Navitus Preferred Drug List
Prior Authorization Drug List
Last Updated* 10/24/2013

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABILIFY DISCMELT	NP
ABILIFY SOLN	NP
ABILIFY TAB	NP
ABSTRAL TAB	NP
adapalene cream	F
adapalene gel	F
ADCIRCA TAB	F
AFINITOR DISPERZ	F
AFINITOR TAB	F
AMETHYST TAB	NP
AMPYRA TAB	F
ANDRODERM PATCH	F
ANDROGEL 1.62%	F
ANDROGEL 25MG	F
ANDROGEL 50MG	F
ANDROGEL PUMP 1%	F
ANDROGEL PUMP 1.62%	F
apri	F
aranelle	F
ARIXTRA SOLN	NP
ATRALIN	NP
AUBAGIO TAB	NP
aviane	F
AXIRON SOLN.	NP
AZELEX	NP
balziva	F
BEYAZ	F
BRILINTA TAB	NP
CAPRELSA TAB	F
CAYSTON	F
cesia	F
CIMZIA INJ.	NP
COMETRIQ KIT	F
CRINONE	F
cryselle	F
DIFFERIN GEL 0.3%	F
DIFFERIN LOTION	F
DYMISTA NASAL SPRAY	NP
ENABLEX TAB	NP
ENBREL	F
ENDOMETRIN	F
enpresse	F
EPIDUO	F
ERIVEDGE CAP	F
FANAPT	NP

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Navitus Preferred Drug List cont.
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
FEMCON FE	NP
fentanyl citrate lollipop	F
FENTORA	NP
FERRIPROX TAB	F
fondaparinux soln	F
FORTESTA GEL	NP
GILENYA	NP
GLEEVEC	F
HUMIRA INJ.	F
HYCAMTIN	F
ICLUSIG TAB	F
INCIVEK	F
INLYTA TAB	F
INVEGA	NP
itraconazole	F
JAKAFI TAB	F
jolessa tab/amethia tab	F
junel fe	F
junel tab	F
KALYDECO TAB	F
kariva	F
kelnor	F
KINERET INJ.	F
KORLYM TAB	F
KUVAN TAB	F
LATUDA TAB	NP
LAZANDA SPRAY	NP
LETAIRIS TAB	F
LINZESS CAP	NP
LO LOESTRIN	NP
LOESTRIN 24 FE	NP
mononessa	F
MYRBETRIQ TAB	NP
NATAZIA	NP
necon	F
necon tab 1/50	F
NEXAVAR	F
nora-be	F
NORDITROPIN INJ.	F
ONFI TAB	F
ORENCIA SC	NP
ORTHO TRI-CYCLEN LO	F
OVCON 50	NP
OXYTROL PATCH	NP
PROCHIEVE	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
PROGESTERONE SUPP	NP
PROMACTA TAB	F
RAPAFLO	F
RELISTOR	F
RESTASIS	F
RETIN-A MICRO	F
RETIN-A MICRO GEL	F
REVLIMID	F
SAPHRIS	NP
sildenafil tab	F
SIMPONI INJ.	NP
SKLICE LOTION	NP
SPORANOX ORAL SOLN.	NP
SPRYCEL	F
STIVARGA TAB	F
SUTENT	F
SYLATRON INJ.	NP
TARCEVA	F
TARGRETIN	F
TASIGNA	F
TESTIM GEL	NP
THALOMID	F
TOBI	F
TOBI PODHALER	F
tretinoin cream	F
tretinoin gel	F
TRETIN-X	NP
tri-legest	F
trinessa	F
trospium chloride SR cap	F
TRUVADA	F
TYKERB	F
TYVASO	F
UCERIS TAB	NP
VENTAVIS	F
VICTRELIS	F
voriconazole susp.	F
voriconazole tab	F
VOTRIENT	F
XALKORI CAP	F
XENAZINE	F
XTANDI CAP	F
YASMIN	F
YAZ	F
ZELBORAF TAB	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
zeosa	F
ZOLINZA	F
ZORTRESS TAB	F
ZYTIGA	F
ZYVOX SUSP.	F
ZYVOX TAB	F

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