

# Medications Requiring Prior Authorization for Medical Necessity for Clients with Advanced Control Specialty Formulary<sup>®</sup> – Assurant

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. Please have your prescriber contact the CVS Caremark<sup>®</sup> Prior Authorization at 1-855-240-0536.

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.

For specific information about your prescription benefit coverage and copay\*\* information, contact CVS Caremark Customer Care at 1-866-587-4799.

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Acromegaly</i>	SANDOSTATIN LAR SIGNIFOR LAR SOMAVERT	SOMATULINE DEPOT
<i>Allergies Antihistamines</i>	<i>dexchlorpheniramine</i> <i>Diphen Elixir</i> <i>RyClora</i> CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
<i>Allergies Nasal Steroids / Combinations</i>	BECONASE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, DYMISTA</i>
<i>Anticonvulsants</i>	APTIOM BRIVIACT FYCOMPA 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, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</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>	<i>CoreMino</i> <i>doxycycline hyclate delayed-rel tablet 200 mg</i> <i>doxycycline hyclate tablet 50 mg</i> <i>(NDC<sup>^</sup> 72143021160 only)</i> <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> <i>Mondoxyne NL capsule 75 mg</i> ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>Anti-infectives, Antibacterials Miscellaneous</i>	MACRODANTIN	<i>nitrofurantoin</i>

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<i>Anti-infectives, Antifungals</i>	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
	<i>posaconazole delayed-rel tablet</i>	<i>fluconazole, itraconazole</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>
<i>Anti-infectives, Antivirals Hepatitis C *</i>	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>
	VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals Herpes *</i>	<i>acyclovir cream</i> VALTREX	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
<i>Anti-infectives, Antivirals HIV</i>	COMPLERA STRIBILD	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYM TUZA, TRIUMEQ
<i>Anti-infectives Miscellaneous</i>	DARAPRIM	<i>pyrimethamine</i>
<i>Antiobesity</i>	CONTRACE OSYMA	SAXENDA
<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>	ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA	<i>amphetamine-dextroamphetamine mixed salts ext-rel<sup>1</sup>, methylphenidate ext-rel<sup>1</sup>, MYDAYIS, VYVANSE</i>
	EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel<sup>1</sup>, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel<sup>1</sup>, MYDAYIS, VYVANSE</i>
<i>Autoimmune Agents Ankylosing Spondylitis *</i>	CIMZIA SIMPONI TALTZ	COSENTYX, ENBREL, HUMIRA
<i>Autoimmune Agents Crohn's Disease *</i>	CIMZIA ENTYVIO	HUMIRA, STELARA SUBCUTANEOUS #  # After failure of HUMIRA

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<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 TREMFYA XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA
<i>Autoimmune Agents</i> Rheumatoid Arthritis *	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
<i>Autoimmune Agents</i> Ulcerative Colitis *	ENTYVIO SIMPONI	HUMIRA, STELARA SUBCUTANEOUS #, XELJANZ #, XELJANZ XR #  # After failure of HUMIRA
<i>Autoimmune Agents</i> All Other Conditions *	ACTEMRA KINERET ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA
<i>Cancer</i> Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Multiple Myeloma * Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO, VELCADE
<i>Cancer</i> PI3K Inhibitors for Follicular Lymphoma *	ALIQOPA ZYDELIG	COPIKTRA
<i>Cancer</i> Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide</i> , XTANDI, YONSA
<i>Cancer</i> Prostate * Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT (For Prostate Cancer Only)	ELIGARD
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	<i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate</i> (except <i>fenofibrate tablet 120 mg</i> ), <i>fenofibric acid delayed-rel</i>
<i>Cardiovascular</i> Antilipemics	ALTOPREV CRESTOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>

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HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations <sup>3</sup>	LESCOL XL LIPITOR LIVALO	
<i>Cardiovascular</i> Antilipemics Niacins	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
<i>Cardiovascular</i> Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors	ADCIRCA REVATIO	<i>sildenafil, tadalafil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<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</i> 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>
<i>Contraceptives</i> 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, LO LOESTRIN FE</i>
<i>Contraceptives</i> Progestin Intrauterine Devices	LILETTA	KYLEENA, MIRENA, SKYLA
<i>Contraceptives</i> Vaginal	NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Dental</i> Cavity/Caries Prevention	PREVIDENT	Consult doctor

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<i>Depression *</i> Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i> LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD	<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> APLENZIN	<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>
	INVEGA SUSTENNA	ABILIFY MAINTENA, PERSERIS
<i>Dermatology</i> Acne *	<i>clindamycin gel (NDC<sup>^</sup> 68682046275 only)</i> <i>Vanoxide-HC</i> ACANYA AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC<sup>^</sup> 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> 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, 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>
<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>
<i>Dermatology</i> Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor

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<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 lotion (NDC<sup>^</sup> 24470092112 only)</i>	<i>desonide, hydrocortisone</i>
	<i>flurandrenolide ointment</i> <i>hydrocortisone butyrate lipophilic cream 0.1%</i> <i>triamcinolone acetonide aerosol 0.2%</i> CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
	<i>diflorasone cream</i> <i>diflorasone ointment</i> APEXICON E PSORCON	<i>desoximetasone, 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>oxiconazole</i> (NDCs <sup>^</sup> 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole</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
<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

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<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 <sup>4</sup>	NOVOLIN 70/30 <sup>4</sup>
	HUMULIN N <sup>4</sup>	NOVOLIN N <sup>4</sup>
	HUMULIN R <sup>4</sup>	NOVOLIN R <sup>4</sup>
	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 <sup>5</sup>	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 <sup>6</sup>	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 <sup>6</sup>	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES

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<i>Diabetes</i> * Supplies, Test Strips and Kits <sup>7,8</sup>	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ACCU-CHEK COMPACT PLUS STRIPS AND KITS ACCU-CHEK GUIDE STRIPS AND KITS ACCU-CHEK SMARTVIEW STRIPS AND KITS 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 ONETOUCH brand	ONETOUCH ULTRA STRIPS AND KITS <sup>7</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>7</sup>
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<i>Dietary Supplements</i>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite</i> <i>DaVite</i> <i>Dexifol</i> <i>Folvik-D</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
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
<i>Estrogen Replacement</i> *	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Fertility</i> *	FOLLISTIM AQ	GONAL-F
	CHORIONIC GONADOTROPIN NOVAREL PREGNYL	OVIDREL
<i>Gastrointestinal Anticholinergics</i>	<i>chlordiazepoxide-clidinium</i> (NDC <sup>^</sup> 42494040901 only) GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>



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<i>Gastrointestinal</i> Antidiarrheals	ENTERAGAM	<i>alose tron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
<i>Gastrointestinal</i> Antiemetics	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal</i> Irritable Bowel Syndrome	AMITIZA	LINZESS, MOVANTIK, SYMPROIC
	TRULANCE	LINZESS
<i>Gastrointestinal</i> Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes, CLENPIQ</i>
<i>Gastrointestinal</i> Probiotics	PROVAD ZELAC	Consult doctor
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	<i>omeprazole-sodium bicarbonate</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>Gastrointestinal</i> Ulcer Treatment	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary</i> Interstitial Cystitis	RIMSO-50	Consult doctor
<i>Gout *</i>	COLCRYS	<i>colchicine tablet</i>
<i>Growth Hormones</i>	GENOTROPIN HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	NORDITROPIN
<i>Hematologic</i> Anticoagulants (oral)	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic</i> Erythropoiesis-Stimulating Agents	EPOGEN PROCRIT	ARANESP, RETACRIT
<i>Hematologic</i> Hemophilia A	ELOCTATE	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<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

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	<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	<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	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	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>
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel</i> <b>WITH</b> <i>hydrochlorothiazide</i>
<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</i> <b>WITH</b> <i>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 ENVARUS XR	<i>tacrolimus</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO
<i>Immunology</i> Hereditary Angioedema *	BERINERT	FIRAZYR, RUCONEST
<i>Immunology</i> Rapamycin Derivatives	RAPAMUNE ZORTRESS	<i>everolimus, sirolimus</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL LIALDA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
	COLAZAL	<i>balsalazide</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>Multiple Sclerosis</i>	AVONEX EXTAVIA PLEGRIDY TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
<i>Musculoskeletal</i>	<i>chlorzoxazone 375 mg</i> <i>chlorzoxazone 500 mg</i> (NDC <sup>^</sup> 73007001303 only) <i>chlorzoxazone 750 mg</i> <i>cyclobenzaprine ext-rel capsule</i> <i>cyclobenzaprine tablet 7.5 mg</i> <i>Fexmid</i> <i>Lorzone</i> <i>metaxalone 400 mg</i> <i>methocarbamol 500 mg</i> (NDC <sup>^</sup> 69036091010 only) <i>methocarbamol 750 mg</i> (NDCs <sup>^</sup> 69036093090, 70868090190 only) <i>orphenadrine-aspirin-caffeine</i> <i>Orphengesic Forte</i> AMRIX CHLORZOXAZONE 250 MG NORGESIC FORTE	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
<i>Narcolepsy</i> Wakefulness Promoters	NUVIGIL	<i>armodafinil, SUNOSI</i>
<i>Nephropathic Cystinosis</i>	PROCYSBI	CYSTAGON
<i>Ophthalmic</i> Allergies	ALREX BEPREVE	<i>azelastine, cromolyn sodium, olopatadine, LASTACAPT, 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, Nonsteroidal	PROLENSA	<i>bromfenac, diclofenac, ketorolac, ACUVAIL, ILEVRO, NEVANAC</i>
<i>Ophthalmic</i> Anti-inflammatory, Steroidal	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> Antivirals	ZIRGAN	<i>trifluridine</i>
<i>Ophthalmic</i> Artificial Tears	LACRISERT	RESTASIS, XIIDRA
<i>Ophthalmic</i> Glaucoma	<i>bimatoprost solution 0.03%</i>	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
	TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETIMOL, BETOPTIC S</i>
<i>Ophthalmic</i> Miscellaneous	AVENOVA	Consult doctor

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Opioid Dependency</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual</i> , ZUBSOLV
<i>Opioid Reversal</i>	EVZIO	<i>naloxone injection</i> , NARCAN NASAL SPRAY
<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</i> , FORTEO, PROLIA, TYMLOS
	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</i> , MYRBETRIQ, TOVIAZ
<i>Pain</i> Headache *	<i>Bupap</i> <i>butalbital-acetaminophen tablet 50-300 mg</i> <i>butalbital-acetaminophen-caffeine capsule</i> <i>Vanatol LQ</i> <i>Vanatol S</i> BUTALBITAL-ACETAMINOPHEN (NDC <sup>^</sup> 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> <i>Migergot</i> CAFERGOT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
	<i>sumatriptan-naproxen</i> TREXIMET	<i>diclofenac sodium, ibuprofen</i> or <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> ) <b>WITH</b> <i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY
<i>Pain</i> Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal</i> , BELBUCA
	LAZANDA	<i>fentanyl transmucosal lozenge</i> , SUBSYS
	<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</i> , NUCYNТА ER, XTAMPZA ER
	PERCOCET PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen</i> , NUCYNТА
	<i>tramadol</i> (NDC <sup>^</sup> 52817019610 only)	<i>tramadol</i> (except NDC <sup>^</sup> 52817019610), <i>tramadol ext-rel</i>
<i>Pain</i> Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC <sup>^</sup> 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>
<i>Pain and Inflammation</i> * Corticosteroids	MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Pain and Inflammation *</i> Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	<i>Diclofex DC (NDC<sup>^</sup> 51021037201 only)</i> <i>Dicloclacin</i> <i>Inflammacin</i> <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>fenoprofen</i> <i>indomethacin capsule 20 mg</i> <i>ketoprofen capsule 25 mg</i> <i>ketoprofen ext-rel capsule</i> <i>mefenamic acid (NDC<sup>^</sup> 69336012830 only)</i> <i>naproxen CR</i> <i>naproxen suspension</i> FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
<i>Parkinson's Disease</i>	APOKYN	INBRIJA
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin, GRALISE</i>
<i>Prostate Condition</i> Benign Prostatic Hyperplasia *	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
<i>Respiratory</i> Alpha-1 Antitrypsin Deficiency	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C
<i>Respiratory</i> Cough	<i>benzonatate</i> (NDCs <sup>^</sup> 69336012615, 69499032915 only)	<i>benzonatate (except NDCs<sup>^</sup> 69336012615, 69499032915)</i>
<i>Sleep Disorder</i> Hypnotics, Non-benzodiazepines	<i>quazepam</i> INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>
<i>Testosterone Replacement *</i> Androgens	<i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)</i> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
<i>Thyroid Supplements</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>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
Women's Health Menopausal Symptom Agents Oral	MENEST OSPHENA PREMARIN	<i>estradiol</i>
Women's Health Menopausal Symptom Agents Vaginal	ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol, IMVEXXY</i>
Women's Health Premenstrual Dysphoric Disorder (PMDD)	<i>fluoxetine tablet</i> (generics for SARAFEM only)	<i>fluoxetine</i> (except <i>fluoxetine tablet 60 mg, fluoxetine tablet</i> [generics for SARAFEM]), <i>paroxetine HCl ext-rel, sertraline</i>
Women's Health Prenatal Vitamins	AZESCO ZALVIT	<i>prenatal vitamins, CITRANATAL</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 <sup>1</sup>	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	AMITIZA	BENICAR HCT
ACANYA	AMRIX	BENSAL HP
ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>8</sup>	ANDROGEL 1%	BENZACLIN
ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>8</sup>	APEXICON E	<i>benzonatate</i> (NDCs <sup>^</sup> 69336012615, 69499032915 only)
ACCU-CHEK GUIDE STRIPS AND KITS <sup>8</sup>	APIDRA	BEPREVE
ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>8</sup>	APLENZIN	BERINERT
ACIPHEX	APOKYN	BETAPACE
ACIPHEX SPRINKLE	APTENSIO XR	BETAPACE AF
ACTEMRA	APTIOM	BEVESPI AEROSPHERE
ACTICLATE	ARALAST NP	BEYAZ
<i>Activite</i>	ARTHROTEC	<i>bimatoprost solution 0.03%</i>
ACTOS	ASACOL HD	BORTEZOMIB
<i>acyclovir cream</i>	ASMANEX	BREEZE 2 STRIPS AND KITS <sup>8</sup>
ADCIRCA	ASMANEX HFA	BRIVIACT
ADZENYS ER	ASTAGRAF XL	<i>Bupap</i>
ADZENYS XR-ODT	ATACAND	BUPHENYL
ALCORTIN A	ATACAND HCT	<i>bupropion ext-rel tablet 450 mg</i>
ALEVICYN GEL	ATOPADERM	<i>butalbital-acetaminophen tablet 50-300 mg</i>
ALEVICYN SG	AVENOVA	BUTALBITAL-ACETAMINOPHEN
ALEVICYN SOLUTION	AVONEX	(NDC <sup>^</sup> 69499034230 only)
ALIQOPA	AZELEX	<i>butalbital-acetaminophen-caffeine capsule</i>
ALLISON MEDICAL INSULIN SYRINGES <sup>6</sup>	AZESCO	BUTRANS
ALPROLIX	BARACLUDE TABLET	BYDUREON
ALREX	BEAU RX	BYETTA
ALTOPREV	BECONASE AQ	CAFERGOT
ALVESCO	BENICAR	<i>calcipotriene cream</i>

calcipotriene-betamethasone  
calcitriol ointment  
CAMBIA  
CARAC  
CARAFATE  
CARBINOXAMINE TABLET 6 MG  
CARDIZEM  
CARDIZEM CD  
CARDIZEM LA  
CARNITOR  
CARNITOR SF  
CELLCEPT  
chlordiazepoxide-clidinium (NDC^ 42494040901 only)  
CHLORZOXAZONE 250 MG  
chlorzoxazone 375 mg  
chlorzoxazone 500 mg (NDC^ 73007001303 only)  
chlorzoxazone 750 mg  
CHORIONIC GONADOTROPIN  
CIALIS  
CICATRACE  
CIMZIA  
CIPRO HC  
CIPRODEX  
clindamycin gel (NDC^ 68682046275 only)  
clobetasol spray  
CLOBEX SPRAY  
COLAZAL  
COLCRYS  
COMPLERA  
CONSENSI  
CONTOUR NEXT STRIPS AND KITS ®  
CONTOUR STRIPS AND KITS ®  
CONTRACE  
CORDRAN OINTMENT  
CoreMino  
CRESTOR  
cyclobenzaprine ext-rel capsule  
cyclobenzaprine tablet 7.5 mg  
CYMBALTA  
DARAPRIM  
DaVite  
DAYTRANA  
DELZICOL  
DETROL LA  
dexchlorpheniramine  
Dexifol  
Diclofax DC (NDC^ 51021037201 only)  
Diclosaicin  
DIFFERIN LOTION  
diflorasone cream  
diflorasone 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 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  
ELOCTATE  
ENABLEX

ENLITE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
ENTERAGAM  
ENTYVIO  
ENVARBUS XR  
EPICERAM  
EPIVIR HBV  
EPOGEN  
ergotamine-caffeine  
ERYPED  
ESTRING  
EVEKEO  
EVERSENSE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
EVZIO  
EXFORGE  
EXFORGE HCT  
EXTAVIA  
FABIOR  
FANAPT  
FEMRING  
fenofibrate tablet 120 mg  
FENOGLIDE TABLET 120 MG  
fenoprofen  
FENOPROFEN CAPSULE  
FERIVA 21/7  
Fexmid  
FINACEA GEL  
FIORICET CAPSULE  
flucytosine capsule 500 mg  
fluocinonide cream 0.1%  
fluorouracil cream 0.5%  
fluoxetine tablet (generics for SARAFEM only)  
fluoxetine tablet 60 mg  
flurandrenolide lotion (NDC^ 24470092112 only)  
flurandrenolide ointment  
FML LIQUIFILM  
FOLIC-K  
FOLLISTIM AQ  
Folvik-D  
Folvite-D  
FORTAMET  
FORTESTA  
FOSRENOL  
FOSTEUM  
FOSTEUM PLUS  
FREESTYLE LIBRE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
FREESTYLE STRIPS AND KITS ®  
FULPHILA  
FYCOMPA  
GEL-ONE  
Genicin Vita-S  
GENOTROPIN  
GLASSIA  
GLEEVEC  
GLUMETZA  
GLYCOPYRROLATE TABLET 1.5 MG  
GOLYTELY  
GRANIX  
GUARDIAN CONNECT CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
HEPSERA  
HORIZANT  
HUMALOG  
HUMALOG MIX 50/50  
HUMALOG MIX 75/25  
HUMATROPE  
HUMULIN 70/30 4  
HUMULIN N 4  
HUMULIN R 4  
HYALGAN  
hydrocortisone butyrate lipophilic cream 0.1%  
HylaVite  
HYSINGLA ER  
INCRUSE ELLIPTA  
INDERAL LA

INDERAL XL  
INDOCIN  
indomethacin capsule 20 mg  
Inflammacin  
INNOPRAN XL  
INTERMEZZO  
INTRAROSA  
INTUNIV  
INVEGA SUSTENNA  
INVOKAMET  
INVOKAMET XR  
INVOKANA  
isosorbide dinitrate 40 mg  
JALYN  
JENTADUETO  
JENTADUETO XR  
KAMDOY  
KAZANO  
ketoconazole foam 2%  
Ketodan  
ketoprofen capsule 25 mg  
ketoprofen ext-rel capsule  
KINERET  
KOMBIGLYZE XR  
KYPROLIS  
LACRISERT  
LACTULOSE PAK  
LANOXIN TABLET (125 MCG and 250 MCG only)  
lanthanum carbonate  
LANTUS  
LAZANDA  
LESCOL XL  
LETAIRIS  
levorphanol  
LEXAPRO  
LIALDA  
LIDOCAINE-TETRACAINE CREAM  
(NDC^ 71800063115 only)  
LIDOTREX  
LILETTA  
LIPITOR  
LIVALO  
Lorid  
Lorzone  
LOTEMAX  
LOTEMAX SM  
LUNESTA  
LUPRON DEPOT  
MACRODANTIN  
Matzim LA  
MAVYRET  
mefenamic acid (NDC^ 69336012830 only)  
MENEST  
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  
Migergot  
MILLIPRED  
MINASTRIN 24 FE  
MINIVELLE  
MINOCIN  
minocycline ext-rel  
MIRVASO  
Mondoxyme NL capsule 75 mg  
MONOVISC  
MOVIPREP  
MultiPro  
mupirocin cream  
MYFORTIC  
MYTESI  
NAPRELAN  
naproxen-esomeprazole

naproxen CR  
naproxen suspension  
NATAZIA  
NATESTO  
NESINA  
NEULASTA  
NEULASTA ONPRO  
NEUPOGEN  
NEXIUM  
niacin tablet 500 mg  
Niacor  
NICADAN  
NICAPRIN  
NICAZEL  
NICAZEL FORTE  
NICOMIDE  
NILANDRON  
NORGESIC FORTE  
NORITATE  
NORVASC  
NOVACORT  
NOVAREL  
NOVO NORDISK NEEDLES 6  
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  
OSENI  
OSMOPREP  
OSPHENA  
OTREXUP  
OWEN MUMFORD NEEDLES 6  
oxiconazole (NDCs^ 00168035830, 51672135902 only)  
OXYCONTIN  
oxymorphone ext-rel  
OXYTROL  
PAXIL  
PAXIL CR  
PEGASYS  
PENNSAID  
PERCOCET  
PERRIGO NEEDLES 6  
PEXEVA  
PLAVIX  
PLEGRIDY  
POLYTOZA  
posaconazole delayed-rel tablet  
PRADAXA  
PRED FORTE  
PREGNYL  
PREMARIN  
PREMARIN CREAM

PREVACID  
PREVIDENT  
PRIMLEV  
PRISTIQ  
PROAIR HFA  
PROAIR RESPICLICK  
PROCRIT  
PROCYSBI  
PRODIGEN  
PROGRAF  
PROLENSA  
PROTONIX  
PROVAD  
PROVENTIL HFA  
PROZAC  
PSORCON  
QNASL  
OSYMLA  
QTERN  
quazepam  
RAPAFLO  
RAPAMUNE  
RAVICTI  
RAYOS  
RECEDO  
REPATHA  
REVATIO  
RHEUMATE  
RIBOZEL  
RIMSO-50  
RIOMET  
ROZEREM  
RyClora  
SABRIL  
SAIZEN  
SANDOSTATIN LAR  
SCARSILK PAD  
SEROQUEL XR  
SIGNIFOR LAR  
SIL-K PAD  
SILVEX  
SILTREX  
SIMPONI  
SINGULAIR  
SOMAVERT  
SORILUX  
SPRIX  
STENDRA  
STRIBILD  
SUBOXONE  
sucralfate suspension  
sumatriptan-naproxen  
SUPREP  
SYNERDERM  
SYNVISC  
SYNVISC-ONE  
TALIVA  
TARGADOX  
TASIGNA  
TAYTULLA  
TAZORAC  
TECFIDERA  
TESTIM  
testosterone gel 1%  
(authorized generics for TESTIM and VOGELXO only)  
TIMOPTIC OCUDOSE  
TIROSINT

TOBI  
TOBI PODHALER  
TOPROL-XL  
TRACLEER  
TRADJENTA  
tramadol (NDC^ 52817019610 only)  
TRANSDERM SCOP  
TREMIMET  
triamcinolone acetonide aerosol 0.2%  
TRICOR  
TRIVIDIA INSULIN SYRINGES 6  
TronVite  
TRULANCE  
TUDORZA  
UDENYCA  
ULTIMED INSULIN SYRINGES 6  
ULTIMED NEEDLES 6  
UROXATRAL  
VALCYTE  
VALTREX  
Vanatol LQ  
Vanatol S  
Vanoxide-HC  
VASCULERA  
VECTICAL  
VELTIN  
venlafaxine ext-rel tablet (except 225 mg)  
VENTOLIN HFA  
VEREGEN  
VIAGRA  
VIEKIRA PAK  
VIIBRYD  
VISCO-3  
Vitasure  
VIVELLE-DOT  
VOGELXO  
XANAX  
XANAX XR  
XENAZINE  
XOLEGEL  
XOPENEX HFA  
Xvite  
XYZBAC  
YAZ  
ZALVIT  
ZARXIO  
ZEGERID  
ZELAC  
ZEMAIRA  
ZEPATIER  
ZETIA  
ZETONNA  
ZIANA  
ZIRGAN  
ZOHYDRO ER  
ZOLPIMIST  
ZONEGRAN  
ZONTIVITY  
ZORTRESS  
ZORVOLEX  
ZUPLENZ  
ZYDELIG  
ZYLET  
ZYTIGA  
ZYVIT



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.

\*\* Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

<sup>1</sup> Listing does not include certain NDCs<sup>^</sup>.

<sup>^</sup> 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.

<sup>1</sup> 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.

<sup>2</sup> 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).

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

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

<sup>5</sup> Long Acting Insulins - First Generation.

<sup>6</sup> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>7</sup> A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

<sup>8</sup> ONETOUCH brand test strips are the only preferred options.

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