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Medications Requiring Prior Authorization for Medical Necessity for Clients with Advanced Control Specialty Formulary[®]

This list is applicable to the NALC Health Benefit Plan Formulary Drug List with Advance Control Specialty Formulary[®].

Below is a list of medicines by drug class that will not be covered without a prior authorization for medical necessity. If you continue using one of these drugs without prior approval for medical necessity, you may be required to pay the full cost.

If you are currently using one of the drugs requiring prior authorization for medical necessity, ask your doctor to choose one of the generic or brand formulary options listed below.

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Acromegaly</i>	SANDOSTATIN LAR SIGNIFOR LAR SOMAVERT	SOMATULINE DEPOT
<i>Allergies Antihistamines</i>	<i>dexchlorpheniramine</i> Diphen Elixir RyClora 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>	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>
	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>	CoreMino <i>doxycycline hyclate delayed-rel tablet 200 mg</i> <i>doxycycline hyclate tablet 50 mg</i> (NDC [^] 72143021160 only) <i>doxycycline hyclate tablet 75 mg</i> <i>doxycycline hyclate tablet 150 mg</i> <i>doxycycline monohydrate capsule 75 mg</i> <i>doxycycline monohydrate capsule 150 mg</i> <i>minocycline ext-rel</i> Mondoxyne NL capsule 75 mg ACTICLATE	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>

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	DORYX DORYX MPC MINOCIN TARGADOX	
<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>
<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, Antivirals</i> HIV	COMPLERA STRIBILD	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
<i>Anti-infectives</i> Miscellaneous	DARAPRIM	<i>pyrimethamine</i>
<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</i> * or <i>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 [†], methylphenidate ext-rel [†], MYDAYIS, VYVANSE</i>
	EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel [†], atomoxetine, guanfacine ext-rel, methylphenidate ext-rel [†], MYDAYIS, VYVANSE</i>
<i>Autoimmune Agents</i> Ankylosing Spondylitis *	CIMZIA SIMPONI TALTZ	COSENTYX, ENBREL, HUMIRA

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<i>Autoimmune Agents</i> Crohn's Disease *	CIMZIA ENTYVIO	HUMIRA, STELARA SUBCUTANEOUS # # After failure of HUMIRA
<i>Autoimmune Agents</i> Psoriasis *	CIMZIA COSENTYX ENBREL	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMIFYA
<i>Autoimmune Agents</i> Psoriatic Arthritis *	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREMIFYA 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>

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<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics Niacins	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i>
<i>Cardiovascular</i> Antilipemics 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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Depression * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	fluoxetine tablet 60 mg LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX
Depression * 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
Depression * Antidepressants, Miscellaneous Agents	bupropion ext-rel tablet 450 mg APLENZIN	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
	OLEPTRO	trazodone
Depression and/or Schizophrenia * Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR
Dermatology 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
Dermatology Actinic Keratosis *	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA
Dermatology Antibiotics	mupirocin cream	gentamicin, mupirocin ointment
Dermatology Antipsoriatics	calcipotriene cream calcitriol ointment SORILUX TAZORAC VECTICAL	calcipotriene ointment, calcipotriene solution
	calcipotriene-betamethasone	calcipotriene ointment or calcipotriene solution WITH desoximetasone, fluocinonide (except fluocinonide cream 0.1%) or BRYHALI
Dermatology Atopic Dermatitis *	doxepin cream	desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA
Dermatology Rosacea *	doxycycline monohydrate delayed-rel capsule	ORACEA
	FINACEA GEL MIRVASO NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA
Dermatology Scars	BEAU RX CICATRACE POLYTOZA RECEO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor
Dermatology Seborrheic Dermatitis *	ketoconazole foam 2% Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
	XOLEGEL	ciclopirox, ketoconazole cream 2%

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Dermatology 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>
Dermatology Warts	VEREGEN	<i>imiquimod</i>
Dermatology Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide, hydrocortisone</i>
Dermatology 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>
Diabetes * Biguanides	<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
Diabetes * 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>
Diabetes * 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 ⁴	NOVOLIN 70/30 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	NOTE: <i>Humulin R U-500</i> concentrate will not be subject to prior authorization and will continue to be covered.	
<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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<i>Diabetes</i> * Supplies, Test Strips and Kits ^{7,8}	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 ⁷ , ONETOUCH VERIO STRIPS AND KITS ⁷
<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>Estrogen Replacement</i> *	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<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	<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>

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<i>Gastrointestinal Probiotics</i>	PROVAD ZELAC	Consult doctor
<i>Gastrointestinal Proton Pump Inhibitors (PPIs)</i>	omeprazole-sodium bicarbonate ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT
<i>Gastrointestinal Ulcer Treatment</i>	sucralfate suspension CARAFATE	sucralfate tablet
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary Interstitial Cystitis</i>	RIMSO-50	Consult doctor
<i>Gout *</i>	COLCRYS	colchicine tablet
<i>Growth Hormones</i>	GENOTROPIN HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	NORDITROPIN
<i>Hematologic Anticoagulants (oral)</i>	PRADAXA	warfarin, ELIQUIS, XARELTO
<i>Hematologic Erythropoiesis-Stimulating Agents</i>	EPOGEN PROCRIT	ARANESP, RETACRIT
<i>Hematologic Hemophilia A</i>	ELOCTATE	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic Hemophilia B</i>	ALPROLIX	Consult doctor
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	clopidogrel, prasugrel, BRILINTA
	ZONTIVITY	Consult doctor
<i>High Blood Pressure * Angiotensin II Receptor Antagonists</i>	ATACAND BENICAR DIOVAN EDARBI	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
<i>High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations</i>	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide
<i>High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations</i>	EXFORGE	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan

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<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide</i> , <i>olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Beta-blockers	INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	<i>atenolol</i> , <i>carvedilol</i> , <i>carvedilol phosphate ext-rel</i> , <i>metoprolol succinate ext-rel</i> , <i>metoprolol tartrate</i> , <i>nadolol</i> , <i>pindolol</i> , <i>propranolol</i> , <i>propranolol ext-rel</i> , BYSTOLIC
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel</i> WITH <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> WITH <i>celecoxib</i>
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine</i> , AUSTEDO
<i>Immunology</i> Antimetabolites	CELLCEPT MYFORTIC	<i>mycophenolate mofetil</i> , <i>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</i> , <i>sirolimus</i>
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL LIALDA	<i>balsalazide</i> , <i>mesalamine delayed-rel</i> , <i>mesalamine ext-rel</i> , <i>sulfasalazine</i> , <i>sulfasalazine delayed-rel</i> , PENTASA
	COLAZAL	<i>balsalazide</i>
<i>Interferons</i> *	PEGASYS	Consult doctor
<i>Kidney Disease</i> * Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate</i> , <i>sevelamer carbonate</i> , PHOSLYRA, VELPHORO
<i>Multiple Sclerosis</i>	AVONEX EXTAVIA PLEGRIDY TECFIDERA	<i>dimethyl fumarate delayed-rel</i> , <i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
<i>Musculoskeletal</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>Fexmid</i>	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i>)

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	Lorzone metaxalone 400 mg methocarbamol 500 mg (NDC [^] 69036091010 only) methocarbamol 750 mg (NDCs [^] 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Orphengesic Forte AMRIX CHLORZOXAZONE 250 MG NORGESIC FORTE	
Narcolepsy Wakefulness Promoters	NUVIGIL	armodafinil, SUNOSI
Nephropathic Cystinosis	PROCYSKI	CYSTAGON
Ophthalmic Allergies	ALREX BEPREVE	azelastine, cromolyn sodium, olopatadine, LASTACAPT, PAZEO
Ophthalmic Anti-infective / Anti-inflammatory	ZYLET	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST
Ophthalmic Anti-inflammatory, Nonsteroidal	PROLENSA	bromfenac, diclofenac, ketorolac, ACUVAIL, ILEVRO, NEVANAC
Ophthalmic Anti-inflammatory, Steroidal	FML LIQUIFILM LOTEMAX LOTEMAX SM PRED FORTE	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
Ophthalmic Antivirals	ZIRGAN	trifluridine
Ophthalmic Artificial Tears	LACRISERT	RESTASIS, XIIDRA
Ophthalmic Glaucoma	bimatoprost solution 0.03%	latanoprost, travoprost, LUMIGAN, ZIOPTAN
	TIMOPTIC OCUDOSE	timolol maleate solution, BETIMOL, BETOPTIC S
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Dependency	SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV
Opioid Reversal	EVZIO	naloxone injection, NARCAN NASAL SPRAY
Osteoarthritis * Viscosupplements	GEL-ONE HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
Osteoporosis * Calcium Regulators	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	calcitonin-salmon
Otic Anti-infective / Anti-inflammatory	CIPRO HC CIPRODEX	ciprofloxacin-dexamethasone, ofloxacin otic
Overactive Bladder / Incontinence * 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> <i>oxymorphone ext-rel</i> HYSINGLA ER OXYCONTIN ZOHYDRO ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
	PERCOCET PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</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	MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<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^A 51021037201 only)</i> Dicloaicin Inflammacin NuDiclo SoluPak NuDiclo TabPak 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^A 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>
Parkinson's Disease	APOKYN	INBRIJA
Postherpetic Neuralgia	HORIZANT	<i>gabapentin, GRALISE</i>
Prostate Condition 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>
Respiratory Alpha-1 Antitrypsin Deficiency	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C
Respiratory Cough	<i>benzonatate</i> (NDCs ^A 69336012615, 69499032915 only)	<i>benzonatate (except NDCs^A 69336012615, 69499032915)</i>
Sleep Disorder Hypnotics, Non-benzodiazepines	<i>quazepam</i> INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>
Testosterone Replacement * 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>
Thyroid Supplements	TIROSINT	<i>levothyroxine, SYNTHROID</i>
Transplant * Immunosuppressants, Calcineurin Inhibitors	PROGRAF	<i>tacrolimus</i>
Urea Cycle Disorders	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	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 (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), 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 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	ALVESCO	BENICAR
ACANYA	AMITIZA	BENICAR HCT
ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁸	AMRIX	BENSAL HP
ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁸	ANDROGEL 1%	BENZACLIN
ACCU-CHEK GUIDE STRIPS AND KITS ⁸	APEXICON E	<i>benzonatate (NDCs[^] 69336012615, 69499032915 only)</i>
ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁸	APIDRA	BEPREVE
ACIPHEX	APLENZIN	BERINERT
ACIPHEX SPRINKLE	APOKYN	BETAPACE
ACTEMRA	APTENSIO XR	BETAPACE AF
ACTICLATE	ARALAST NP	BEVESPI AEROSPHERE
<i>Activite</i>	ARTHROTEC	BEYAZ
ACTOS	ASACOL HD	<i>bimatoprost solution 0.03%</i>
<i>acyclovir cream</i>	ASMANEX	BORTEZOMIB
ADCIRCA	ASMANEX HFA	BREEZE 2 STRIPS AND KITS ⁸
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 [^] 69499034230 only)
ALIQOPA	AZELEX	<i>butalbital-acetaminophen-caffeine capsule</i>
ALLISON MEDICAL INSULIN SYRINGES ⁶	AZESCO	BUTRANS
ALPROLIX	BARACLUDGE TABLET	BYDUREON
ALREX	BEAU RX	BYETTA
ALTOPREV	BECONASE AQ	CAFERGOT

calcipotriene cream
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
 CICATRACE
 CIMZIA
 CIPRO HC
 CIPRODEX
clindamycin gel (NDC^ 68682046275 only)
clobetasol spray
 CLOBEX SPRAY
 COLAZAL
 COLCRYS
 COMPLERA
 CONSENSI
 CONTOUR NEXT STRIPS AND KITS ⁸
 CONTOUR STRIPS AND KITS ⁸
 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)
Diclofaxin
 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
 ENTERAGAM
 ENTYVIO
 ENVARSUS XR
 EPICERAM
 EPIVIR HBV
 EPOGEN
ergotamine-caffeine
 ERYPED
 ESTRING
 EVEKEO
 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
Folvik-D
Folvite-D
 FORTAMET
 FORTESTA
 FOSRENOL
 FOSTEUM
 FOSTEUM PLUS
 FREESTYLE STRIPS AND KITS ⁸
 FULPHILA
 GEL-ONE
Genicin Vita-S
 GENOTROPIN
 GLASSIA
 GLEEVEC
 GLUMETZA
 GLYCOPYRROLATE TABLET 1.5 MG
 GOLYTELY
 GRANIX
 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
 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
 LIETTA
 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
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
OSPHERA
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
PREMARIN
PREMARIN CREAM
PREVACID
PREVIDENT
PRIMLEV
PRISTIQ
PROAIR HFA
PROAIR RESPICLICK
PROCRIT
PROCYSBI
PRODIGEN

PROGRAF
PROLENSA
PROTONIX
TREXIMET
PROVAD
PROVENTIL HFA
PROZAC
PSORCON
QNASL
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
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
TREXIMET
triamcinolone acetonide aerosol 0.2%
TRICOR
TRIVIDIA INSULIN SYRINGES ⁶
TronVite
TRULANCE
TUDORZA
UDENYCA
ULTIMED INSULIN SYRINGES ⁶
ULTIMED NEEDLES ⁶
UROXATRAL
VALCYTE
VALTRES
Vanatol LQ
Vanatol S
Vanoxide-HC
VASCULERA
VECTICAL
VELTIN
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VEREGEN

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.

¹ 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: 1-800-294-5979.

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 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.

⁸ ONETOUCH brand test strips are the only preferred options.

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