



Prior Authorization Drug List

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<u>DRUG NAME</u>	<u>MESSAGE</u>
Abilify 5 MG & 10 MG	Use higher strength. Qty Limit to 1/2 tab per day. For Abilify 5mg - use 10mg 1/2 QD. For Abilify 10mg - use 20mg 1/2.
Acne Medications	Restrictions vary by plan. Call 1-800-710-9341.
Actemra	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Actimmune	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Actonel	Ibandronate or Alendronate Preferred
Aczone	Restrictions vary by plan. Call 1-800-710-9341.
Adagen	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Androgel Pump	Quantities over 75 grams (1 bottle) every 30 days requires a PA.
Advicor	Combination Brand: Niacin + Lovastatin (Separately) Preferred
Afinitor	Only available through a Specialty Pharmacy. Call 1-800-710-9341.
Aldurazyme	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Alrex 0.2%	Generic Corticosteroid Ophthalmic such as Prednisolone or Cortisporin Preferred
Ambicen CR	Zolpidem Immediate Release, Zaleplon, or Trazodone Preferred.
Amlodipine/Atorvastatin	Amlodipine + Atorvastatin (Separate) Preferred
Amlodipine/Benzapril	Amlodipine + Benzapril (Separately) Preferred. Restrictions vary by plan.
Ampyra	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.



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Amrix	Cyclobenzaprine Immediate Release Preferred
Androderm	Quantities over 30 every 30 days requires a PA.
Antara	Fenofibrate Preferred
Blood Glucose <u>Lancet Devices</u>	Limit: 2 per year.
Blood Glucose <u>Lancets</u>	Quantity Limits vary. Call Customer Service 1-800-710-9341
Blood Glucose <u>Test Strips</u>	Quantity Limits vary. Call Customer Service 1-800-710-9341
Aplenzin	Generic Bupropion Preferred. Only available through a Specialty Pharmacy. Call 1-800-710-9341
Apokyn	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Aralast	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Arcalyst	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Arestin	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Armour Thyroid	Quantities over 30 every 30 days requires a PA.
Arzerra	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Astepro	Azelastine Nasal Spray Preferred
Astelin	Azelastine Nasal Spray Preferred
Atelvia	Ibandronate or Alendronate Preferred
Avonex	Only available through a Specialty Pharmacy. Call 1-800-710-9341
Azilect	Selegiline Preferred
Azor	Losartan or Irbesartan + Amlodipine (Separate) Preferred



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Beconase AQ	Fluticasone, Triamcinolone, or Flunisolide Nasal Spray Preferred
Benicar	Losartan, Irbesartan, Telmisartan, or Candesartan Preferred
Benicar HCT	Losartan HCT, Irbesartan HCT, Valsartan HCT, Telmisartan HCT, or Candesartan HCT Preferred
Berinert	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Betaseron	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Beyaz	Gianvi + Folate Supplement (Separate) Preferred
BiDil	Isosorbide Dinitrate + Hydralazine (Separate) Preferred
Butrans Patch	Generic oral tablet preferred (Buprenorphine).
Bydureon	Only available through a Specialty Pharmacy. Call 1-800-710-9341.
Byetta	Only available through a Specialty Pharmacy. Call 1-800-710-9341.
Bystolic	Metoprolol, Atenolol, Carvedilol Preferred
Cambia	Diclofenac Preferred
Caprelsa	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Carafate	Brand Preferred.
Carbaglu	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Cayston	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
CellCept	Only available through a Specialty Pharmacy. Call 1-800-710-9341.



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Celebrex	Generic Meloxicam, Nabumetone or any generic NSAID Preferred
Chantix	Medication may be accessed through www.smokingcessationtrust.org .
Chlorhexidine Gluconate	Restrictions vary by plan. Call 1-800-710-9341.
Cialis	Restrictions vary by plan. Call 1-800-710-9341.
Cimzia	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Cinryze	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Claravis	Restrictions vary by plan. Call 1-800-710-9341.
Clobetasol Prop Emollient, Foam, Lotio	Different Generic Dosage Form Preferred - Clobetasol Ointment, Clobetasol Cream, Clobetasol Emollient Cream, Clobetasol Gel, or Clobetasol Topical Solution
Clobex Spray, Lotion, Shampoo	Different Generic Dosage Form Preferred - Clobetasol Ointment, Clobetasol Cream, Clobetasol Emollient Cream, Clobetasol Gel, or Clobetasol Topical Solution
Cloderm	Desonide, Betamethasone, Other Generic Steroid Creams Preferred
Clonidine HCl ER	Clonidine Immediate Release Preferred.
Cometriq	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Copaxone	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Coreg CR	Carvedilol immediate release preferred.
Creon	Only available through a Specialty Pharmacy. Call 1-800-710-9341.
Crestor 5 MG, 10 MG	Atorvastatin or Simvastatin Preferred.



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Cyclosporin	Only available through a Specialty Pharmacy. Call 1-800-710-9341.
Cystagon	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Cytotec	Gender and Age Restrictions apply.
Cytovene	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Dacogen	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
DDAVP	Prior Authorization Required
Depo-Testosterone	Quantity Limits vary. Brand and Generic allowed.
Desmopressine	Prior Authorization Required
Desonate Gel	Desonide, Betamethasone, Other Generic Steroid Creams Preferred
Detrol LA	Oxybutynin ER Preferred
Dexilant	Lansoprazole, Pantoprazole, Omeprazole, and Rabeprazole Preferred.
Dexmethylphenidate	Quantity limited to 2 per day. Higher quantities require a PA.
Dexmethylphenidate ER	Quantity limited to 1 per day. Higher quantities require a PA.
Diovan	Losartan or Irbesartan or Candesartan Preferred
Doryx	Doxycycline Monohydrate Preferred
Doxy	Doxycycline Monohydrate Preferred
Doxycycline Hyclate	Doxycycline Monohydrate Preferred
Duexis	Combination Drug. Famotidine + Ibuprofen (separate) Preferred
Dymista	Fluticasone + Azelastine (separate) preferred
Dysport	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.



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Edarbyclor	Losartan HCT, Irbesartan HCT, Candesartan HCT Preferred
Egrifta	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Elaprase	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Enablex	Oxybutynin ER Preferred
Epipen	4 pens per year allowed without a PA.
Epiquin / Hydroquinone	Excluded if used for Cosmetic Purposes.
Epoprostenol	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Erivedge	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Exalgo	Hydromorphone Immediate Release Preferred
Exforge	Amlodipine + Losartan, Irbesartan, Telmisartan or Candesartan Preferred
Exforge HCT	Amlodipine + Valsartan HCTZ Preferred
Extavia	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Eylea	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Fenoglide	Fenofibrate Preferred
Finasteride 1 mg	Excluded if used for Cosmetic Purposes.
Flonase	Fluticasone, Triamcinolone, or Flunisolide Nasal Spray Preferred
Flu Shots / Vaccines	Only available through a Vaccine Pharmacy. Call 1-800-710-9341
Forfivo XL	Bupropion Preferred



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Fortamet	Metformin Extended Release Preferred
Gilenya	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Glassia	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Glucophage XR	Metformin ER Preferred
Glumetza	Metformin ER Preferred
Gralise	Gabapentin Preferred. Must use a Specialty Pharmacy. Call 1-800-710-9341.
Halog Cream	Desonide, Betamethasone, Other Generic Steroid Creams Preferred
Hepsera	Only available through a Specialty Pharmacy. Call 1-800-710-9341.
Horizant	Gabapentin Immediate Release Preferred. Must use a Specialty Pharmacy. Call 1-800-710-9341.
Hycamtin	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Hyzaar (100-25 MG)	Quantity Limited to 30 per 30 days.
Hyzentra	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Iclusig	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Ilaris	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Increlex	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Inderal LA	Propranolol Immediate Release Preferred



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Inlyta	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Insulin Syringes and Pen Needles	Quantity Limits vary. Call Customer Service 1-800-710-9341
Intermezzo	Zolpidem Immediate Release or Zalpeon Preferred
Invega Sustenna	Only available through a Specialty Pharmacy. Call 1-800-710-9341.
Iprivask	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Iressa	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Kapvay	Clonidine Immediate Release Preferred.
Kenalog Spray	Triamcinolone Cream or Ointment Preferred
Keppra	Brand and Generic covered.
Ketorolac Tromethamine	Quantity and Day Supply Limits.
Kuvan	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Lastacaft	OTC Zaditor Preferred
Latisse	Excluded if used for Cosmetic Purposes.
Letrozole	Gender and Age Restrictions apply.
Linzess	Qty limited to 30 per 30 days. Higher quantities require a PA.
Lipofen	Fenofibrate Preferred
Livalo	Simvastatin or Atorvastatin Preferred
Losartan Potassium (100-25MG)	Quantity Limited to 30 per 30 days.
Lotemax	Zaditor (Over The Counter) Preferred
Lotrel	Amlodipine + Benzapril (Separately) Preferred. Restrictions vary by plan.



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Lucentis	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Lumigan	Latanoprost Preferred
Lumizyme	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Lunesta	Zolpidem or Zalpeon Preferred
Lyrica	Qty limited to 60 per 30 days. Higher quantities require a PA.
Macugen	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Matulane	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Megace ES	Magestrol 40 mg/mL Preferred
Mekinist	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Metanx	Coverage varies by plan. Call 1-800-710-9341.
Methylphenidate ER	Quantity limited to 1 per day. Higher quantities require a PA.
Metrogel	Excluded if used for Cosmetic Purposes.
Metformin ER 1000 MG	Preferred Regimen: 2 Metformin ER 500 MG
Micardis	Losartan or Irbesartan or Candesartan Preferred
Micardis HCT	Valsartan HCTZ or Cadesartan HCTZ Preferred
Minocycline	Coverage varies by plan. Call 1-800-710-9341.
Mirapex ER	Pramipexole Immediate Release Preferred
Misoprostol	Gender and Age Restrictions apply.
Myrbetriq	Oxybutynin ER Preferred
Naftin	Generic Alternatives Preferred: Miconazole or Clotrimazole or Terbinafine



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Naglazyme	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Naphazoline	Over The Counter Alternative Preferred: Clear Eyes, Naphcon-A Eye Drops, or Visine
Naprelan	Naproxen Preferred
Nasacort	Fluticasone, Triamcinolone, or Flunisolide Nasal Spray Preferred
Nasonex	Fluticasone, Triamcinolone, or Flunisolide Nasal Spray Preferred
Nevanac	Diclofenac, Flurbiprofen, or Ketorolac Preferred
Nexium	Lansoprazole, Omeprazole, or Pantoprazole or Rabeprazole Preferred. Quantity Limit of 30 per 30 days.
Nisoldipine	Nifedipine or Felodipine Preferred
Nutropin	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Nutropin AQ	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Nuvigil	Modafinil Preferred
Oforta	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Olux Foam	Different Generic Dosage Form Preferred - Clobetasol Ointment, Clobetasol Cream, Clobetasol Emollient Cream, Clobetasol Gel, or Clobetasol Topical Solution
Olux-E Foam	Different Generic Dosage Form Preferred - Clobetasol Ointment, Clobetasol Cream, Clobetasol Emollient Cream, Clobetasol Gel, or Clobetasol Topical Solution



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Olysio	Only available through a Specialty Pharmacy. Call 1-800-710-9341.
Omeprazole / Bicarb	Omeprazole, Lansopraole, Pantapraole, Rabeprazole Preferred
Omeprazole	Qty limited to 30 per 30 days. Higher quantities require a PA.
Omnaris	Fluticasone, Triamcinolone, or Flunisolide Nasal Spray Preferred
Opium 10 MG/ML	Prior Authorization Required
Oracea	Doxycycline Monohydrate Preferred
Oraxyl	Doxycycline Monohydrate Preferred
Orencia	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Orfadin	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Pantoprazole	Qty limited to 30 per 30 days. Higher quantities require a PA.
Pataday	Zaditor (Over The Counter) Preferred
Patanase	Azelastine Nasal Spray Preferred
Periostat	Doxycycline Monohydrate Preferred
Pexeva	Generic Preferred: Paroxetine
Pioglitazone HCl-Metformin HCl	Pioglitazone + Metformin (separately) preferred.
Pomalyst	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Prevacid	Lansoprazole Preferred.
Prevacid Solutab	Lansoprazole Preferred. Age Restrictions apply. Must have difficulty swallowing solid oral dosage form.
Pristiq	Venlafaxine Preferred. Qty limited to 30 per 30 days. Higher quantities require a PA.



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Prolastin	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Promacta	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Propecia	Excluded if used for Cosmetic Purposes.
Protonix	Pantoprazole Preferred
Qnasl	Fluticasone, Triamcinolone, or Flunisolide Nasal Spray Preferred
Qutenza	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Ranitidine	Quantity Limits vary. Call Customer Service 1-800-710-9341
Rebif	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Relpax	Sumatriptan Preferred. Qty limited to 9 per fill.
Revlimid	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Rhinocort AQ	Fluticasone, Triamcinolone, Flunisolide Nasal Spray Preferred
Risperdal Consta	Only available through a Specialty Pharmacy. Call 1-800-710-9341.
Riastap	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Rizatriptan	Qty Limit of 9 per fill
Sabril	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Safyral	Gianvi + Folate Supplement (Separate) Preferred



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Sarafem	Generic Preferred: Fluoxetine
Seroquel XR	Quetiapine Immediate Release Preferred
Silenor	Generic Preferred: Zolpidem or Zalpeon
Simcor	Combination Drug. Simvastatin + Niacin (Separately) Preferred
Simponi	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Smoking Cessation	Medication may be accessed through www.smokingcessationtrust.org .
Solesta	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Soliris	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Solodyn	Doxycycline Monohydrate Preferred
Somavert	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Sovaldi	Only available through a Specialty Pharmacy. Call 1-800-710-9341.
Staxyn	Restrictions vary by plan. Call 1-800-710-9341.
Stivarga	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Suboxone 8-2 MG FILM	Generic dosage form preferred: Buprenorphine / Naloxone SL TABLETS
Suprax	Any Generic cephalosporin preferred.
Synagis	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Taclonex	Combination Drug. Calcipotriene + Betamethasone (Separately) Preferred



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Tafinlar	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Tarceva	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Tarka	Trandolapril + Verapamil (separately) Preferred
Tasigna	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Tecfidera	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Temazepam 7.5 MG	Temazepam 15mg Preferred.
Temovate	Different Generic Dosage Form Preferred - Clobetasol Ointment, Clobetasol Cream, Clobetasol Emollient Cream, Clobetasol Gel, or Clobetasol Topical Solution
Thalomid CAP	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Thyrogen	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Tizanidine CAPS	Different Dosage Form Preferred: Tizanidine Tablets.
Topiramate	Quantity Limits vary.
Toviaz	Oxybutynin ER Preferred
Trandolapril-Verapamil HCl ER	Trandolapril + Verapamil (separately) Preferred
Travatan Z	Latanoprost Preferred
Trazodone 300 MG	Preferred Regimen: 2 Trazodone 150 MG
Treximet	Sumatriptan + Naproxen (separately) preferred.
Tribenzor	Valsartan HCTZ + Amlodipine (Separately) Preferred



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Tricor	Fenofibrate Preferred
Trilipix	Fenofibrate Preferred
Twynsta	Amlodipine + Irbesartan or Candesartan (separately) preferred.
Tykerb	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Tysabri	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Tyvaso	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Uceris	Budesonide EC Preferred.
Vaccines	Only available through a Vaccine Pharmacy. Call 1-800-710-9341
Vanos	Desonide, Betamethasone, Other Generic Steroid Creams Preferred
Vantas	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Veletri	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Veramyst	Fluticasone, Triamcinolone, or Flunisolide Nasal Spray Preferred
Vesicare	Oxybutynin ER Preferred
Viagra	Restrictions vary by plan. Call 1-800-710-9341.
Vibramycin	Doxycycline Monohydrate Preferred
Vibratabs	Doxycycline Monohydrate Preferred
Vibratabs	Doxycycline Monohydrate Preferred
Victoza	Only available through a Specialty Pharmacy. Call 1-800-710-9341.
Vimovo	Naproxen + omeprazole (separately) preferred.



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Virdec	Active ingredients available in OTC Cough/Cold products.
Visudyne	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Vivaglobin	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Votrient	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Vpriv	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Vusion	Miconazole + Zinc Oxide (Separately) Preferred
Vyvanse	Qty limited to 30 per 30 days. Higher quantities require a PA.
Wellbutrin XL	Bupropion Preferred
Xenazine	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Xiaflex	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Xtandi	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Zelboraf	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Zetonna	Fluticasone Nasal Spray or Triamcinolone Nasal Spray or Flunisolide Nasal Spray Preferred
Zipsor	Diclofenac Preferred



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Zolinza	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Zolmitriptan	Quantity Limited to 9 per fill.
Zolpidem ER	Zolpidem Immediate Release, Zaleplon or Trazodone Preferred.
Zomig Nasal	Zolmitriptan Preferred, Quantity Limits Apply
Zorbtive	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.
Zostavax	Age Restrictions apply.
Zutripro	Generic Cough products preferred.
Zymaxid	Generic Alternatives Preferred: Ciprofloxacin or Levofloxacin
Zytiga	Manufacturer requires dispensing only by authorized specialty pharmacies. Call 1-800-710-9341.