

Medications Requiring Prior Authorization for Medical Necessity for Elevate Plus Members

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 (may require prior authorization)
<i>Acromegaly</i>	SANDOSTATIN LAR	SOMATULINE DEPOT, SOMAVERT
<i>Allergies Antihistamines</i>	<i>dexchlorpheniramine</i> 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>	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 Erythromycins / Macrolides</i>	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials Tetracyclines</i>	<i>CoreMino</i> <i>doxycycline hyclate delayed-rel tablet 200 mg</i> <i>doxycycline hyclate tablet 50 mg</i> <i>(NDC* 72143021160 only)</i> <i>doxycycline hyclate tablet 75 mg</i> <i>doxycycline hyclate tablet 150 mg</i> <i>doxycycline monohydrate capsule 75 mg</i> <i>doxycycline monohydrate capsule 150 mg</i> <i>minocycline ext-rel tablet</i> <i>Mondoxyne NL capsule 75 mg</i> <i>Okebo</i> ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>Anti-infectives, Antibacterials Miscellaneous</i>	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antifungals</i>	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
	<i>posaconazole delayed-rel tablet</i>	<i>fluconazole, itraconazole</i>
<i>Anti-infectives, Antivirals Cytomegalovirus *</i>	VALCYTE	<i>valganciclovir</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (may require prior authorization)
<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>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> *	EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel ¹, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel ¹, MYDAYIS, VYVANSE</i>
<i>Autoimmune Agents</i> Ankylosing Spondylitis *	CIMZIA SIMPONI TALTZ	COSENTYX, ENBREL, HUMIRA
<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, TREMFYA
<i>Autoimmune Agents</i> Psoriatic Arthritis *	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (may require prior authorization)
<i>Autoimmune Agents</i> Rheumatoid Arthritis *	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL, HUMIRA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOO, 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> Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide</i> , XTANDI, YONSA
<i>Cancer</i> Prostate * Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT (For Prostate Cancer Only)	ELIGARD
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	<i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate</i> (except <i>fenofibrate tablet 120 mg</i>), <i>fenofibric acid delayed-rel</i>
<i>Cardiovascular</i> Antilipemics 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 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> Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors	ADCIRCA REVATIO	<i>sildenafil, tadalafil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (may require prior authorization)
<i>Chronic Obstructive Pulmonary Disease (COPD)</i> * Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA, YUPELRI
<i>Chronic Obstructive Pulmonary Disease (COPD)</i> * Anticholinergic / Beta Agonist Combinations	COMBIVENT RESPIMAT	<i>ipratropium-albuterol inhalation solution</i> , ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT
<i>Contraceptives Monophasic</i>	BEYAZ MINASTRIN 24 FE TAYTULLA YAZ	<i>ethinyl estradiol-drospirenone</i> , <i>ethinyl estradiol-drospirenone-levomefolate</i> , <i>ethinyl estradiol-norethindrone acetate</i> , <i>ethinyl estradiol-norethindrone acetate-iron</i>
<i>Contraceptives Triphasic</i>	ORTHO TRI-CYCLEN LO	<i>ethinyl estradiol-norgestimate</i>
<i>Contraceptives Four Phase</i>	NATAZIA	<i>ethinyl estradiol-drospirenone</i> , <i>ethinyl estradiol-drospirenone-levomefolate</i> , <i>ethinyl estradiol-levonorgestrel</i> , <i>ethinyl estradiol-norethindrone acetate</i> , <i>ethinyl estradiol-norethindrone acetate-iron</i> , <i>ethinyl estradiol-norgestimate</i> , LO LOESTRIN FE
<i>Contraceptives Progestin Intrauterine Devices</i>	LILETTA	KYLEENA, MIRENA, SKYLA
<i>Cystic Fibrosis</i> * Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
<i>Dental Cavity/Caries Prevention</i>	PREVIDENT	Consult doctor
<i>Depression</i> * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i> LEXAPRO PROZAC	<i>citalopram</i> , <i>escitalopram</i> , <i>fluoxetine</i> (except <i>fluoxetine tablet 60 mg</i>), <i>paroxetine HCl</i> , <i>paroxetine HCl ext-rel</i> , <i>sertraline</i> , TRINTELLIX, VIIBRYD
<i>Depression</i> * Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet</i> (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel</i> , <i>duloxetine</i> , <i>venlafaxine</i> , <i>venlafaxine ext-rel capsule</i>
<i>Depression</i> * Antidepressants, Miscellaneous Agents	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion</i> , <i>bupropion ext-rel</i> (except <i>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</i> , <i>clozapine</i> , <i>olanzapine</i> , <i>quetiapine</i> , <i>quetiapine ext-rel</i> , <i>risperidone</i> , <i>ziprasidone</i> , LATUDA, VRAYLAR
<i>Dermatology Acne</i> *	<i>clindamycin gel</i> (NDC [^] 68682046275 only) Vanoxide-HC ACANYA BENZACLIN VELTIN ZIANA	<i>adapalene</i> , <i>benzoyl peroxide</i> , <i>clindamycin gel</i> (except NDC [^] 68682046275), <i>clindamycin solution</i> , <i>clindamycin-benzoyl peroxide</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , EPIDUO, ONEXTON, TAZORAC
<i>Dermatology Actinic Keratosis</i> *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%</i> , <i>fluorouracil solution</i> , <i>imiquimod</i> , PICATO, TOLAK, ZYCLARA
<i>Dermatology Antibiotics</i>	<i>mupirocin cream</i>	<i>gentamicin</i> , <i>mupirocin ointment</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (may require prior authorization)
<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> <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 * 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>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

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (may require prior authorization)
<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
<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

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (may require prior authorization)
<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
<i>Estrogen Replacement</i> *	MINIVELLE VIVELLE-DOT	<i>estradiol</i> , DIVIGEL, EVAMIST
<i>Gastrointestinal Anticholinergics</i>	<i>chlordiazepoxide-clidinium</i> (NDC* 42494040901 only) GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
<i>Gastrointestinal Antidiarrheals</i>	ENTERAGAM	<i>alosetron</i> , VIBERZI, XIFAXAN 550 MG
<i>Gastrointestinal Antiemetics</i>	TRANSDERM SCOP	<i>meclizine</i> , <i>scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron</i> , <i>ondansetron</i> , SANCUSO
<i>Gastrointestinal Laxatives</i>	LACTULOSE PAK	<i>lactulose solution</i>
	MOVIPREP OSMOPREP	<i>peg 3350-electrolytes</i> , SUPREP
<i>Gastrointestinal Proton Pump Inhibitors (PPIs)</i>	<i>omeprazole-sodium bicarbonate</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i> pantoprazole</i> , DEXILANT
<i>Gastrointestinal Ulcer Treatment</i>	CARAFATE	<i>sucralfate</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary Interstitial Cystitis</i>	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 Anticoagulants (oral)</i>	COUMADIN	<i>warfarin</i>
	PRADAXA	<i>warfarin</i> , 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

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (may require prior authorization)
<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, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Beta-blockers	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> (generic CARDIZEM LA only) <i>Matzim LA</i> CARDIZEM CARDIZEM CD CARDIZEM LA	<i>diltiazem ext-rel</i> (except generic 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>
	RAPAMUNE ZORTRESS	<i>sirolimus</i>
<i>Immunology</i> Calcineurin Inhibitors	ASTAGRAF XL ENVARUSUS XR	<i>tacrolimus</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (may require prior authorization)
<i>Immunology</i> Hereditary Angioedema *	BERINERT	FIRAZYR, RUCONEST
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL LIALDA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
	COLAZAL	<i>balsalazide</i>
<i>Interferons</i> *	PEGASYS	Consult doctor
<i>Kidney Disease</i> * Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<i>Multiple Sclerosis</i>	AVONEX EXTAVIA PLEGRIDY	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI, VUMERITY</i>
<i>Musculoskeletal</i>	<i>chlorzoxazone 375 mg chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg Fexmid Lorzone orphenadrine-aspirin-caffeine Orphengesic Forte AMRIX CHLORZOXAZONE 250 MG NORGESIC FORTE</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
<i>Narcolepsy</i> Wakefulness Promoters	NUVIGIL	<i>armodafinil, SUNOSI</i>
<i>Nephropathic Cystinosis</i>	PROCYSBI	CYSTAGON
<i>Ophthalmic</i> Allergies	ALREX	<i>azelastine, cromolyn sodium, olopatadine, LASTACFT, PAZEO</i>
<i>Ophthalmic</i> Anti-infective / Anti-inflammatory	ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST</i>
<i>Ophthalmic</i> Anti-inflammatory, Steroidal	FLAREX FML LIQUIFILM LOTEMAX LOTEMAX SM PRED FORTE	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
<i>Ophthalmic</i> Glaucoma	<i>bimatoprost solution 0.03%</i>	<i>latanoprost, LUMIGAN, TRAVATAN Z</i>
	TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETIMOL, BETOPTIC S</i>
<i>Ophthalmic</i> Miscellaneous	AVENOVA	Consult doctor
<i>Opioid Dependency</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
<i>Opioid Reversal</i>	EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>
<i>Osteoarthritis</i> * Viscosupplements	DUROLANE EUFLEXXA HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (may require prior authorization)
<i>Osteoporosis</i> * Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
<i>Overactive Bladder / Incontinence</i> * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
<i>Pain Headache</i> *	<i>butalbital-acetaminophen-caffeine capsule</i> Vanadol LO Vanadol S BUTALBITAL-ACETAMINOPHEN (NDC [^] 69499034230 only) FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> Migergot 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>
<i>Pain Opioid Analgesics</i>	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
	<i>levorphanol</i> HYSINGLA ER OXYCONTIN ZOHYDRO ER	<i>fentanyl transdermal, 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>
<i>Pain Topical Local Anesthetics</i>	LIDOCAINE-TETRACAINE CREAM LIDOTREX	<i>lidocaine-prilocaine</i>
<i>Pain and Inflammation</i> * Corticosteroids	<i>Dexpak</i> MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
<i>Pain and Inflammation</i> * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	<i>diclofenac sodium gel 1%</i> (NDC [^] 69499031866 only) <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 capsule</i> <i>ketoprofen capsule 25 mg</i> <i>ketoprofen ext-rel capsule</i> <i>naproxen CR</i> CAMBIA FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (may require prior authorization)
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	<i>naproxen suspension</i>	<i>ibuprofen</i>
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin, GRALISE</i>
<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>	ZEMAIRA	PROLASTIN-C
<i>Respiratory Cough</i>	<i>benzonatate</i> (NDCs [^] 69336012615, 69499032915 only)	<i>benzonatate (except NDCs[^] 69336012615, 69499032915)</i>
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
<i>Testosterone Replacement * Androgens</i>	<i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)</i> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
<i>Thyroid Supplements</i>	TIROSINT	<i>levothyroxine, SYNTHROID</i>
<i>Transplant * Immunosuppressants, Calcineurin Inhibitors</i>	PROGRAF	<i>tacrolimus</i>
<i>Urea Cycle Disorders</i>	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</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>clobetasol spray</i>	<i>fluocinonide cream 0.1%</i>
ACANYA	CLOBEX SPRAY	<i>fluorouracil cream 0.5%</i>
ACIPHEX	COLAZAL	<i>fluoxetine tablet 60 mg</i>
ACIPHEX SPRINKLE	COLCRYS	<i>flurandrenolide lotion (NDC^ 24470092112 only)</i>
ACTEMRA	COMBIVENT RESPIMAT	<i>flurandrenolide ointment</i>
ACTICLATE	COMPLERA	FML LIQUIFILM
ACTOS	CONSENSI	FOLLISTIM AQ
<i>acyclovir cream</i>	CONTOUR NEXT STRIPS AND KITS ⁷	FORTAMET
ADCIRCA	CONTOUR STRIPS AND KITS ⁷	FORTESTA
ALCORTIN A	CORDRAN OINTMENT	FOSRENOL
ALEVICYN GEL	<i>CoreMino</i>	FREESTYLE STRIPS AND KITS ⁷
ALEVICYN SG	COUMADIN	FULPHILA
ALEVICYN SOLUTION	CRESTOR	GENOTROPIN
ALLISON MEDICAL INSULIN SYRINGES ⁵	<i>cyclobenzaprine ext-rel capsule</i>	GLEEVEC
ALPROLIX	<i>cyclobenzaprine tablet 7.5 mg</i>	GLUMETZA
ALREX	CYMBALTA	GLYCOPYRROLATE TABLET 1.5 MG
ALTOPREV	DELZICOL	GRANIX
ALVESCO	DETROL LA	HEPSERA
AMRIX	<i>dexchlorpheniramine</i>	HORIZANT
ANDROGEL 1%	<i>Depak</i>	HUMALOG
APEXICON E	<i>diclofenac sodium gel 1% (NDC^ 69499031866 only)</i>	HUMALOG MIX 50/50
APIDRA	<i>Diclofex DC (NDC^ 51021037201 only)</i>	HUMALOG MIX 75/25
ARTHROTEC	<i>Diclosaicin</i>	HUMULIN 70/30 ⁴
ASACOL HD	<i>difforasono cream</i>	HUMULIN N ⁴
ASMANEX	<i>difforasono ointment</i>	HUMULIN R ⁴
ASMANEX HFA	<i>dihydroergotamine spray</i>	HYALGAN
ASTAGRAF XL	<i>diltiazem ext-rel (generic CARDIZEM LA only)</i>	<i>hydrocortisone butyrate lipophilic cream 0.1%</i>
ATACAND	DIOVAN	HYSINGLA ER
ATACAND HCT	DIOVAN HCT	INDOCIN
ATOPADERM	DORYX	<i>Inflammacin</i>
AVENOVA	DORYX MPC	INTERMEZZO
AVONEX	<i>doxepin cream</i>	INTUNIV
BARACLUDE TABLET	<i>doxycycline hyclate delayed-rel tablet 200 mg</i>	INVOKAMET
BEAU RX	<i>doxycycline hyclate tablet 50 mg</i>	INVOKAMET XR
BECONASE AQ	(NDC^ 72143021160 only)	INVOKANA
BENICAR	<i>doxycycline hyclate tablet 75 mg</i>	JALYN
BENICAR HCT	<i>doxycycline hyclate tablet 150 mg</i>	JENTADUETO
BENSAL HP	<i>doxycycline monohydrate capsule 75 mg</i>	JENTADUETO XR
BENZACLIN	<i>doxycycline monohydrate capsule 150 mg</i>	KAMDOY
<i>benzonatate (NDCs^ 69336012615, 69499032915 only)</i>	DULERA	KAZANO
BERINERT	DUROLANE	<i>ketoconazole foam 2%</i>
BETAPACE	DUTOPROL	<i>Ketodan</i>
BETAPACE AF	DYRENIUM	<i>ketoprofen capsule 25 mg</i>
BEYAZ	EDARBI	<i>ketoprofen ext-rel capsule</i>
<i>bimatoprost solution 0.03%</i>	EDARBYCLOR	KINERET
BREEZE 2 STRIPS AND KITS ⁷	E.E.S. GRANULES	KOMBIGLYZE XR
BUPHENYL	EFFEXOR XR	LACTULOSE PAK
<i>bupropion ext-rel tablet 450 mg</i>	ELELYSO	LAMICTAL
BUTALBITAL-ACETAMINOPHEN	ELECTATE	LAMICTAL ODT
(NDC^ 69499034230 only)	ENABLEX	LAMICTAL XR
<i>butalbital-acetaminophen-caffeine capsule</i>	ENTERAGAM	LANOXIN TABLET (125 MCG and 250 MCG only)
BUTRANS	ENTYVIO	<i>lanthanum carbonate</i>
BYDUREON	ENVARUS XR	LANTUS
BYETTA	EPICERAM	LAZANDA
CAFERGOT	EPIVIR HBV	LESCOL XL
<i>calcipotriene cream</i>	EPOGEN	<i>levorphanol</i>
<i>calcitriol ointment</i>	<i>ergotamine-caffeine</i>	LEXAPRO
CAMBIA	ERYPED	LIALDA
CARAC	EUFLEXXA	LIDOCAINE-TETRACAINE CREAM
CARAFATE	EVEKEO	LIDOTREX
CARBINOXAMINE TABLET 6 MG	EVZIO	LILETTA
CARDIZEM	EXFORGE	LIPITOR
CARDIZEM CD	EXFORGE HCT	LIVALO
CARDIZEM LA	EXTAVIA	<i>Lorzone</i>
CARNITOR	FANAPT	LOTEMAX
CARNITOR SF	<i>fenofibrate tablet 120 mg</i>	LOTEMAX SM
CELLCEPT	FENOGLIDE TABLET 120 MG	LUNESTA
<i>chlordiazepoxide-clidinium (NDC^ 42494040901 only)</i>	<i>fenoprofen capsule</i>	LUPRON DEPOT
CHLORZOXAZONE 250 MG	FENOPROFEN CAPSULE	MACRODANTIN
<i>chlorzoxazone 375 mg</i>	<i>Fexmid</i>	Matzim LA
<i>chlorzoxazone 750 mg</i>	FINACEA GEL	MAVYRET
CICATRACE	FIORICET CAPSULE	<i>melformin ext-rel (generics for FORTAMET and</i>
CIMZIA	FLAREX	<i>GLUMETZA only)</i>
<i>clindamycin gel (NDC^ 68682046275 only)</i>	<i>flucytosine capsule 500 mg</i>	MIACALCIN INJECTION

MIACALCIN NASAL SPRAY
Migergot
MILLIPRED
MINASTRIN 24 FE
MINIVELLE
MINOCIN
minocycline ext-rel tablet
Mondoxyne NL capsule 75 mg
MONOVISC
MOVIPREP
mupirocin cream
MYFORTIC
NAPRELAN
naproxen-esomeprazole
naproxen CR
naproxen suspension
NATAZIA
NATESTO
NESINA
NEUPOGEN
NEXIUM
NILANDRON
NORDITROPIN
NORGESIC FORTE
NORITATE
NORVASC
NOVACORT
NOVO NORDISK NEEDLES 5
NuDiclo SoluPak
NuDiclo TabPak
NUTROPIN AQ
NUVIGIL
Okebo
OLEPTRO
OLUX-E
omeprazole-sodium bicarbonate
OMNARIS
OMNITROPE
ONETOUCH ULTRA STRIPS AND KITS 7
ONETOUCH VERIO STRIPS AND KITS 7
ONFI
ONGLYZA
ORENCIA INTRAVENOUS
orphenadrine-aspirin-caffeine
Orphengesic Forte
ORTHO TRI-CYCLEN LO
ORTHOVISC
OSENI
OSMOPREP
OTREXUP
OWEN MUMFORD NEEDLES 5
OXYCONTIN
OXYTROL
PEGASYS
PENNSAID
PERCOCET

PERRIGO NEEDLES 5
PLAVIX
PLEGRIDY
POLYTOZA
posaconazole delayed-rel tablet
PRADAXA
PRED FORTE
PREVACID
PREVIDENT
PRIMLEV
PRISTIQ
PROAIR HFA
PROAIR RESPICLICK
PROCIT
PROCSBI
PROGRAF
PROTONIX
PROVENTIL HFA
PROZAC
PSORCON
QNASL
QTERN
RAPAFLO
RAPAMUNE
RAVICTI
RAYOS
RECEDO
REPATHA
REVATIO
RIMSO-50
RIOMET
ROZEREM
RyClora
SABRIL
SAIZEN
SANDOSTATIN LAR
SCARSILK PAD
SEROQUEL XR
SIL-K PAD
SILIVEX
SILTREX
SIMPONI
SINGULAIR
SORILUX
SPRIX
STRIBILD
SUBOXONE
sumatriptan-naproxen
SYNERDERM
SYNVISC
SYNVISC-ONE
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
TUDORZA
ULTIMED INSULIN SYRINGES 5
ULTIMED NEEDLES 5
UROXATRAL
VALCYTE
VALTREX
Vanatol LQ
Vanatol S
Vanoxide-HC
VECTICAL
VELTIN
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VEREGEN
VIEKIRA PAK
VIVELLE-DOT
VOGELXO
XANAX
XANAX XR
XENAZINE
XOLEGEL
XOPENEX HFA
YAZ
ZARXIO
ZEGERID
ZEMAIRA
ZEPATIER
ZETIA
ZETONNA
ZIANA
ZOHYDRO ER
ZOLPIMIST
ZONEGRAN
ZONTIVITY
ZORTRESS
ZORVOLEX
ZUPLENZ
ZYLET
ZYTIGA

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: 1-855-240-0536.

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.

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

©2020 CVS Caremark. All rights reserved.

106-50338A 070120

[Caremark.com](https://www.caremark.com)