

Medications Requiring Prior Authorization for Medical Necessity for Clients with Advanced Control Specialty Formulary[®] – 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[®] Prior Authorization Department at 1-855-240-0536 to request a prior authorization.

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.

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 Antihistamines</i>	<i>dexchlorpheniramine Diphen Elixir RyClora CARBINOXAMINE TABLET 6 MG</i>	<i>levocetirizine</i>
<i>Allergies Nasal Steroids / Combinations</i>	BECONASE AQ OMNARIS QNASL ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
<i>Anticonvulsants</i>	<i>topiramate ext-rel capsule (generics for QUDEXY XR only)</i>	<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 Erythromycins / Macrolides</i>	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials Tetracyclines</i>	<i>doxycycline hyclate delayed-rel tablet 50 mg doxycycline hyclate delayed-rel tablet 100 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 minocycline ext-rel CoreMino Mondoxyne NL capsule 75 mg Targadox ACTICLATE</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>

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	DORYX DORYX MPC	
<i>Anti-infectives, Antibacterials</i> Miscellaneous	<i>nitrofurantoin</i> (NDCs ^a 16571074024, 70408023932 only) MACRODANTIN	<i>nitrofurantoin</i> (except NDCs ^a 16571074024, 70408023932)
<i>Anti-infectives, Antifungals</i>	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
	<i>posaconazole delayed-rel tablet</i> NOXAFIL	<i>fluconazole, itraconazole</i>
	CRESEMBA	<i>itraconazole</i>
	<i>tavaborole</i>	<i>terbinafine tablet</i>
<i>Anti-infectives, Antiretroviral Agents</i> Combination Agents	ATRIPLA COMPLERA STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY, TEMIXYS</i>
<i>Anti-infectives, Antiretroviral Agents</i> Protease Inhibitors	APTIVUS	Consult doctor
	INVIRASE LEXIVA VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus *	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals</i> Hepatitis B *	BARACLUDE TABLET EPIVIR HBV HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
<i>Anti-infectives, Antivirals</i> 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)
<i>Anti-infectives, Antivirals</i> Herpes *	<i>acyclovir cream</i> VALTREX	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
<i>Anti-infectives</i> Miscellaneous	DARAPRIM	<i>pyrimethamine</i>
<i>Antiobesity</i>	CONTRAVE XENICAL	QSYMIA, SAXENDA, WEGOVY
<i>Anxiety</i> * Benzodiazepines	ATIVAN 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	<i>zileuton ext-rel</i> SINGULAIR	<i>montelukast, zafirlukast</i>
<i>Asthma</i> * Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
<i>Asthma</i> * or <i>Chronic Obstructive Pulmonary Disease (COPD)</i> * Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA †, BREO ELLIPTA †, SYMBICORT

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Attention Deficit Hyperactivity Disorder *	ADDERALL EVEKEO	amphetamine-dextroamphetamine mixed salts, methylphenidate
	ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA FOCALIN XR	amphetamine-dextroamphetamine mixed salts ext-rel †, dexamethylphenidate ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE
	INTUNIV	amphetamine-dextroamphetamine mixed salts ext-rel †, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel †, MYDAYIS, QELBREE, VYVANSE
Autoimmune Agents Physician-Administered Agents	ACTEMRA INTRAVENOUS ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
	AVSOLA CIMZIA LYOPHILIZED POWDER INFLECTRA RENFLEXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease Only)	REMICADE, STELARA INTRAVENOUS
	ILUMYA	REMICADE
Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis *	SIMPONI TALTZ	COSENTYX, ENBREL, HUMIRA
Autoimmune Agents Self-Administered Agents Crohn's Disease *	None	HUMIRA, STELARA SUBCUTANEOUS # # After failure of HUMIRA
Autoimmune Agents Self-Administered Agents Non-Radiographic Axial Spondyloarthritis *	TALTZ	CIMZIA PREFILLED SYRINGE, COSENTYX
Autoimmune Agents Self-Administered Agents Psoriasis *	COSENTYX ENBREL	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
Autoimmune Agents Self-Administered Agents Psoriatic Arthritis *	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA SUBCUTANEOUS, TREMFYA
Autoimmune Agents Self-Administered Agents Rheumatoid Arthritis *	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET SIMPONI	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
Autoimmune Agents Self-Administered Agents Ulcerative Colitis *	SIMPONI	HUMIRA, STELARA SUBCUTANEOUS #, XELJANZ #, XELJANZ XR #, ZEPOSIA # # After failure of HUMIRA
Autoimmune Agents Self-Administered Agents All Other Conditions *	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA
Botulinum Toxins	BOTOX	Consult doctor

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Cancer Biosimilars	RIABNI TRUXIMA	RUXIENCE
Cancer Chronic Myelogenous Leukemia * Kinase Inhibitors	GLEEVEC ICLUSIG TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
Cancer Follicular Lymphoma * PI3K Inhibitors	ALIQOPA ZYDELIG	COPIKTRA
Cancer Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
Cancer mTOR Inhibitors	AFINITOR	<i>everolimus</i> , AFINITOR DISPERZ
Cancer Multiple Myeloma * Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO, VELCADE
Cancer Non-Small Cell Lung Cancer * ALK Inhibitors	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
Cancer Prostate * Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone</i> , <i>bicalutamide</i> , ERLEADA, XTANDI, YONSA
Cancer Prostate * Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD, FIRMAGON
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	NORPACE	<i>disopyramide</i>
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular 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)</i> , <i>fenofibric acid delayed-rel</i>
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin</i> , <i>ezetimibe-simvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>rosuvastatin</i> , <i>simvastatin</i>
Cardiovascular Antilipemics Niacins	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i>

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<i>Cardiovascular</i> Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</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>Cardiovascular</i> Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN	<i>treprostinil</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> Oral	BALCOLTRA BEYAZ MINASTRIN 24 FE SEASONIQUE TAYTULLA YASMIN YAZ	<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, NATAZIA</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)	fluoxetine tablet 60 mg paroxetine HCl ext-rel (NDC [^] 60505367503 only) LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC [^] 60505367503), sertraline, TRINTELLIX
<i>Depression</i> * Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	venlafaxine ext-rel tablet (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
<i>Depression</i> * Antidepressants, Miscellaneous Agents	bupropion ext-rel tablet 450 mg OLEPTRO	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg) trazodone
<i>Depression and/or Schizophrenia</i> * Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR
<i>Dermatology</i> Acne *	clindamycin gel (NDC [^] 68682046275 only) Vanoxide-HC ACANYA AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	adapalene, benzoyl peroxide, clindamycin gel (except NDC [^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
<i>Dermatology</i> Actinic Keratosis *	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA
<i>Dermatology</i> Anti-infective / Anti-inflammatory	NEO-SYNALAR	desonide or hydrocortisone WITH gentamicin
<i>Dermatology</i> Antibiotics	mupirocin cream	gentamicin, mupirocin ointment
<i>Dermatology</i> Antipsoriatics	calcipotriene cream calcipotriene foam calcitriol ointment CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL calcipotriene-betamethasone	calcipotriene ointment, calcipotriene solution calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI
<i>Dermatology</i> Atopic Dermatitis *	doxepin cream ELIDEL	desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA pimecrolimus, tacrolimus, EUCRISA
<i>Dermatology</i> Rosacea *	doxycycline monohydrate delayed-rel capsule ivermectin cream FINACEA GEL MIRVASO NORITATE	ORACEA azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA

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<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> <i>Ketodan</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
<i>Dermatology</i> Skin Inflammation and Hives * Low Potency Corticosteroids	<i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> <i>Nolix</i> CORDRAN CREAM CORDRAN LOTION	<i>desonide, hydrocortisone</i>
<i>Dermatology</i> Skin Inflammation and Hives * Medium Potency Corticosteroids	<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> <i>Trianex</i> 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>Dermatology</i> Skin Inflammation and Hives * High Potency Corticosteroids	<i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<i>Dermatology</i> Skin Inflammation and Hives * Very High Potency Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream, halobetasol cream</i>
	CORDRAN TAPE ULTRAVATE	<i>clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</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</i> (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)

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<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 <i>WITH pioglitazone</i>
<i>Diabetes</i> * Injectable Incretin Mimetics	BYDUREON BCISE 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

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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 ONETOUCH 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 , ONETOUCH ULTRA STRIPS AND KITS ⁷ , ONETOUCH 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 Corticosteroids	<i>betamethasone acetate-</i> <i>betamethasone sodium phosphate</i> (NDC [^] 71283062002 only) BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
Endocrine and Metabolic Progestins	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
Endometriosis *	LUPRON DEPOT ZOLADEX	ORLISSA
Erectile Dysfunction * Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>

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<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
	CHORIONIC GONADOTROPIN NOVAREL PREGNYL	OVIDREL
<i>Gastrointestinal Anticholinergics</i>	<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 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</i> , VIBERZI, XIFAXAN 550 MG
	MYTESI	<i>diphenoxylate-atropine</i> , <i>loperamide</i>
<i>Gastrointestinal Antiemetics</i>	TRANSDERM SCOP	<i>meclizine</i> , <i>scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron</i> , <i>ondansetron</i> , SANCUSO
<i>Gastrointestinal Irritable Bowel Syndrome</i>	AMITIZA	<i>lubiprostone</i> , LINZESS, MOVANTI, SYMPROIC
<i>Gastrointestinal Laxatives</i>	LACTULOSE PAK	<i>lactulose solution</i>
	GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes</i> , CLENPIQ
<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</i> , <i>lansoprazole delayed-rel</i> , <i>omeprazole delayed-rel</i> , <i>pantoprazole delayed-rel tablet</i> , DEXILANT
<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	Consult doctor
	THIOLA THIOLA EC	<i>tiopronin</i>
<i>Gout *</i>	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet</i> , MITIGARE
	ULORIC	<i>allopurinol</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Growth Hormones</i>	GENOTROPIN HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	NORDITROPIN
<i>Hematologic Anticoagulants Injectable</i>	<i>heparin sodium in 5% dextrose</i> HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
<i>Hematologic Anticoagulants Oral</i>	ELIQUIS PRADAXA	<i>warfarin, XARELTO</i>
<i>Hematologic Chelating Agents</i>	CUPRIMINE	<i>penicillamine</i>
	DESFERAL EXJADE FERRIPROX JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE	<i>trientine</i>
<i>Hematologic Erythropoiesis-Stimulating Agents</i>	ARANESP EPOGEN PROCRIT	RETACRIT
<i>Hematologic Hemophilia B</i>	ALPROLIX	Consult doctor
<i>Hematologic Miscellaneous Bleeding Disorders Agents</i>	FEIBA	NOVOSEVEN RT, SEVENFACT
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX LEUKINE NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor
<i>Hematologic Thrombocytopenia Agents</i>	MULPLETA	Consult doctor
	NPLATE	PROMACTA, TAVALISSE
<i>High Blood Pressure * ACE Inhibitor / Diuretic Combinations</i>	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
<i>High Blood Pressure * Angiotensin II Receptor Antagonists</i>	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations</i>	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<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>
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<i>diltiazem ext-rel</i> (generics for CARDIZEM LA only) Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
<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 ENVARUS XR	<i>tacrolimus</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO
<i>Immunology</i> Hereditary Angioedema *	BERINERT	<i>icatibant, RUCONEST</i>
	CINRYZE HAEGARDA	ORLADEYO, TAKHZYRO
<i>Immunology</i> Rapamycin Derivatives	RAPAMUNE ZORTRESS	<i>everolimus, sirolimus</i>
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis *	<i>budesonide ext-rel</i> <i>mesalamine delayed-rel tablet 800 mg</i> COLAZAL DELZICOL LIALDA	<i>balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, 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>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Menopausal Symptom Agents Oral</i>	MENEST OSPHENA PREMARIN	<i>estradiol</i>
<i>Menopausal Symptom Agents Transdermal</i>	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Menopausal Symptom Agents Vaginal</i>	<i>estradiol vaginal tablet</i> Yuvaferm ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
<i>Multiple Sclerosis</i>	EXTAVIA TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
<i>Musculoskeletal</i>	<i>carisoprodol 250 mg</i> <i>chlorzoxazone 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> Fexmid Lorzone Orphengesic Forte AMRIX NORGESIC FORTE	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
<i>Narcolepsy Wakefulness Promoters</i>	NUVIGIL PROVIGIL	<i>armodafinil, modafinil, SUNOSI, WAKIX, XYWAV</i>
<i>Nephropathic Cystinosis</i>	PROCYSBI	CYSTAGON
<i>Ophthalmic Allergies</i>	ALREX BEPREVE LASTACAFT ZERVIAE	<i>azelastine, bepotastine, 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>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Ophthalmic</i> Anti-inflammatory, Steroidal	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</i> Antivirals	ZIRGAN	<i>trifluridine</i>
<i>Ophthalmic</i> Artificial Tears	LACRISERT	RESTASIS, XIIDRA
<i>Ophthalmic</i> Glaucoma	<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</i> Miscellaneous	AVENOVA	Consult doctor
<i>Opioid Dependency</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
<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>
<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 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> Bupap BUTALBITAL-ACETAMINOPHEN (NDC [^] 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen,</i> <i>naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> Migergot CAFERGOT MAXALT MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT,</i> <i>ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL</i> <i>SPRAY</i>
	<i>sumatriptan-naproxen</i> TREMEX	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or</i> <i>naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan,</i> <i>zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY,</i> <i>ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Pain</i> Migraine CGRP Inhibitors	AIMOVIG	AJOVY, EMGALITY
<i>Pain</i> Neuropathic Pain *	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>
<i>Pain</i> Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
	<i>levorphanol oxymorphone ext-rel HYSINGLA ER OXYCONTIN ZOHYDRO ER</i>	<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) 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> Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i>
	CELEBREX	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>Inflammacin NuDiclo SoluPak NuDiclo TabPak PENNSAID</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC[^] 69336012830 only) meloxicam capsule naproxen CR naproxen suspension FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i>
<i>Parkinson's Disease</i>	APOKYN	INBRIJA, KYNMOBI
	NOURIANZ	<i>amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>
	RYTARY	<i>carbidopa-levodopa, carbidopa-levodopa ext-rel</i>
<i>Phenylketonuria</i>	KUVAN	<i>sapropterin</i>
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin, pregabalin ext-rel, GRALISE</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Premenstrual Dysphoric Disorder (PMDD)</i>	<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</i> (except NDC [^] 60505367503), <i>sertraline</i>
<i>Prenatal Vitamins</i> ⁹	AZESCO PRENATAL PLUS TRINAZ VITAFOL-ONE ZALVIT All other brand prenatal vitamins that are not CITRANATAL	<i>prenatal vitamins</i> , CITRANATAL
<i>Prostate Condition Benign Prostatic Hyperplasia</i> *	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 Alpha-1 Antitrypsin Deficiency</i>	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C
<i>Respiratory Anaphylaxis Treatment Agents</i>	ADRENALIN SYMJEPI	<i>epinephrine auto-injector</i> , AUVI-Q, EPIPEN, EPIPEN JR
<i>Respiratory Cough</i>	<i>benzonatate</i> (NDCs [^] 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs [^] 69336012615, 69499032915)
<i>Respiratory Xanthines</i>	THEO-24	<i>ipratropium inhalation solution</i> , PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	<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</i> , ANDRODERM, NATESTO
<i>Thyroid Supplements</i>	CYTOMEL NATURE-THROID WESTHROID WP THYROID	<i>levothyroxine, liothyronine</i> , SYNTHROID
	TIROSINT	<i>levothyroxine</i> , SYNTHROID
<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, MYFEMBREE

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	AZESCO	CARNITOR
ACANYA	AZOR	CARNITOR SF
ACIPHEX	BALCOLTRA	CELEBREX
ACIPHEX SPRINKLE	BANZEL SUSPENSION	CELLCEPT
ACTEMRA ACTPEN	BARACLUDE TABLET	<i>chlordiazepoxide-clidinium</i>
ACTEMRA INTRAVENOUS	BEAU RX	(NDCs ^A 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)
ACTEMRA SUBCUTANEOUS	BECONASE AQ	<i>chlorzoxazone 250 mg</i>
ACTICLATE	BENICAR	<i>chlorzoxazone 375 mg</i>
<i>Activite</i>	BENICAR HCT	<i>chlorzoxazone 500 mg</i> (NDC ^A 73007001303 only)
ACTOS	BENSAL HP	<i>chlorzoxazone 750 mg</i>
ACUVAIL	BENZACLIN	CHORIONIC GONADOTROPIN
<i>acyclovir cream</i>	<i>benzonatate</i> (NDCs ^A 69336012615, 69499032915 only)	CIALIS
ADCIRCA	BEPREVE	CICATRACE
ADDERALL	BERINERT	CILOXAN
ADRENALIN	<i>betamethasone acetate-betamethasone sodium phosphate</i>	CIMZIA LYOPHILIZED POWDER
ADZENYS ER	(NDC ^A 71283062002 only)	CINRYZE
ADZENYS XR-ODT	BETAMETHASONE ACETATE-	CIPRO HC
AFINITOR	BETAMETHASONE SODIUM PHOSPHATE	CIPRODEX
AIMOVIG	BETAPACE	<i>clindamycin gel</i> (NDC ^A 68682046275 only)
ALCORTIN A	BETAPACE AF	<i>clobetasol spray</i>
ALEVICYN GEL	BETIMOL	CLOBEX SPRAY
ALEVICYN SG	BEVESPI AEROSPHERE	<i>clocortolone cream</i>
ALEVICYN SOLUTION	BEYAZ	COLAZAL
ALIQOPA	<i>bimatoprost solution 0.03%</i>	<i>colchicine capsule</i>
ALLISON MEDICAL INSULIN SYRINGES ⁶	BORTEZOMIB	COLCRYS
ALPROLIX	BOTOX	COMPLERA
ALREX	BREEZE 2 STRIPS AND KITS ⁸	CONSENSI
ALTOPREV	BROMSITE	CONTOUR NEXT STRIPS AND KITS ⁸
ALVESCO	<i>budesonide ext-rel</i>	CONTOUR STRIPS AND KITS ⁸
AMITIZA	<i>Bupap</i>	CONTRAVE
AMRIX	BUPHENYL	CORDRAN CREAM
ANDROGEL	<i>bupropion ext-rel tablet 450 mg</i>	CORDRAN LOTION
APEXICON E	<i>butalbital-acetaminophen tablet 50-300 mg</i>	CORDRAN OINTMENT
APIDRA	BUTALBITAL-ACETAMINOPHEN	CORDRAN TAPE
APOKYN	(NDC ^A 69499034230 only)	COREG CR
APTENSIO XR	<i>butalbital-acetaminophen-caffeine capsule</i>	<i>CoreMino</i>
APTIVUS	BUTRANS	COZAAR
ARALAST NP	BYDUREON BCISE	CRESEMBA
ARANESP	BYETTA	CRESTOR
ARTHROTEC	CAFERGOT	CUPRIMINE
ASMANEX	<i>calcipotriene cream</i>	<i>cyclobenzaprine ext-rel capsule</i>
ASMANEX HFA	<i>calcipotriene foam</i>	<i>cyclobenzaprine tablet 7.5 mg</i>
ASTAGRAF XL	CALCIPOTRIENE FOAM	CYMBALTA
ATACAND	<i>calcipotriene-betamethasone</i>	CYTOMEL
ATACAND HCT	<i>calcitriol ointment</i>	DARAPRIM
ATIVAN	CAMBIA	DAYTRANA
ATOPADERM	CARAC	DELZICOL
ATRIPLA	CARAFATE	DESFERAL
AVASTIN	CARBINOXAMINE TABLET 6 MG	<i>desoximetasone ointment 0.05%</i>
AVENOVA	CARDIZEM	DETROL LA
AVSOLA	CARDIZEM CD	<i>dexchlorpheniramine</i>
AZASITE	CARDIZEM LA	<i>Dexifol</i>
AZELEX	<i>carisoprodol 250 mg</i>	

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 50 mg
doxycycline hyclate delayed-rel tablet 100 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
ELIQUIS
ELMIRON
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
FEIBA
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
GLYCOPYRROLATE TABLET 1.5 MG
GOLYTELY
GRANIX
GUARDIAN CONNECT CONTINUOUS
GLUCOSE MONITORING SYSTEM
GUARDIAN REAL-TIME CONTINUOUS
GLUCOSE MONITORING SYSTEM
HAEGARDA
halcinonide cream
HALOG
heparin sodium in 5% dextrose
HEPARIN SODIUM IN 5% DEXTROSE
HEPSERA
HERCEPTIN
HERCEPTIN HYLECTA
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%
hydrocortisone butyrate lotion
HylaVite
hyoscyamine sulfate ext-rel
HYSINGLA ER
HYZAAR
ICLUSIG
icosapent ethyl
ILUMYA
INCRUSE ELLIPTA
INDERAL LA
INDERAL XL
INDOCIN
indomethacin capsule 20 mg
Inflammacin
INFLECTRA
INNOPRAN XL
INTRAROSA
INTUNIV
INVELTYS
INVIRASE
INVOKAMET
INVOKAMET XR
INVOKANA
isosorbide dinitrate 40 mg
ivermectin cream
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
LASTACAF
LAZANDA
LESCOL XL
LETAIRIS
LEUKINE
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
LYRICA
MACRODANTIN
Matzim LA
MAVYRET
MAXALT
MAXALT-MLT
MAXIDEX
mefenamic acid (NDC[^] 69336012830 only)
meloxicam capsule
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
MICARDIS
MICARDIS HCT
Migergot
MILLIPRED
MINASTRIN 24 FE
MINIVELLE
minocycline ext-rel
MIRVASO
Mondoxyne NL capsule 75 mg
MONOVISC
MOVIPREP
MULPLETA
MultiPro
mupirocin cream
MYFORTIC
MYTESI
NAPRELAN
naproxen CR
naproxen suspension
naproxen-esomeprazole
NATURE-THROID
NEO-SYNALAR
NESINA
NEULASTA

NEULASTA ONPRO
NEUPOGEN
NEVANAC
NEXIUM
niacin tablet 500 mg
Niacor
NICADAN
NICAPRIN
NICAZEL
NICAZEL FORTE
NICOMIDE
NILANDRON
nitrofurantoin (NDCs^ 16571074024, 70408023932 only)
Nolix
NORGESIC FORTE
NORITATE
NORPACE
NORVASC
NOURIANZ
NOVACORT
NOVAREL
NOVO NORDISK NEEDLES 6
NOXAFIL
NPLATE
NuDiclo SoluPak
NuDiclo TabPak
NUTROPIN AQ
NUVARING
NUVIGIL
OLEPTRO
OLUX-E
omeprazole-sodium bicarbonate
OMNARIS
OMNITROPE
OMNIVEX
ONFI
ONGLYZA
ORENCIA INTRAVENOUS
orphenadrine-aspirin-caffeine
Orphenesic Forte
ORTHO D
ORTHO DF
ORTHOVISC
Oscimin SR
OSENI
OSMOPREP
OSPHENA
OTREXUP
OWEN MUMFORD NEEDLES 6
oxiconazole (NDCs^ 00168035830, 51672135902 only)
OXYCONTIN
oxymorphone ext-rel
OXYTROL
pantoprazole delayed-rel suspension
paroxetine HCl ext-rel (NDC^ 60505367503 only)
paroxetine mesylate capsule 7.5 mg
PAXIL
PAXIL CR
PEGASYS
PENNSAID
PERCOCET
PERRIGO NEEDLES 6
PEXEVA
PLAVIX
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
SYMJEPI
SYNERDERM
SYNVISC
SYNVISC-ONE
SYPRINE
TALIVA
Targadox
TASIGNA
tavorole
TAYTULLA
TAZORAC
TECFIDERA
TESTIM
testosterone gel 1%
(authorized generics for TESTIM and VOGELXO only)
THEO-24
THIOLA
THIOLA EC
TIMOPTIC OCUDOSE
TIROSINT
TOBI
TOBI PODHALER

TOBRADEX ST
topiramate ext-rel capsule (generics for QUDEXY XR only)
TOPROC-XL
TRACLEER
TRADJENTA
tramadol (NDC^ 52817019610 only)
tramadol ext-rel capsule
TRANSDERM SCOP
TRAVATAN Z
TRELSTAR MIXJECT
TREMIMET
triamcinolone aerosol 0.2%
triamcinolone ointment 0.05%
Trianex
TRICOR
TRINAZ
TRIVIDIA INSULIN SYRINGES 6
TronVite
TRUVADA
TRUXIMA
TUDORZA
UDENYCA
ULORIC
ULTIMED INSULIN SYRINGES 6
ULTIMED NEEDLES 6
ULTRAVATE
UROXATRAL
VALCYTE
VALTRES
Vanoxide-HC
VASCULERA
VECTICAL
VELTIN
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VEREGEN
VIAGRA
VIEKIRA PAK
VIIBRYD
VIRACEPT
VISCO-3
VITAFOL-ONE
Vitasure
VIVELLE-DOT
VOGELXO
WESTHROID
WP THYROID
XALKORI
XANAX
XANAX XR
XENAZINE
XENICAL
XOLEGEL
XOPENEX HFA
Xvite
XYZBAC
YASMIN
YAZ
Yuvafem
ZALVIT
ZARXIO
ZEGERID
ZELAC
ZEMAIRA
ZEPATIER
ZERVIAE
ZESTORETIC
ZETIA
ZETONNA
ZIANA
zileuton ext-rel
ZIRGAN
ZOHYDRO ER
ZOLADEX
ZOLOFT
zolpidem sublingual
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.

† 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.

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