

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	SOMATULINE DEPOT, SOMAVERT
<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>	LAMICTAL LAMICTAL ODT LAMICTAL XR 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</i>
	ONFI	<i>clobazam, lamotrigine, topiramate, TROKENDI XR</i>
	SABRIL	<i>vigabatrin</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	CoreMino <i>doxycycline hyclate delayed-rel tablet 200 mg</i> <i>doxycycline hyclate tablet 50 mg</i> (NDC [^] 72143021 160 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> <i>Mondoxyne NL capsule 75 mg</i> Okebo ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antifungals</i>	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
	<i>posaconazole delayed-rel tablet</i>	<i>fluconazole, itraconazole</i>

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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	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
Antiobesity	CONTRAVE QSYMIA	SAXENDA
Anxiety * Benzodiazepines	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	SINGULAIR	montelukast, zafirlukast, zileuton ext-rel
Asthma * Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDHALER
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT
Attention Deficit Hyperactivity Disorder *	EVEKEO	amphetamine-dextroamphetamine mixed salts, methylphenidate
	INTUNIV	amphetamine-dextroamphetamine mixed salts ext-rel [†] , atomoxetine, guanfacine ext-rel, methylphenidate ext-rel [†] , MYDAYIS, VYVANSE
Autoimmune Agents Ankylosing Spondylitis *	CIMZIA SIMPONI TALTZ	COSENTYX, ENBREL, HUMIRA
Autoimmune Agents Crohn's Disease *	CIMZIA ENTYVIO	HUMIRA, STELARA SUBCUTANEOUS # # After failure of HUMIRA
Autoimmune Agents Psoriasis *	CIMZIA COSENTYX ENBREL	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
Autoimmune Agents Psoriatic Arthritis *	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA

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Autoimmune Agents Rheumatoid Arthritis *	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL, HUMIRA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
Autoimmune Agents Ulcerative Colitis *	ENTYVIO SIMPONI	HUMIRA, STELARA SUBCUTANEOUS #, XELJANZ #, XELJANZ XR # # After failure of HUMIRA
Autoimmune Agents All Other Conditions *	ACTEMRA KINERET ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA
Cancer Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
Cancer PI3K Inhibitors for Follicular Lymphoma *	ALIQOPA ZYDELIG	COPIKTRA
Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide</i> , XTANDI, YONSA
Cancer Prostate * Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT (For Prostate Cancer Only)	ELIGARD
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	<i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel</i>
Cardiovascular 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>
Cardiovascular Antilipemics Niacins	<i>niacin tablet 500 mg</i> Niacor	<i>niacin ext-rel</i>
Cardiovascular Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
Cardiovascular Diuretics	DYRENIUM	<i>amiloride, triamterene</i>

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<i>Cardiovascular</i> Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS	<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	TUDORZA	INCRUSE ELLIPTA, SPIRIVA, YUPELRI
<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> Triphasic	ORTHO TRI-CYCLEN LO	<i>ethinyl estradiol-norgestimate</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>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Dental</i> Cavity/Caries Prevention	PREVIDENT	Consult doctor
<i>Depression *</i> Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i> LEXAPRO PROZAC	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</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>
<i>Dermatology</i> Acne *	<i>clindamycin gel (NDC[^] 68682046275 only)</i> <i>Vanoxide-HC</i> ACANYA BENZACLIN VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</i>

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<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 VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>
<i>Dermatology</i> Atopic Dermatitis *	<i>doxepin cream</i>	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
<i>Dermatology</i> Rosacea *	FINACEA GEL 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
<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</i> (NDC [^] 24470092112 only)	<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 [^] 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole</i>

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<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)
<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
<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	LANTUS	BASAGLAR, LEVEMIR
	TOUJEO	TRESIBA
<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 ⁵	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES

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<i>Diabetes</i> * Supplies, Syringes ⁵	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
<i>Diabetes</i> * Supplies, Test Strips and Kits ^{6, 7}	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ONETOUCH ULTRA STRIPS AND KITS ONETOUCH VERIO STRIPS AND KITS All other test strips that are not ACCU-CHEK brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁶ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁶ , ACCU-CHEK GUIDE STRIPS AND KITS ⁶ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁶
	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>Fertility</i> *	<i>MultiPro</i> PRODIGEN VASCULERA	Consult doctor
	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Estrogen Replacement</i> *	FOLLISTIM AQ	GONAL-F
<i>Fertility</i> *	CHORIONIC GONADOTROPIN NOVAREL PREGNYL	OVIDREL

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<i>Gastrointestinal</i> Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDC^ 42494040901 only) GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
<i>Gastrointestinal</i> Antidiarrheals	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	Consult doctor
<i>Gastrointestinal</i> Antiemetics	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal</i> Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	MOVIPREP OSMOPREP	<i>peg 3350-electrolytes, SUPREP</i>
<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 NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE
<i>Hematologic</i> Anticoagulants (oral)	COUMADIN	<i>warfarin</i>
	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, UDENYCA
	GRANIX NEUPOGEN ZARXIO	NIVESTYM
<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>

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<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 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) <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 ENVARBUS 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>
<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

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<i>Kidney Disease *</i> Phosphate Binders	lanthanum carbonate FOSRENOL	calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO
<i>Multiple Sclerosis</i>	AVONEX EXTAVIA PLEGRIDY	glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI, VUMERITY
<i>Musculoskeletal</i>	chlorzoxazone 375 mg chlorzoxazone 500 mg (NDC [^] 73007001303 only) chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg Fexmid Lorzone methocarbamol 750 mg (NDCs [^] 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Orphengesic Forte AMRIX CHLORZOAZONE 250 MG NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
<i>Narcolepsy Wakefulness Promoters</i>	NUVIGIL	armodafinil, SUNOSI
<i>Nephropathic Cystinosis</i>	PROCYSBI	CYSTAGON
<i>Ophthalmic Allergies</i>	ALREX	azelastine, cromolyn sodium, olopatadine, LASTACAPT, PAZEO
<i>Ophthalmic Anti-infective / Anti-inflammatory</i>	ZYLET	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST
<i>Ophthalmic Anti-inflammatory, Steroidal</i>	FLAREX FML LIQUIFILM LOTEMAX LOTEMAX SM PRED FORTE	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
<i>Ophthalmic Glaucoma</i>	bimatoprost solution 0.03%	latanoprost, travoprost, LUMIGAN
	TIMOPTIC OCUDOSE	timolol maleate solution, BETIMOL, BETOPTIC S
<i>Ophthalmic Miscellaneous</i>	AVENOVA	Consult doctor
<i>Opioid Dependency</i>	SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV
<i>Opioid Reversal</i>	EVZIO	naloxone injection, NARCAN NASAL SPRAY
<i>Osteoarthritis *</i> Viscosupplements	DUROLANE EUFLEXXA HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
<i>Osteoporosis *</i> Calcium Regulators	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	calcitonin-salmon
<i>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Pain Headache *	<i>Bupap</i> <i>butalbital-acetaminophen tablet 50-300 mg</i> <i>butalbital-acetaminophen-caffeine capsule</i> <i>Vanadol LQ</i> <i>Vanadol S</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	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	<i>sumatriptan-naproxen</i> TREXIMET	<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>
Pain Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
	<i>levorphanol</i> HYSINGLA ER OXYCONTIN ZOHYDRO ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNТА ER, XTAMPZA ER</i>
	PERCOCET PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNТА</i>
	<i>tramadol (NDC[^] 52817019610 only)</i>	<i>tramadol (except NDC[^] 52817019610), tramadol ext-rel</i>
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC [^] 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>
Pain and Inflammation * Corticosteroids	<i>Dexpak</i> MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
Pain and Inflammation * 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>diclofenac sodium gel 1% (NDC[^] 69499031866 only)</i> <i>Diclofex DC (NDC[^] 51021037201 only)</i> <i>Diclosaicin</i> <i>Inflammacin</i> <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1% (except NDC[^] 69499031866), 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[^] 69336012830 only)</i> <i>naproxen suspension</i> <i>naproxen CR</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>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin</i> , GRALISE
<i>Prostate Condition Benign Prostatic Hyperplasia *</i>	JALYN	<i>dutasteride-tamsulosin</i> ; <i>dutasteride</i> or <i>finasteride</i> WITH <i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>silodosin</i> , <i>tamsulosin</i> or <i>terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>silodosin</i> , <i>tamsulosin</i> , <i>terazosin</i>
<i>Respiratory Alpha-1 Antitrypsin Deficiency</i>	ZEMAIRA	PROLASTIN-C
<i>Respiratory Cough</i>	<i>benzonatate</i> (NDCs ^a 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs ^a 69336012615, 69499032915)
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	<i>quazepam</i> INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>doxepin</i> , <i>eszopiclone</i> , <i>ramelteon</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , <i>zolpidem sublingual</i> , BELSOMRA
<i>Testosterone Replacement * Androgens</i>	<i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution</i> , ANDRODERM
<i>Thyroid Supplements</i>	TIROSINT	<i>levothyroxine</i> , SYNTHROID
<i>Transplant * Immunosuppressants, Calcineurin Inhibitors</i>	PROGRAF	<i>tacrolimus</i>
<i>Urea Cycle Disorders</i>	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</i>
<i>Women's Health Premenstrual Dysphoric Disorder (PMDD)</i>	<i>fluoxetine tablet</i> (generics for SARAFEM only)	<i>fluoxetine</i> (except <i>fluoxetine tablet 60 mg</i> , <i>fluoxetine tablet</i> [generics for SARAFEM]), <i>paroxetine HCl ext-rel</i> , <i>sertraline</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 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	<i>chlorzoxazone 500 mg</i> (NDC^ 73007001303 only)	EXFORGE
ACANYA	<i>chlorzoxazone 750 mg</i>	EXFORGE HCT
ACIPHEX	CHORIONIC GONADOTROPIN	EXTAVIA
ACIPHEX SPRINKLE	CIALIS	FANAPT
ACTEMRA	CICATRACE	<i>fenofibrate tablet 120 mg</i>
ACTICLATE	CIMZIA	FENOGLIDE TABLET 120 MG
<i>Activite</i>	<i>clindamycin gel</i> (NDC^ 68682046275 only)	<i>fenoprofen</i>
ACTOS	<i>clobetasol spray</i>	FENOPROFEN CAPSULE
<i>acyclovir cream</i>	CLOBEX SPRAY	FERIVA 21/7
ADCIRCA	COLAZAL	<i>Fexmid</i>
ALCORTIN A	COLCRYS	FINACEA GEL
ALEVICYN GEL	COMPLERA	FIORICET CAPSULE
ALEVICYN SG	CONSENSI	FLAREX
ALEVICYN SOLUTION	CONTOUR NEXT STRIPS AND KITS ⁷	<i>flucytosine capsule 500 mg</i>
ALIQOPA	CONTOUR STRIPS AND KITS ⁷	<i>fluocinonide cream 0.1%</i>
ALLISON MEDICAL INSULIN SYRINGES ⁵	CONTRAIVE	<i>fluorouracil cream 0.5%</i>
ALPROLIX	CORDRAN OINTMENT	<i>fluoxetine tablet</i> (generics for SARAFEM only)
ALREX	<i>CoreMino</i>	<i>fluoxetine tablet 60 mg</i>
ALTOPREV	COUMADIN	<i>flurandrenolide lotion</i> (NDC^ 24470092112 only)
ALVESCO	CRESTOR	<i>flurandrenolide ointment</i>
AMRIX	<i>cyclobenzaprine ext-rel capsule</i>	FML LIQUIFILM
ANDROGEL 1%	<i>cyclobenzaprine tablet 7.5 mg</i>	FOLIC-K
APEXICON E	CYMBALTA	FOLLISTIM AQ
APIDRA	<i>DaVite</i>	<i>Folvik-D</i>
APLENZIN	DELZICOL	<i>Folvite-D</i>
ARTHROTEC	DETROL LA	FORTAMET
ASACOL HD	<i>dexchlorpheniramine</i>	FORTESTA
ASMANEX	<i>Dexifol</i>	FOSRENOL
ASMANEX HFA	<i>Dexpak</i>	FOSTEUM
ASTAGRAF XL	<i>diclofenac sodium gel 1%</i> (NDC^ 69499031866 only)	FOSTEUM PLUS
ATACAND	<i>Diclofex DC</i> (NDC^ 51021037201 only)	FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM
ATACAND HCT	<i>Diclosaicin</i>	FREESTYLE STRIPS AND KITS ⁷
ATOPADERM	<i>difforasono cream</i>	FULPHILA
AVENOVA	<i>difforasono ointment</i>	<i>Genicin Vita-S</i>
AVONEX	<i>dihydroergotamine spray</i>	GENOTROPIN
BARACLUDE TABLET	<i>diltiazem ext-rel</i> (generics for CARDIZEM LA only)	GLEEVEC
BEAU RX	DIOVAN	GLUMETZA
BECONASE AQ	DIOVAN HCT	GLYCOPYRROLATE TABLET 1.5 MG
BENICAR	<i>Diphen Elixir</i>	GRANIX
BENICAR HCT	DORYX	GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM
BENSAL HP	DORYX MPC	HEPSERA
BENZAFLIN	<i>doxepin cream</i>	HORIZANT
<i>benzonatate</i> (NDCs^ 69336012615, 69499032915 only)	<i>doxycycline hyclate delayed-rel tablet 200 mg</i>	HUMALOG
BERINERT	<i>doxycycline hyclate tablet 50 mg</i>	HUMALOG MIX 50/50
BETAPACE	(NDC^ 72143021160 only)	HUMALOG MIX 75/25
BETAPACE AF	<i>doxycycline hyclate tablet 75 mg</i>	HUMULIN 70/30 ⁴
BEYAZ	<i>doxycycline hyclate tablet 150 mg</i>	HUMULIN N ⁴
<i>bimatoprost solution 0.03%</i>	<i>doxycycline monohydrate capsule 75 mg</i>	HUMULIN R ⁴
BREEZE 2 STRIPS AND KITS ⁷	<i>doxycycline monohydrate capsule 150 mg</i>	HYALGAN
<i>Bupap</i>	DULERA	<i>hydrocortisone butyrate lipophilic cream 0.1%</i>
BUPHENYL	DUROLANE	<i>HylaVite</i>
<i>bupropion ext-rel tablet 450 mg</i>	DUTOPROL	HYSINGLA ER
<i>butalbital-acetaminophen tablet 50-300 mg</i>	DYRENIUM	INDERAL LA
BUTALBITAL-ACETAMINOPHEN (NDC^ 69499034230 only)	EDARBI	INDERAL XL
<i>butalbital-acetaminophen-caffeine capsule</i>	EDARBYCLOR	INDOCIN
BUTRANS	E.E.S. GRANULES	<i>indomethacin capsule 20 mg</i>
BYDUREON	EFFEXOR XR	<i>Inflammacin</i>
BYETTA	ELELYSO	INNOPRAN XL
CAFERGOT	ELOCTATE	INTERMEZZO
<i>calcipotriene cream</i>	ENABLEX	INTUNIV
<i>calcitriol ointment</i>	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM	INVOKAMET
CAMBIA	ENTERAGAM	INVOKAMET XR
CARAC	ENTYVIO	INVOKANA
CARAFATE	ENVARBUS XR	JALYN
CARBINOXAMINE TABLET 6 MG	EPICERAM	JENTADUETO
CARDIZEM	EPIVIR HBV	JENTADUETO XR
CARDIZEM CD	EPOGEN	KAMDOY
CARDIZEM LA	<i>ergotamine-caffeine</i>	KAZANO
CARNITOR	ERYPED	<i>ketoconazole foam 2%</i>
CARNITOR SF	EUFLEXXA	<i>Ketodan</i>
CELLCEPT	EVEKEO	<i>ketoprofen capsule 25 mg</i>
<i>chlordiazepoxide-clidinium</i> (NDC^ 42494040901 only)	EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM	<i>ketoprofen ext-rel capsule</i>
CHLORZOXAZONE 250 MG	EVZIO	KINERET
<i>chlorzoxazone 375 mg</i>		

KOMBIGLYZE XR
LACTULOSE PAK
LAMICTAL
LAMICTAL ODT
LAMICTAL XR
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)
metformin ext-rel (generics for FORTAMET and
GLUMETZA only)
methocarbamol 750 mg
(NDCs[^] 69036093090, 70868090190 only)
MIACALCIN INJECTION
MIACALCIN NASAL SPRAY
Migergot
MILLIPRED
MINASTRIN 24 FE
MINIVELLE
MINOCIN
minocycline ext-rel
Mondoxyne NL capsule 75 mg
MONOVISC
MOVIPREP
MultiPro
mupirocin cream
MYFORTIC
MYTESI
NAPRELAN
naproxen-esomeprazole
naproxen CR
naproxen suspension
NATAZIA
NATESTO
NESINA
NEUPOGEN
NEXIUM
niacin tablet 500 mg
Niacor
NICADAN
NICAPRIN
NICAZEL
NICAZEL FORTE
NICOMIDE
NILANDRON
NORDITROPIN
NORGESIC FORTE
NORITATE
NORVASC
NOVACORT
NOVAREL
NOVO NORDISK NEEDLES ⁵
NuDiclo SoluPak
NuDiclo TabPak
NUTROPIN AQ
NUVIGIL

Okebo
OLEPTRO
OLUX-E
omeprazole-sodium bicarbonate
OMNARIS
OMNITROPE
OMNIVEX
ONETOUCH ULTRA STRIPS AND KITS ⁷
ONETOUCH VERIO STRIPS AND KITS ⁷
ONFI
ONGLYZA
ORENCIA INTRAVENOUS
orphenadrine-aspirin-caffeine
Orphengesic Forte
ORTHO D
ORTHO DF
ORTHO TRI-CYCLEN LO
ORTHOVISC
OSENI
OSMOPREP
OTREXUP
OWEN MUMFORD NEEDLES ⁵
oxiconazole (NDCs[^] 00168035830, 51672135902 only)
OXYCONTIN
OXYTROL
PEGASYS
PENNSAID
PERCOCET
PERRIGO NEEDLES ⁵
PLAVIX
PLEGRIDY
POLYTOZA
posaconazole delayed-rel tablet
PRADAXA
PRED FORTE
PREGNYL
PREVACID
PREVIDENT
PRIMLEV
PRISTIQ
PROAIR HFA
PROAIR RESPICLICK
PROCRIT
PROCYSBI
PRODIGEN
PROGRAF
PROTONIX
PROVENTIL HFA
PROZAC
PSORCON
QNASL
QSYMIA
QTERN
quazepam
RAPAFLO
RAPAMUNE
RAVICTI
RAYOS
RECEDO
REPATHA
REVATIO
RHEUMATE
RIBOZEL
RIMSO-50
RIONET
ROZEREM
RyClora
SABRIL
SAIZEN
SANDOSTATIN LAR
SCARSILK PAD
SEROQUEL XR
SIL-K PAD
SILVEX
SILTREX
SIMPONI
SINGULAIR

SORILUX
SPRIX
STENDRA
STRIBILD
SUBOXONE
sucralfate suspension
sumatriptan-naproxen
SYNERDERM
SYNVISC
SYNVISC-ONE
TALIVA
TARGADOX
TASIGNA
TAYTULLA
TESTIM
testosterone gel 1% (authorized generics for TESTIM and
VOGELXO only)
TIMOPTIC OCUDOSE
TIROSINT
TOBI
TOBI PODHALER
TOPROL-XL
TOUJEO
TRADJENTA
tramadol (NDC[^] 52817019610 only)
TRANSDERM SCOP
TREMIMET
triamcinolone acetonide aerosol 0.2%
TRICOR
TRIVIDIA INSULIN SYRINGES ⁵
TronVite
TUDORZA
ULTIMED INSULIN SYRINGES ⁵
ULTIMED NEEDLES ⁵
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
Vitasure
VIVELLE-DOT
VOGELXO
XANAX
XANAX XR
XENAZINE
XOLEGEL
XOPENEX HFA
Xvite
XYZBAC
YAZ
ZARXIO
ZEGERID
ZEMAIRA
ZEPATIER
ZETIA
ZETONNA
ZIANA
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.

† 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 BD ULTRAFINE syringes and needles are the only preferred options.

⁶ An ACCU-CHEK blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

⁷ ACCU-CHEK brand test strips are the only preferred options.

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