Miscellaneous	AVENOVA	Consult doctor
<i>Opioid Dependency</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
<i>Opioid Reversal</i>	EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>

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<i>Osteoarthritis</i> * Viscosupplements	DUROLANE EUFLEXXA HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
<i>Osteoporosis</i> * Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate</i> , FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
<i>Overactive Bladder / Incontinence</i> * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
<i>Pain</i> Headache *	<i>butalbital-acetaminophen</i> (NDC [^] 69499034230 only) <i>butalbital-acetaminophen-caffeine capsule</i> FIORICET CAPSULE VANATOL LQ VANATOL S	<i>diclofenac sodium, ibuprofen, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
	<i>dihydroergotamine spray</i> CAFERGOT	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
<i>Pain</i> Opioid Analgesics	BUTRANS	BELBUCA
	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
	<i>levorphanol</i> HYSINGLA ER OXYCONTIN ZOHYDRO ER	<i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, EMBEDA, NUCYNTA ER, XTAMPZA ER</i>
	PERCOCET PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
<i>Pain</i> Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM LIDOTREX	<i>lidocaine-prilocaine</i>
<i>Pain and Inflammation</i> * Corticosteroids	<i>Dexpak</i> MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
<i>Pain and Inflammation</i> * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>) WITH <i>esomeprazole, lansoprazole, omeprazole, pantoprazole, or DEXILANT</i>
	<i>diclofenac sodium gel 1%</i> (NDC [^] 69499031866 only) <i>Diclofex DC</i> (NDC [^] 51021037201 only) <i>Diclosaicin</i> <i>Inflammacin</i> <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1%</i> (except NDC [^] 69499031866), <i>diclofenac sodium solution, ibuprofen, meloxicam, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
	<i>fenoprofen capsule</i> <i>naproxen CR</i> CAMBIA FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
	<i>naproxen suspension</i>	<i>ibuprofen</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin</i> , GRALISE
<i>Prostate Condition Benign Prostatic Hyperplasia *</i>	JALYN	<i>dutasteride-tamsulosin</i> ; <i>dutasteride</i> or <i>finasteride</i> WITH <i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>silodosin</i> , <i>tamsulosin</i> or <i>terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>silodosin</i> , <i>tamsulosin</i> , <i>terazosin</i>
<i>Respiratory Alpha-1 Antitrypsin Deficiency</i>	ZEMAIRA	PROLASTIN-C
<i>Respiratory Cough</i>	<i>benzonatate</i> (NDCs ^A 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs ^A 69336012615, 69499032915)
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>eszopiclone</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , <i>zolpidem sublingual</i> , BELSOMRA, SILENOR
<i>Testosterone Replacement * Androgens</i>	<i>testosterone gel 1% [®]</i> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel</i> , <i>testosterone solution</i> , ANDRODERM
<i>Thyroid Supplements</i>	TIROSINT	<i>levothyroxine</i> , SYNTHROID
<i>Transplant * Immunosuppressants, Calcineurin Inhibitors</i>	PROGRAF	<i>tacrolimus</i>
<i>Urea Cycle Disorders</i>	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</i>

Category/ Drug Class	Other Considerations
All Drugs	On a quarterly basis, new and existing products - including limited source generics, products with significant cost inflation, and specialty and non-specialty products - may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in additional products not covered without a medical exception, addition or deletion of a product.
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
 ACTICLATE
 ACTOS
 ADCIRCA
 ALCORTIN A
 ALEVICYN GEL
 ALEVICYN KIT
 ALEVICYN SG
Alevicyn solution
 ALLISON MEDICAL INSULIN SYRINGES ⁵
 ALPROLIX
 ALREX
 ALTOPREV
 ALVESCO
 AMRIX
 ANDROGEL 1%
 APEXICON E
 APIDRA
 ARTHROTEC
 ASACOL HD
 ASMANEX
 ASMANEX HFA
 ASTAGRAF XL
 ATACAND
 ATACAND HCT
 AVENOVA
 AVONEX
 BARACLUDE TABLET
 BEAU RX
 BECONASE AQ
 BENICAR
 BENICAR HCT
 BENSAL HP
 BENZACLIN
benzonatate (NDCs^A 69336012615, 69499032915 only)
 BERINERT
 BETAPACE
 BETAPACE AF
 BEYAZ
 BREEZE 2 STRIPS AND KITS ⁷
 BUPHENYL
butalbital-acetaminophen (NDC^A 69499034230 only)
butalbital-acetaminophen-caffeine capsule
 BUTRANS
 BYDUREON
 BYETTA
 CAFERGOT
calcipotriene cream
calcitriol ointment
 CAMBIA
 CARAC
 CARAFATE
carbinoxamine tablet 6 mg
 CARDIZEM
 CARDIZEM CD
 CARDIZEM LA (and its generics)
 CARNITOR
 CARNITOR SF
 CELLCEPT
 CHLORZOXAZONE 250 MG
 (NDCs^A 46672086046, 69499033060 only)
 CIMZIA
clobetasol spray
 CLOBEX SPRAY
 COLAZAL
 COLCRYS
 COMBIVENT RESPIMAT
 COMPLERA

CORDRAN OINTMENT
 COUMADIN
 CRESTOR
 CYMBALTA
 DELZICOL
 DETROL LA
Dexfol
Dexpak
diclofenac sodium gel 1% (NDC^A 69499031866 only)
Diclofex DC (NDC^A 51021037201 only)
Diclosaicin
diflorasone cream
diflorasone ointment
dihydroergotamine spray
 DIOVAN
 DIOVAN HCT
 DORYX
 DORYX MPC
doxepin cream
 DULERA
 DUROLANE
 DUTOPROL
 DYRENIUM
 EDARBI
 EDARBYCLOR
 E.E.S. GRANULES
 EFFEXOR XR
 ELELYSO
 ELOCTATE
 ENABLEX
 ENTYVIO
 ENVARUSUS XR
 EPICERAM
 EPIVIR HBV
 EPOGEN
 ERYPED
 EUFLEXXA
 EVEKEO
 EVZIO
 EXFORGE
 EXFORGE HCT
 EXTAVIA
 FANAPT
fenofibrate tablet 120 mg
 FENOGLIDE TABLET 120 MG
fenoprofen capsule
 FENOPROFEN CAPSULE
 FERIVA 21/7
 FINACEA GEL
 FIORICET CAPSULE
 FLAREX
fluocinonide cream 0.1%
flurouracil cream 0.5%
flurandrenolide ointment
 FML LIQUIFILM
 FOLIC-K
 FOLIKA-D
Folika-T
 FOLIKA-V
 FORTAMET (and its generics)
 FORTESTA
 FOSRENOL
 FOSTEUM
 FOSTEUM PLUS
 FREESTYLE STRIPS AND KITS ⁷
 FULPHILA

Genicin Vita-S
 GENOTROPIN
 GLEEVEC
 GLUMETZA (and its generics)
 GLYCOPYRRROLATE TABLET 1.5 MG
 GRANIX
 HELIXATE FS
 HEPSERA
 HORIZANT
 HUMALOG
 HUMALOG MIX 50/50
 HUMALOG MIX 75/25
 HUMULIN 70/30 ⁴
 HUMULIN N ⁴
 HUMULIN R ⁴
 HYALGAN
HylaVite
 HYSINGLA ER
 INDOCIN
Inflammacin
 INTERMEZZO
 INTUNIV
 INVOKAMET
 INVOKAMET XR
 INVOKANA
 JALYN
 JENTADUETO
 JENTADUETO XR
 KAMDOY
 KAZANO
 KINERET
 KOMBIGLYZE XR
lactulose pak
 LAMICTAL
 LAMICTAL ODT
 LAMICTAL XR
 LANOXIN TABLET (125 MCG and 250 MCG only)
 LANTUS
 LAZANDA
 LESCOL XL
levorphanol
 LEXAPRO
 LIALDA
 LIDOCAINE-TETRACAINE CREAM
 LIDOTREX
 LILETTA
 LIPITOR
 LIVALO
 LO LOESTRIN FE
Lorid
 LOTEMAX
 LOTEMAX SM
 LUNESTA
 LUPRON DEPOT
 MACRODANTIN
Matzim LA
 MAVYRET
 MEBOLIC
 MIACALCIN INJECTION
 MIACALCIN NASAL SPRAY
 MILLIPRED
 MINASTRIN 24 FE
 MINIVELLE
 MINOCIN
 MONOVISC
 MOVIPREP
mupirocin cream
 MYFORTIC
 NAPRELAN
naproxen CR
naproxen suspension
 NATAZIA

<p>NATESTO NESINA NEUPOGEN NEXIUM NICAPRIN NICAZEL NICAZEL FORTE NILANDRON NORDITROPIN NORITATE NORVASC NOVACORT NOVO NORDISK NEEDLES ⁵ <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> NUTROPIN AQ NUVIGIL OLEPTRO OLUX-E <i>omeprazole-sodium bicarbonate</i> OMNARIS OMNITROPE OMNIVEX ONETOUCH ULTRA STRIPS AND KITS ⁷ ONETOUCH VERIO STRIPS AND KITS ⁷ ONEXTON ONFI ONGLYZA ORENCIA INTRAVENOUS ORTHO D ORTHO DF ORTHO TRI-CYCLLEN LO ORTHOVISC OSEN OSMOPREP OTREXUP OWEN MUMFORD NEEDLES ⁵ OXYCONTIN OXYTROL PEGASYS PENNSAID PERCOCET PERRIGO NEEDLES ⁵ PLAVIX PLEGRIDY PRADAXA PRALUENT PRED FORTE PREVACID PREVIDENT PRIMLEV PRISTIQ PROAIR HFA PROAIR RESPICLICK PROCRIT PROCYSBI PROGRAF PROTONIX PROVENTIL HFA PROZAC PSORCON QNASL QTERN RAPAFLO RAPAMUNE RAVICTI RAYOS RECEDO REVATIO RHEUMATE RIBOZEL RIMSO-50 RIOMET ROZEREM</p>	<p>SABRIL SAIZEN SANDOSTATIN LAR SEROQUEL XR SIL-K PAD SIMPONI SINGULAIR SORILUX SPRIX STRIBILD SUBOXONE SYNERDERM SYNVISC SYNVISC-ONE TALIVA TARGADOX TASIGNA TAYTULLA TESTIM <i>testosterone gel 1% ⁸</i> TIMOPTIC OCULOSE TIROSINT TOBI TOBI PODHALER TOPROL-XL TOUJEO TRADJENTA TRANSDERM SCOP TRICOR TRIVIDIA INSULIN SYRINGES ⁵ <i>TronVite</i> TUDORZA ULTIMED INSULIN SYRINGES ⁵ ULTIMED NEEDLES ⁵ UROXATRAL VALCYTE VALTRES VANATOL LQ VANATOL S <i>Vanoxide-HC</i> VASCULERA VECTICAL VELTIN <i>venlafaxine ext-rel tablet (except 225 mg)</i> VENTOLIN HFA VERZENIO VIEKIRA PAK VIVELLE-DOT VOGELXO XANAX XANAX XR XENAZINE XOLEGEL XOPENEX HFA <i>Xvite</i> XYZBAC YAZ ZARXIO ZEGERID ZEMAIRA ZEPATIER ZETIA ZETONNA ZIANA ZOHYDRO ER ZOLPIMIST ZONEGRAN ZORTRESS ZORVOLEX ZUPLENZ ZYLET ZYTIGA ZVIT</p>	
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There may be additional drugs subject to prior authorization or other plan design restrictions. Please consult your plan for further information.

This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug options. Log in to Caremark.com to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change.

Subject to applicable laws and regulations.

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

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

¹ If your doctor believes you have a specific clinical need for one of these products, he or she should contact the Prior Authorization department at: 1-800-294-5979.

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

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

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

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

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

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

⁸ Listing reflects the authorized generics for TESTIM and VOGELXO.

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