US-Rx Care

# 2026 PREFERRED ACCESS FORMULARY PA LIST

The attached list of drugs requires a Prior Authorization (PA) on your formulary. A Prior Authorization is the process of reviewing your prescription to determine that it is medically necessary and that you are receiving the correct course of treatment. If a drug requires a PA, it will not be covered until the PA has been approved.

This PA list is effective as of January 1, 2026, and is subject to periodic updates as new medications and prescribing information become available. Please note that this guide does not provide a comprehensive list of all medications that require a Prior Authorization. Variations in coverage may occur based on individual employer benefit plans. For information regarding benefit coverage or dispensing restrictions, please refer to your benefit plan documents or contact Member Services.

If a prescribed medication is not listed in this guide, members are encouraged to contact Member Services or consult with a network pharmacy to determine coverage levels. Prior Authorization and administrative support are available through US-Rx Care Member Services at 877-200-5533.

US-Rx Care

## A

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| ABILIFY MAINTENA | 300MG | PRE-FILLED SYRINGE FOR INJECTION |
| ACETYLCYSTEINE | 0.2 | SOLUTION |
| ADALIMUMAB-ADBM (2 PEN) | 40MG/0.8ML | AUTO INJECTOR KIT |
| ADALIMUMAB-ADBM (PS/UV STARTER) | 40MG/0.4ML | AUTO INJECTOR KIT |
| ADALIMUMAB-FKJP (2 PEN) | 40MG/0.8ML | AUTO INJECTOR KIT |
| ADALIMUMAB-FKJP (2 SYRINGE) | 40MG/0.8ML | PREFILLED SYRINGE KIT |
| ADZENYS XR-ODT | 12.5MG, 15.7MG, 18.8MG, 6.3MG, 9.4MG | TABLET EXTENDED RELEASE DISINTEGRATING |
| AIMOVIG | 140MG/ML, 70MG/ML | SOLUTION AUTO INJECTOR |
| AJOVY | 225MG/1.5ML | SOLUTION AUTO INJECTOR |
| AJOVY | 225MG/1.5ML | SOLUTION PREFILLED SYRINGE |
| ALOSETRON HCL | 0.5MG | TABLET |
| AMBRISENTAN | 10MG, 5MG | TABLET |
| ARIPIPRAZOLE | 10MG | TABLET, DELAYED RELEASE |
| ARNUITY ELLIPTA | 200MCG/ACT, 50MCG/ACT | AEROSOL POWDER, BREATH ACTIVATED |
| ARNUITY ELLIPTA | 100MCG/ACT | AEROSOL POWDER, BREATH ACTIVATED |
| ASENAPINE MALEATE | 2.5MG | TABLET SUBLINGUAL |
| ASSURE DOSE NORM/HIGH CONTROL | 00 | SOLUTION |
| ATOVAQUONE | 750MG/5ML | SUSPENSION |
| AUVI-Q | 0.15MG/0.15ML, 0.1MG/0.1ML, 0.3MG/0.3ML | SOLUTION AUTO INJECTOR |
| AZATHIOPRINE | 100MG, 75MG | TABLET |
| AZSTARYS | 26.1-5.2MG, 39.2-7.8MG, 52.3-10.4MG | CAPSULE |

## B

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| BELSOMRA | 10MG, 15MG, 20MG | TABLET |
| BEXAROTENE | 75MG | CAPSULE |
| BRIMONIDINE TARTRATE | 0.0015 | SOLUTION |
| BUDESONIDE | 3MG | CAPSULE DELAYED RELEASE PARTICLES |
| BUDESONIDE ER | 9MG | TABLET EXTENDED RELEASE 24 HOUR |
| BUPRENORPHINE | 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR | PATCH WEEKLY |
| BYDUREON BCISE | 2MG/0.85ML | AUIJ |

## C

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| CALCIPOTRIENE | 5E-05 | CREAM |
| CALCIPOTRIENE | 5E-05 | OINTMENT |
| CALCIPOTRIENE | 5E-05 | SOLUTION |
| CAPECITABINE | 500MG, 150MG | TABLET |
| CAPLYTA | 42MG | CAPSULE |
| CARAFATE | 1GM/10ML | SUSPENSION |
| CEQUA | 0.0009 | SOLUTION |
| CETRORELIX ACETATE | 0.25MG | KIT |
| CHLORDIAZEPOXIDE-AMITRIPTYLINE | 10-25MG | TABLET |
| CHLORDIAZEPOXIDE-CLIDINIUM | 5-2.5MG | CAPSULE |
| CLINDAMYCIN PHOS-BENZOYL PEROX | 1.2-3.75% | GEL |
| CLINDAMYCIN PHOSPHATE | 0.01 | FOAM |
| CLOBETASOL PROPIONATE | 0.0005 | FOAM |
| CLOBETASOL PROPIONATE EMULSION | 0.0005 | FOAM |
| CLOCORTOLONE PIVALATE | 0.001 | CREAM |
| CONCERTA | 36MG | TABLET EXTENDED RELEASE |
| CONTOUR TEST | 00 | STRIP |
| COTEMPLA XR-ODT | 17.3MG, 25.9MG | TABLET EXTENDED RELEASE DISINTEGRATING |
| CREON | 12000-38000UNIT, 24000-76000UNIT, 36000-114000UNIT, 6000-19000UNIT | CAPSULE DELAYED RELEASE PARTICLES |

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| CROMOLYN SODIUM | 100MG/5ML | CONCENTRATE |
| CYCLOBENZAPRINE HCL | 7.5MG | TABLET |

## D

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| DALFAMPRIDINE ER | 10MG | TABLET EXTENDED RELEASE 12 HOUR |
| DANAZOL | 200MG | CAPSULE |
| DARUNAVIR | 800MG | TABLET |
| DAYTRANA | 20MG/9HR | PATCH |
| DEPO-SUBQ PROVERA 104 | 104MG/0.65ML | SUSPENSION PREFILLED SYRINGE |
| DESCOVY | 200-25MG | TABLET |
| DEXAMETHASONE SODIUM PHOSPHATE | 4MG/ML | SOLUTION |
| DEXCOM G4 PLATINUM | 00 | DEVIRCV/SHARE |
| DEXCOM G6 SENSOR | 00 | MISCELLANEOUS |
| DEXTROAMPHETAMINE SULFATE | 5MG/5ML | SOLUTION |
| DIAZEPAM | 10MG | GEL |
| DICLOFENAC EPOLAMINE | 0.013 | PATCH |
| DIFICID | 40MG/ML | SUSPENSION RECONSTITUTED |
| DIFICID | 200MG | TABLET |
| DIFLORASONE DIACETATE | 0.0005 | CREAM |
| DIFLORASONE DIACETATE | 0.0005 | OINTMENT |
| DIMETHYL FUMARATE | 240MG | CAPSULE DELAYED RELEASE |
| DRONABINOL | 10MG, 2.5MG, 5MG | CAPSULE |
| DYANAVEL XR | 2.5MG/ML | SUSPENSION EXTENDED RELEASE |

## E

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| ELMIRON | 100MG | CAPSULE |
| EMGALITY | 120MG/ML | SOLUTION AUTO INJECTOR |
| EMGALITY | 120MG/ML | SOLUTION PREFILLED SYRINGE |
| EMGALITY (300 MG DOSE) | 100MG/ML | SOLUTION PREFILLED SYRINGE |
| ENDOMETRIN | 100MG | INSERT |
| ENSTILAR | 0.005-0.064% | FOAM |
| ENTECAVIR | 0.5MG, 1MG | TABLET |
| ERYTHROMYCIN | 250MG | TABLET DELAYED RELEASE |
| ERYTHROMYCIN BASE | 250MG | TABLET |
| ESTRING | 2MG | RING |
| EUCRISA | 0.02 | OINTMENT |
| EVEROLIMUS | 10MG, 5MG, 0.75MG | TABLET |
| EXEMESTANE | 25MG | TABLET |

## F

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| FETZIMA | 120MG, 80MG | CAPSULE EXTENDED RELEASE 24 HOUR |
| FINACEA | 0.15 | FOAM |
| FINGOLIMOD HCL | 0.5MG | CAPSULE |
| FIRST-OMEPRAZOLE | 2MG/ML | SUSPENSION |
| FLURANDRENOLIDE | 0.0005 | LOTION |

## G

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| GLATIRAMER ACETATE | 20MG/ML, 40MG/ML | SOLUTION PREFILLED SYRINGE |
| GLYXAMBI | 10-5MG, 25-5MG | TABLET |

## H

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| HALOBETASOL PROPIONATE | 0.0005 | FOAM |
| HYDROCODONE BITARTRATE ER | 20MG | T24A |
| HYDROCORTISONE BUTYRATE | 0.001 | LOTION |
| HYDROMORPHONE HCL ER | 8MG | TABLET EXTENDED RELEASE 24 HOUR |

## I

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| IMATINIB MESYLATE | 100MG, 400MG | TABLET |

## J

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| JANUMET | 50-1000MG, 50-500MG | TABLET |
| JANUMET XR | 100-1000MG, 50-1000MG, 50-500MG | TABLET EXTENDED RELEASE 24 HOUR |
| JANUVIA | 100MG, 25MG, 50MG | TABLET |
| JARDIANCE | 10MG, 25MG | TABLET |
| JORNAY PM | 100MG, 20MG, 40MG, 60MG, 80MG | CAPSULE EXTENDED RELEASE 24 HOUR |

## K

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| KERENDIA | 10MG, 20MG | TABLET |
| KYLEENA | 19.5MG | INTRAUTERINE DEVICE |

## L

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| LAGEVRIO | 200MG | CAPSULE |
| LANSOPRAZOLE | 15MG, 30MG | TABLET DELAYED RELEASE DISINTEGRATING |
| LEUCOVORIN CALCIUM | 15MG, 5MG | TABLET |
| LINEZOLID | 100MG/5ML | SUSPENSION RECONSTITUTED |
| LINZESS | 145MCG, 290MCG, 72MCG | CAPSULE |
| LIRAGLUTIDE | 18MG/3ML | SOLUTION PEN INJECTOR |
| LOTEMAX | 0.005 | OINTMENT |
| LOTEMAX SM | 0.0038 | GEL |

## M

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| MEFENAMIC ACID | 250MG | CAPSULE |
| METHYLIN | 10MG/5ML, 5MG/5ML | SOLUTION |
| METHYLPHENIDATE | 10MG/9HR, 15MG/9HR, 20MG/9HR, 30MG/9HR | PATCH |
| MIRENA (52 MG) | 20MCG/DAY | INTRAUTERINE DEVICE |
| MOVANTIK | 25MG | TABLET |
| MULTAQ | 400MG | TABLET |
| MYRBETRIQ | 25MG, 50MG | TABLET EXTENDED RELEASE 24 HOUR |

## N

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| NAPROXEN | 500MG, 375MG | TABLET DELAYED RELEASE |
| NATAZIA | 3/2-2/2-3/1MG | TABLET |
| NEUPRO | 1MG/24HR, 2MG/24HR, 4MG/24HR | PATCH 24 HR |
| NEXLETOL | 180MG | TABLET |
| NEXLIZET | 180-10MG | TABLET |
| NEXTSTELLIS | 3-14.2MG | TABLET |
| NISOLDIPINE ER | 17MG | TABLET EXTENDED RELEASE 24 HOUR |
| NITROFURANTOIN | 25MG/5ML | SUSPENSION |

## O

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| OMNIPOD CLASSIC PDM (GEN 3) | 00 | KIT |
| OMNIPOD CLASSIC PODS (GEN 3) | 00 | MISCELLANEOUS |
| ONEXTON | 1.2-3.75% | GEL |
| ONGENTYS | 25MG | CAPSULE |
| OXAPROZIN | 600MG | TABLET |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) | 2MG/1.5ML | SOLUTION PEN INJECTOR |
| OZEMPIC (1 MG/DOSE) | 2MG/1.5ML, 4MG/3ML | SOLUTION PEN INJECTOR |

## P

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| PARAGARD INTRAUTERINE COPPER | 00 | INTRAUTERINE DEVICE |
| PAROXETINE MESYLATE | 7.5MG | CAPSULE |
| PENCICLOVIR | 0.01 | CREAM |
| PENTASA | 500MG | CAPSULE EXTENDED RELEASE |
| POSACONAZOLE | 100MG | TABLET DELAYED RELEASE |
| PREDNISOLONE SODIUM PHOSPHATE | 25MG/5ML | SOLUTION |
| PRILOSEC | 10MG | PACKET |

## Q

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| QELBREE | 100MG, 150MG, 200MG | CAPSULE EXTENDED RELEASE 24 HOUR |
| QUILLICHEW ER | 40MG, 20MG, 30MG | CHEWABLE EXTENDED RELEASE |
| QUILLIVANT XR | 25MG/5ML | SUSPENSION RECONSTITUTED ER |
| QULIPTA | 10MG, 30MG, 60MG | TABLET |

## R

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| RELISTOR | 150MG | TABLET |
| REPATHA | 140MG/ML | SOLUTION PREFILLED SYRINGE |
| REPATHA PUSHTRONEX SYSTEM | 420MG/3.5ML | SOLUTION CARTRIDGE |
| RESTASIS MULTIDOSE | 0.0005 | EMULSION |
| REXULTI | 0.5MG, 1MG, 2MG, 3MG | TABLET |
| REYVOW | 100MG | TABLET |
| RHOFADE | 0.01 | CREAM |
| RHOPRESSA | 0.0002 | SOLUTION |
| RIBAVIRIN | 200MG | TABLET |
| RYBELSUS | 14MG, 3MG, 7MG | TABLET |
| RYTARY | 48.75-195MG, 36.25-145MG | CAPSULE EXTENDED RELEASE |

## S

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| SANTYL | 250UNIT/GM | OINTMENT |
| SAVELLA | 25MG, 50MG | TABLET |
| SIROLIMUS | 0.5MG, 1MG | TABLET |
| SKYLA | 13.5MG | INTRAUTERINE DEVICE |
| SLYND | 4MG | TABLET |
| SOLIQUA | 100-33UNT-MCG/ML | SOLUTION PEN INJECTOR |
| SUCRALFATE | 1GM/10ML | SUSPENSION |
| SULCONAZOLE NITRATE | 0.01 | SOLUTION |
| SULFACETAMIDE SODIUM-SULFUR | 9-4% | LIQUID |
| SUNOSI | 150MG, 75MG | TABLET |
| SYMPROIC | 0.2MG | TABLET |
| SYNJARDY | 12.5-1000MG, 12.5-500MG, 5-1000MG | TABLET |
| SYNJARDY XR | 10-1000MG, 25-1000MG, 12.5-1000MG, 5-1000MG | TABLET EXTENDED RELEASE 24 HOUR |

## T

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| TAVABOROLE | 0.05 | SOLUTION |
| TAZAROTENE | 0.0005 | GEL |
| TAZORAC | 0.001 | GEL |
| TEMOZOLOMIDE | 140MG, 180MG, 100MG, 250MG, 20MG | CAPSULE |
| TERIFLUNOMIDE | 14MG, 7MG | TABLET |
| TESTOSTERONE | 12.5 MG/ACT(1%), 25 MG/ 2.5GM(1%), 50 MG/5GM(1%), 10 MG/ACT(2%), 20.25 MG/ 1.25GM(1.62%), 20.25 MG/ACT(1.62%) | GEL |
| TESTOSTERONE | 30MG/ACT | SOLUTION |
| TESTOSTERONE ENANTHATE | 200MG/ML | SOLUTION |
| TETRABENAZINE | 12.5MG | TABLET |
| TIZANIDINE HCL | 2MG, 6MG, 4MG | CAPSULE |
| TOBRAMYCIN | 300MG/5ML | NEBULIZATION SOLUTION |
| TRELEGY ELLIPTA | 200-62.5-25MCG/ACT | AEROSOL POWDER, BREATH ACTIVATED |
| TRELEGY ELLIPTA | 100-62.5-25MCG/ACT | AEROSOL POWDER, BREATH ACTIVATED |
| TRETINOIN MICROSPHERE | 0.0004 | GEL |
| TRULANCE | 3MG | TABLET |
| TWIRLA | 120-30MCG/24HR | PATCH WEEKLY |

## U

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| UBRELVY | 100MG, 50MG | TABLET |
| UCERIS | 2MG/ACT | FOAM |

## V

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| V-GO 40 | 40UNIT/24HR | KIT |
| VALGANCICLOVIR HCL | 450MG | TABLET |
| VALTOCO 10 MG DOSE | 10MG/0.1ML | LIQUID |
| VALTOCO 15 MG DOSE | 2 x 7.5MG/0.1ML | LIQUID THERAPY PACK |
| VALTOCO 20 MG DOSE | 2 x 10MG/0.1ML | LIQUID THERAPY PACK |
| VALTOCO 5 MG DOSE | 5MG/0.1ML | LIQUID |
| VELPHORO | 500MG | TABLET CHEWABLE |
| VENLAFAXINE HCL ER | 225MG, 75MG | TABLET EXTENDED RELEASE 24 HOUR |
| VERAPAMIL HCL ER | 100MG, 240MG, 120MG | CAPSULE EXTENDED RELEASE 24 HOUR |
| VERQUVO | 10MG | TABLET |
| VIBERZI | 100MG, 75MG | TABLET |
| VICTOZA | 18MG/3ML | SOLUTION PEN INJECTOR |
| VIIBRYD STARTER PACK | 10 & 20MG | KIT |
| VRAYLAR | 1.5MG, 3MG, 4.5MG, 6MG | CAPSULE |
| VYVANSE | 30MG, 40MG, 50MG, 70MG | CAPSULE |

## W

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| WYNZORA | 0.005-0.064% | CREAM |

## X

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| XCOPRI | 150MG, 200MG | TABLET |
| XCOPRI | 14 x 12.5 MG &14 x 25 MG | TABLET THERAPY PACK |
| XCOPRI (250 MG DAILY DOSE) | 100 & 150MG | TABLET THERAPY PACK |
| XCOPRI (350 MG DAILY DOSE) | 150 & 200MG | TABLET THERAPY PACK |
| XHANCE | 93MCG/ACT | EXHU |
| XIFAXAN | 550MG | TABLET |
| XIGDUO XR | 10-500MG, 5-500MG, 2.5-1000MG | TABLET EXTENDED RELEASE 24 HOUR |
| XIIDRA | 0.05 | SOLUTION |
| XOFLUZA (40 MG DOSE) | 1 x 40MG | TABLET THERAPY PACK |
| XOFLUZA (80 MG DOSE) | 1 x 80MG | TABLET THERAPY PACK |
| XTAMPZA ER | 18MG | CAPSULE, EXTENDED RELEASE 12 HOUR ABUSE-DETERRENT |
| XULTOPHY | 100-3.6UNIT-MG/ML | SOLUTION PEN  INJECTOR |

## Z

| DRUG NAME | STRENGTH | FORM |
|---|---|---|
| ZEMBRACE SYMTOUCH | 3MG/0.5ML | SOLUTION AUTO INJECTOR |
| ZENPEP | 40000-126000UNIT, 5000-24000UNIT | CAPSULE  DELAYED RELEASE PARTICLES |
| ZERVIATE | 0.0024 | SOLUTION |
| ZIRGAN | 0.0015 | GEL |
| ZUBSOLV | 0.7-0.18MG, 2.9-0.71MG, 8.6-2.1MG | ABLET SUBLINGUAL |