

Medications Requiring Prior Authorization for Medical Necessity for Clients 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 SIGNIFOR LAR SOMAVERT	SOMATULINE DEPOT
<i>Allergies</i> Antihistamines	<i>dexchlorpheniramine</i> Diphen Elixir RyClora CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, DYMISTA</i>
<i>Anticonvulsants</i>	<i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only)	<i>carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, 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, VIMPAT, XCOPRI</i>
	BANZEL SUSPENSION ONFI	<i>clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
	SABRIL	<i>vigabatrin</i>
	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, XCOPRI</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	<i>doxycycline hyclate delayed-rel tablet 50 mg</i> <i>doxycycline hyclate delayed-rel tablet 200 mg</i> <i>doxycycline hyclate tablet 50 mg</i> (NDC [^] 72143021160 only) <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> CoreMino Mondoxylene NL capsule 75 mg ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Anti-infectives, Antibacterials Miscellaneous	nitrofurantoin (NDC [^] 70408023932 only) MACRODANTIN	nitrofurantoin (except NDC [^] 70408023932)
Anti-infectives, Antifungals	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet NOXAFIL	fluconazole, itraconazole
	CRESEMBA	itraconazole
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS	Consult doctor
	INVIRASE LEXIVA VIRACEPT	atazanavir, lopinavir-ritonavir solution, EVOTAZ, PREZCOBIX, PREZISTA
Anti-infectives, Antivirals Cytomegalovirus *	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis B *	BARACLUDE TABLET EPIVIR HBV HEPSERA	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY
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 *	acyclovir cream VALTREX	acyclovir capsule, acyclovir tablet, valacyclovir
Anti-infectives, Antivirals HIV	COMPLERA STRIBILD	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
Anti-infectives Miscellaneous	DARAPRIM	pyrimethamine
Antiobesity	CONTRACE XENICAL	QSYMIA, SAXENDA
Anxiety * Benzodiazepines	ATIVAN XANAX XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
Asthma * Beta Agonists, Short-Acting	PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol
Asthma * Leukotriene Modulators	zileuton ext-rel SINGULAIR	montelukast, zafirlukast
Asthma * Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA †, BREO ELLIPTA †, SYMBICORT

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Attention Deficit Hyperactivity Disorder</i> *	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA FOCALIN XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel †, dexamethylphenidate ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel †, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE</i>
<i>Autoimmune Agents Physician-Administered Agents</i>	ACTEMRA INTRAVENOUS ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
	AVSOLA CIMZIA LYOPHILIZED POWDER INFLECTRA RENFLXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease Only)	REMICADE, STELARA INTRAVENOUS
	ILUMYA	REMICADE
<i>Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis</i> *	CIMZIA PREFILLED SYRINGE SIMPONI TALTZ	COSENTYX, ENBREL, HUMIRA
<i>Autoimmune Agents Self-Administered Agents Crohn's Disease</i> *	CIMZIA PREFILLED SYRINGE	HUMIRA, STELARA SUBCUTANEOUS # # After failure of HUMIRA
<i>Autoimmune Agents Self-Administered Agents Psoriasis</i> *	CIMZIA PREFILLED SYRINGE COSENTYX ENBREL	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
<i>Autoimmune Agents Self-Administered Agents Psoriatic Arthritis</i> *	CIMZIA PREFILLED SYRINGE ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREFMYA XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA
<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
<i>Autoimmune Agents Self-Administered Agents Ulcerative Colitis</i> *	SIMPONI	HUMIRA, STELARA SUBCUTANEOUS #, XELJANZ #, XELJANZ XR # # After failure of HUMIRA
<i>Autoimmune Agents Self-Administered Agents All Other Conditions</i> *	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA
<i>Cancer Biosimilars</i>	RIABNI TRUXIMA	RUXIENCE

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Cancer</i> Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Follicular Lymphoma * PI3K Inhibitors	ALIQUOPA ZYDELIG	COPIKTRA
<i>Cancer</i> Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCIE
<i>Cancer</i> Multiple Myeloma * Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO, VELCADE
<i>Cancer</i> Prostate * Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide</i> , 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 50 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 (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), 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, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics Niacins	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i>
<i>Cardiovascular</i> Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters</i> , VASCEPA
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Cardiovascular Diuretics</i>	DYRENIUM	<i>amiloride, triamterene</i>
<i>Cardiovascular Nitrates</i>	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<i>Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists</i>	LETAIRIS TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
<i>Cardiovascular Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors</i>	ADCIRCA REVATIO	<i>sildenafil, tadalafil</i>
<i>Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators</i>	REMODULIN	<i>treprostinil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Central Precocious Puberty</i>	LUPRON DEPOT-PED	SUPPRELIN LA, TRIPTODUR
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA, YUPELRI
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
<i>Contraceptives Monophasic</i>	BEYAZ MINASTRIN 24 FE TAYTULLA YASMIN YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
<i>Contraceptives Four Phase</i>	NATAZIA	<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>
<i>Contraceptives Extended Cycle</i>	SEASONIQUE	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
<i>Contraceptives Progestin Intrauterine Devices</i>	LILETTA	KYLEENA, MIRENA, SKYLA
<i>Contraceptives Vaginal</i>	NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Dental Cavity/Caries Prevention</i>	PREVIDENT	Consult doctor

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Depression</i> * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i> LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</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>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
	OLEPTRO	<i>trazodone</i>
<i>Depression and/or Schizophrenia</i> * Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
<i>Dermatology</i> Acne *	<i>clindamycin gel (NDC[^] 68682046275 only)</i> Vanoxide-HC ACANYA AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
<i>Dermatology</i> Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
<i>Dermatology</i> Anti-infective / Anti-inflammatory	NEO-SYNALAR	<i>desonide 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>calcitriol ointment</i> 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>Dermatology</i> Atopic Dermatitis *	<i>doxepin cream</i>	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
	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, metronidazole, FINACEA FOAM, SOOLANTRA</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Dermatology</i> Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor
<i>Dermatology</i> Seborrheic Dermatitis *	<i>ketoconazole foam 2%</i> Ketodan	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</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 cream</i> <i>flurandrenolide lotion</i> Nolix	<i>desonide, hydrocortisone</i>
	<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>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<i>Dermatology</i> Warts	VEREGEN	<i>imiquimod</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide, hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A ATOPADERM BENSAL HP EPICERAM KAMDOY NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
	<i>luliconazole</i> <i>oxiconazole</i> (NDCs ^A 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
<i>Diabetes *</i> Biguanides	<i>metformin ext-rel (generics for FORTAMET and GLUMETZA only)</i> FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
<i>Diabetes *</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<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, 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> * 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 ⁶	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 ⁶	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Diabetes * Supplies, Test Strips and Kits ^{7, 8}	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 ONETOUGH brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁷ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁷ , ACCU-CHEK GUIDE STRIPS AND KITS ⁷ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁷ , ONETOUGH ULTRA STRIPS AND KITS ⁷ , ONETOUGH VERIO STRIPS AND KITS ⁷
	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
Dietary Supplements	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite</i> <i>Dexifol</i> <i>Folvite-D</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> <i>TronVite</i> <i>Vitasure</i> <i>Xvite</i> FERIVA 21/7 FOLIC-K NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	<i>MultiPro</i> PRODIGEN VASCULERA	Consult doctor
Endocrine and Metabolic Progestins	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
Endometriosis *	LUPRON DEPOT ZOLADEX	ORILISSA
Erectile Dysfunction * Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
Fertility *	FOLLISTIM AQ	GONAL-F
	CHORIONIC GONADOTROPIN NOVAREL PREGNYL	OVIDREL

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Gastrointestinal Anticholinergics</i>	<i>chlordiazepoxide-clidinium</i> (NDCs ^A 11534019701, 42494040901, 51293069601, 51293069610 only) <i>hyoscyamine sulfate ext-rel</i> Oscimin SR Symax-SR GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
<i>Gastrointestinal Antidiarrheals</i>	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
<i>Gastrointestinal Antiemetics</i>	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal Irritable Bowel Syndrome</i>	AMITIZA	LINZESS, MOVANTIK, SYMPROIC
<i>Gastrointestinal Laxatives</i>	LACTULOSE PAK	<i>lactulose solution</i>
	GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes, CLENPIQ</i>
<i>Gastrointestinal Probiotics</i>	<i>LactoJen</i> PROVAD ZELAC	Consult doctor
<i>Gastrointestinal Proton Pump Inhibitors (PPIs)</i>	<i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT</i>
<i>Gastrointestinal Ulcer Treatment</i>	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary Interstitial Cystitis</i>	ELMIRON RIMSO-50	Consult doctor
<i>Genitourinary Miscellaneous</i>	LITHOSTAT THIOLA THIOLA EC	Consult doctor
<i>Gout *</i>	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet, MITIGARE</i>
	ULORIC	<i>allopurinol</i>
<i>Growth Hormones</i>	GENOTROPIN HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	NORDITROPIN
<i>Hematologic Anticoagulants (oral)</i>	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Hematologic</i> Chelating Agents	CUPRIMINE	<i>penicillamine capsule</i>
	DESFERAL EXJADE FERRIPROX JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE	<i>trientine</i>
<i>Hematologic</i> Erythropoiesis-Stimulating Agents	EPOGEN PROCRIT	ARANESP, RETACRIT
<i>Hematologic</i> Hemophilia B	ALPROLIX	Consult doctor
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor
<i>High Blood Pressure *</i> ACE Inhibitor / Diuretic Combinations	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Diuretic Combinations	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 *</i> Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	AZOR EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<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, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
<i>High Blood Pressure *</i> Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<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>High Blood Pressure *</i> Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	<i>amlodipine WITH celecoxib</i>
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Antimetabolites	CELLCEPT MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>
<i>Immunology</i> Calcineurin Inhibitors	ASTAGRAF XL ENVARUSUS XR	<i>tacrolimus</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO
<i>Immunology</i> Hereditary Angioedema *	BERINERT	<i>icatibant, RUCONEST</i>
<i>Immunology</i> Rapamycin Derivatives	RAPAMUNE ZORTRESS	<i>everolimus, sirolimus</i>
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	<i>mesalamine delayed-rel tablet 800 mg</i> COLAZAL DELZICOL LIALDA	<i>balsalazide, mesalamine delayed-rel</i> (except <i>mesalamine delayed-rel tablet 800 mg</i>), <i>mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD,</i> <i>PENTASA</i>
<i>Interferons *</i>	PEGASYS	Consult 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>Yuvafem</i> ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
<i>Multiple Sclerosis</i>	AVONEX EXTAVIA PLEGRIDY TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON,</i> <i>COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI,</i> <i>VUMERITY, ZEPOSIA</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Musculoskeletal</i>	<i>carisoprodol 250 mg</i> <i>chlorzoxazone 375 mg</i> <i>chlorzoxazone 500 mg</i> (NDC [^] 73007001303 only) <i>chlorzoxazone 750 mg</i> <i>cyclobenzaprine ext-rel capsule</i> <i>cyclobenzaprine tablet 7.5 mg</i> <i>metaxalone 400 mg</i> <i>methocarbamol 500 mg</i> (NDC [^] 69036091010 only) <i>methocarbamol 750 mg</i> (NDCs [^] 69036093090, 70868090190 only) <i>orphenadrine-aspirin-caffeine</i> <i>Fexmid</i> <i>Lorzone</i> <i>Orphengesic Forte</i> AMRIX CHLORZOXAZONE 250 MG NORGESIC FORTE	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
<i>Narcolepsy Wakefulness Promoters</i>	NUVIGIL PROVIGIL	<i>armodafinil, modafinil, SUNOSI</i>
<i>Nephropathic Cystinosis</i>	PROCYSBI	CYSTAGON
<i>Ophthalmic Allergies</i>	ALREX BEPREVE LASTACAPT ZERVIAE	<i>azelastine, 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 FML S.O.P. INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL</i>
<i>Ophthalmic Antivirals</i>	ZIRGAN	<i>trifluridine</i>
<i>Ophthalmic Artificial Tears</i>	LACRISERT	RESTASIS, XIIDRA
<i>Ophthalmic Glaucoma</i>	<i>bimatoprost solution 0.03%</i> TRAVATAN Z	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
	BETIMOL TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETOPTIC S</i>
<i>Ophthalmic Miscellaneous</i>	AVENOVA	Consult 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
<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, FORTEO, PROLIA, TYMLOS</i>
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
<i>Otic</i> Anti-infective / Anti-inflammatory	CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</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 tablet 50-300 mg</i> <i>butalbital-acetaminophen-caffeine capsule</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, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	<i>sumatriptan-naproxen</i> TREMIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>
<i>Pain</i> Neuropathic Pain *	LYRICA	<i>duloxetine, pregabalin</i>
<i>Pain</i> Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
	<i>levorphanol</i> <i>oxymorphone ext-rel</i> HYSINGLA ER OXYCONTIN ZOHYDRO ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
	PERCOCET	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
	<i>tramadol (NDC[^] 52817019610 only)</i> <i>tramadol ext-rel capsule</i>	<i>tramadol (except NDC[^] 52817019610), tramadol ext-rel tablet</i>
<i>Pain</i> Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC [^] 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>
<i>Pain and Inflammation</i> * Corticosteroids	MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT
	CELEBREX	celecoxib, diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	Diclofen DC (NDC [^] 51021037201 only) Dicloaicin Inflammacin NuDiclo SoluPak NuDiclo TabPak PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC [^] 69336012830 only) naproxen CR naproxen suspension FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT
Parkinson's Disease	APOKYN	INBRIJA, KYNMOBI
	NOURIANZ	amantadine, 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, 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, sertraline
Prenatal Vitamins ⁹	AZESCO PRENATAL PLUS TRINAZ VITAFOL-ONE ZALVIT All other brand prenatal vitamins that are not CITRANATAL	prenatal vitamins, CITRANATAL
Prostate Condition Benign Prostatic Hyperplasia *	JALYN	dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin
	RAPAFLO UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin
Respiratory Alpha-1 Antitrypsin Deficiency	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C
Respiratory Cough	benzonatate (NDCs [^] 69336012615, 69499032915 only)	benzonatate (except NDCs [^] 69336012615, 69499032915)
Respiratory Xanthines	THEO-24	ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Sleep Disorder</i> Hypnotics, Non-benzodiazepines	<i>quazepam</i> <i>zolpidem sublingual</i> LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
<i>Testosterone Replacement</i> * 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, ANDRODERM, NATESTO</i>
<i>Thyroid Supplements</i>	CYTOMEL NATURE-THROID WESTHROID WP THYROID	<i>levothyroxine, liothyronine, SYNTHROID</i>
	TIROSINT	<i>levothyroxine, SYNTHROID</i>
<i>Transplant</i> * Immunosuppressants, Calcineurin Inhibitors	PROGRAF	<i>tacrolimus</i>
<i>Urea Cycle Disorders</i>	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</i>
<i>Uterine Fibroids</i> *	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.
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	ADDERALL	AMITIZA
ACANYA	ADZENYS ER	AMRIX
ACIPHEX	ADZENYS XR-ODT	ANDROGEL
ACIPHEX SPRINKLE	ALCORTIN A	APEXICON E
ACTEMRA ACTPEN	ALEVICYN GEL	APIDRA
ACTEMRA INTRAVENOUS	ALEVICYN SG	APOKYN
ACTEMRA SUBCUTANEOUS	ALEVICYN SOLUTION	APTENSIO XR
ACTICLATE	ALIQOPA	APTIVUS
<i>Activite</i>	ALLISON MEDICAL INSULIN SYRINGES ⁶	ARALAST NP
ACTOS	ALPROLIX	ARTHROTEC
ACUVAIL	ALREX	ASMANEX
<i>acyclovir cream</i>	ALTOPREV	ASMANEX HFA
ADCIRCA	ALVESCO	ASTAGRAF XL

ATACAND
ATACAND HCT
ATIVAN
ATOPADERM
AVASTIN
AVENOVA
AVONEX
AVSOLA
AZASITE
AZELEX
AZESCO
AZOR
BANZEL SUSPENSION
BARACLUDE TABLET
BEAU RX
BECONASE AQ
BENICAR
BENICAR HCT
BENSAL HP
BENZACLIN
benzonatate (NDCs^ 69336012615, 69499032915 only)
BEPREVE
BERINERT
BETAPACE
BETAPACE AF
BETIMOL
BEVESPI AEROSPHERE
BEYAZ
bimatoprost solution 0.03%
BORTEZOMIB
BREEZE 2 STRIPS AND KITS[®]
BROMSITE
Bupap
BUPHENYL
bupropion ext-rel tablet 450 mg
butalbital-acetaminophen tablet 50-300 mg
BUTALBITAL-ACETAMINOPHEN
(NDC^ 69499034230 only)
butalbital-acetaminophen-caffeine capsule
BUTRANS
BYDUREON
BYETTA
CAFERGOT
calcipotriene cream
calcipotriene-betamethasone
calcitriol ointment
CAMBIA
CARAC
CARAFATE
CARBINOXAMINE TABLET 6 MG
CARDIZEM
CARDIZEM CD
CARDIZEM LA
carisoprodol 250 mg
CARNITOR
CARNITOR SF
CELEBREX
CELLCEPT
chlordiazepoxide-clidinium (NDCs^ 11534019701, 42494040901, 51293069601, 51293069610 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
clindamycin gel (NDC^ 68682046275 only)
clobetasol spray
CLOBEX SPRAY
clocortolone cream
COLAZAL
colchicine capsule

COLCRYS
COMPLERA
CONSENSI
CONTOUR NEXT STRIPS AND KITS[®]
CONTOUR STRIPS AND KITS[®]
CONTRAIVE
CORDRAN OINTMENT
COREG CR
CoreMino
COZAAR
CRESEMBA
CRESTOR
CUPRIMINE
cyclobenzaprine ext-rel capsule
cyclobenzaprine tablet 7.5 mg
CYMBALTA
CYTOMEL
DARAPRIM
DAYTRANA
DELZICOL
DESFERAL
desoximetasone ointment 0.05%
DETROL LA
dexchlorpheniramine
Dexifol
Diclofex DC (NDC^ 51021037201 only)
Diclosaicin
DIFFERIN LOTION
difforasono cream
difforasono 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 50 mg
doxycycline hyclate delayed-rel tablet 200 mg
doxycycline hyclate tablet 50 mg
(NDC^ 72143021160 only)
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
DUTOPROL
DYRENIUM
EDARBI
EDARBYCLOR
E.E.S. GRANULES
EFFEXOR XR
ELELYSO
ELIDEL
ELMIRON
ENALEX
ENLITE CONTINUOUS
GLUCOSE MONITORING SYSTEM
ENTERAGAM
ENTYVIO (For Crohn's Disease Only)
ENVARUS XR
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 50 mg
fenofibrate capsule 130 mg
fenofibrate tablet 40 mg
fenofibrate tablet 120 mg
FENOGLIDE TABLET 120 MG
fenoprofen
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
FML S.O.P.
FOCALIN XR
FOLIC-K
FOLLISTIM AQ
Folvite-D
FORTAMET
FORTESTA
FOSRENOL
FOSTEUM
FOSTEUM PLUS
FREESTYLE LIBRE CONTINUOUS
GLUCOSE MONITORING SYSTEM
FREESTYLE STRIPS AND KITS[®]
FULPHILA
GEL-ONE
Genicin Vita-S
GENOTROPIN
GLASSIA
GLEEVEC
GLUMETZA
GLYCOPYRRROLATE TABLET 1.5 MG
GOLYTELY
GRANIX
GUARDIAN CONNECT CONTINUOUS
GLUCOSE MONITORING SYSTEM
GUARDIAN REAL-TIME CONTINUOUS
GLUCOSE MONITORING SYSTEM
halcinonide cream
HEPSERA
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
HYSINGLA ER
HYZAAR
icosapent ethyl
ILUMYA
INCRUSE ELLIPTA
INDERAL LA
INDERAL XL
INDOCIN
indomethacin capsule 20 mg

Inflamacin
INFLECTRA
INNOPRAN XL
INTRAROSA
INTUNIV
INVELTYS
INVIRASE
INVOKAMET
INVOKAMET XR
INVOKANA
isosorbide dinitrate 40 mg
JADENU
JALYN
JENTADUETO
JENTADUETO XR
KAMDOY
KAZANO
ketoconazole foam 2%
Ketodan
ketoprofen capsule 25 mg
ketoprofen ext-rel capsule
KINERET
KOMBIGLYZE XR
KUVAN
KYPROLIS
LACRISERT
Lactojen
LACTULOSE PAK
LANOXIN TABLET (125 MCG and 250 MCG only)
lanthanum carbonate
LANTUS
LASTACFT
LAZANDA
LESCOL XL
LETAIRIS
levorphanol
LEXAPRO
LEXIVA
LIALDA
LIBRAX
LIDOCAINE-TETRACAINE CREAM
(NDC[^] 71800063115 only)
LIDOTREX
LILETTA
LIPITOR
LITHOSTAT
LIVALO
Lorid
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)
MENEST
mesalamine delayed-rel tablet 800 mg
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
MIACALCIN NASAL SPRAY
MICARDIS
MICARDIS HCT
Migergot
MILLIPRED
MINASTRIN 24 FE

MINIVELLE
MINOCIN
minocycline ext-rel
MIRVASO
Mondoxyne NL capsule 75 mg
MONOVISC
MOVIPREP
MultiPro
mupirocin cream
MYFORTIC
MYTESI
NAPRELAN
naproxen-esomeprazole
naproxen CR
naproxen suspension
NATAZIA
NATURE-THROID
NEO-SYNALAR
NESINA
NEULASTA
NEULASTA ONPRO
NEUPOGEN
NEVANAC
NEXIUM
niacin tablet 500 mg
Niacor
NICADAN
NICAPRIN
NICAZEL
NICAZEL FORTE
NICOMIDE
NILANDRON
nitrofurantoin (NDC[^] 70408023932 only)
Nolix
NORGESIC FORTE
NORITATE
NORPACE
NORVASC
NOURIANZ
NOVACORT
NOVAREL
NOVO NORDISK NEEDLES [®]
NOXAFIL
NuDiclo SoluPak
NuDiclo TabPak
NUTROPIN AQ
NUVARING
NUVIGIL
OLEPTRO
OLUX-E
omeprazole-sodium bicarbonate
OMNARIS
OMNITROPE
OMNIVEX
ONFI
ONGLYZA
ORENCIA INTRAVENOUS
orphenadrine-aspirin-caffeine
Orphengesic Forte
ORTHO D
ORTHO DF
ORTHOVISC
Oscimin SR
OSENI
OSMOPREP
OSPHENA
OTREXUP
OWEN MUMFORD NEEDLES [®]
oxiconazole (NDCs[^] 00168035830, 51672135902 only)
OXYCONTIN
oxymorphone ext-rel
OXYTROL
pantoprazole delayed-rel suspension
paroxetine mesylate capsule 7.5 mg
PAXIL
PAXIL CR
PEGASYS
PENNSAID

PERCOCET
PERRIGO NEEDLES [®]
PEXEVA
PLAVIX
PLEGRIDY
POLYTOZA
posaconazole delayed-rel tablet
PRADAXA
PRED FORTE
PRED MILD
PREGNYL
PREMARIN
PREMARIN CREAM
PRENATAL PLUS
PREVACID
PREVIDENT
PRILOSEC
PRISTIQ
PROAIR HFA
PROAIR RESPICLICK
PROCRIT
PROCYSBI
PRODIGEN
PROGRAF
PROMETRIUM
PROTONIX
PROVAD
PROVENTIL HFA
PROVIGIL
PROZAC
PSORCON
QNASL
QTERN
quazepam
RAPAFLO
RAPAMUNE
RAVICTI
RAYOS
RECEDO
REMODULIN
RENFLEXIS
REPATHA
REVATIO
RHEUMATE
RIABNI
RIBOZEL
RIMSO-50
RIOMET
RITUXAN
ROZEREM
RyClora
RYTARY
SABRIL
SAIZEN
SANDOSTATIN LAR
SCARSILK PAD
SEASONIQUE
SEROQUEL XR
SIGNIFOR LAR
SIL-K PAD
SILENOR
SILIVEX
SILTREX
SIMPONI
SINGULAIR
SOMAVERT
SORILUX
SPRIX
STENDRA
STRIBILD
SUBOXONE
sucralfate suspension
sumatriptan-naproxen
SUPREP
Symax-SR
SYNERDERM
SYNVISC
SYNVISC-ONE

SYPRINE	<i>TronVite</i>	<i>Xvite</i>
TALIVA	TRUXIMA	XYZBAC
TARGADOX	TUDORZA	YASMIN
TASIGNA	UDENYCA	YAZ
TAYTULLA	ULORIC	<i>Yuvafem</i>
TAZORAC	ULTIMED INSULIN SYRINGES ⁶	ZALVIT
TECFIDERA	ULTIMED NEEDLES ⁶	ZARXIO
TESTIM	UROXATRAL	ZEGERID
<i>testosterone gel 1%</i>	VALCYTE	ZELAC
(authorized generics for TESTIM and VOGELXO only)	VALTREX	ZEMAIRA
THEO-24	<i>Vanoxide-HC</i>	ZEPATIER
THIOLA	VASCULERA	ZERVIATE
THIOLA EC	VECTICAL	ZESTORETIC
TIMOPTIC OCULOSE	VELTIN	ZETIA
TIROSINT	<i>venlafaxine ext-rel tablet (except 225 mg)</i>	ZETONNA
TOBI	VENTOLIN HFA	ZIANA
TOBI PODHALER	VEREGEN	<i>zileuton ext-rel</i>
TOBRADEX ST	VIAGRA	ZIRGAN
<i>topiramate ext-rel capsule (generics for QUDEXY XR only)</i>	VIEKIRA PAK	ZOHYDRO ER
TOPROL-XL	VIIBRYD	ZOLADEX
TRACLEER	VIRACEPT	ZOLOFT
TRADJENTA	VISCO-3	<i>zolpidem sublingual</i>
<i>tramadol (NDC[^] 52817019610 only)</i>	VITAFOL-ONE	ZOLPIMIST
<i>tramadol ext-rel capsule</i>	<i>Vitasure</i>	ZONEGRAN
TRANSDERM SCOP	VIVELLE-DOT	ZONTIVITY
TRAVATAN Z	VOGELXO	ZORTRESS
TRELSTAR MIXJECT	WESTHROID	ZORVOLEX
TREXIMET	WP THYROID	ZUPLENZ
<i>triamcinolone aerosol 0.2%</i>	XANAX	ZYDELIG
<i>triamcinolone ointment 0.05%</i>	XANAX XR	ZYLET
<i>Trianex</i>	XENAZINE	ZYTIGA
TRICOR	XENICAL	ZYVIT
TRINAZ	XOLEGEL	
TRIVIDIA INSULIN SYRINGES ⁶	XOPENEX HFA	

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.

† Listing does not include certain NDCs[^].

[^] 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.

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: 1-855-240-0536.

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 BD ULTRAFINE syringes and needles are the only preferred options.

⁷ 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.

⁸ ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

⁹ Generic prenatal vitamins and CITRANATAL are the only preferred options.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the doctor.