

# Medications Requiring Prior Authorization for Medical Necessity

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 <sup>1</sup>	Formulary Options (May Require Prior Authorization)
<i>Acromegaly</i>	SANDOSTATIN LAR	SOMATULINE DEPOT, SOMAVERT
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone 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, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	MINOCIN	<i>minocycline</i>
	DORYX DORYX MPC MONODOX	<i>doxycycline hyclate</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus *	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals</i> Hepatitis C *	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>
	DAKLINZA OLYSIO TECHNIVIE VIEKIRA PAK VIEKIRA XR ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals</i> Herpes *	VALTRES	<i>acyclovir, valacyclovir</i>
<i>Anti-inflammatory</i> Steroidal, Ophthalmic	PRED FORTE	<i>dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
<i>Asthma</i> * Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>levalbuterol tartrate CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK</i>
<i>Asthma</i> * Steroid Inhalants	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR

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<i>Asthma* or Chronic Obstructive Pulmonary Disease (COPD)* Steroid / Beta Agonist Combinations</i>	DULERA	ADVAIR, BREO ELLIPTA, SYMBICORT
<i>Attention Deficit Hyperactivity Disorder *</i>	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, VYVANSE</i>
<i>Autoimmune Agents Ankylosing Spondylitis *</i>	CIMZIA SIMPONI	COSENTYX, ENBREL, HUMIRA
<i>Autoimmune Agents Crohn's Disease *</i>	ENTYVIO STELARA	CIMZIA (after failure of HUMIRA), HUMIRA
<i>Autoimmune Agents Psoriasis *</i>	COSENTYX ENBREL OTEZLA	HUMIRA, STELARA SUBCUTANEOUS (after failure of HUMIRA), TALTZ (after failure of HUMIRA)
<i>Autoimmune Agents Psoriatic Arthritis *</i>	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS	COSENTYX, ENBREL, HUMIRA, OTEZLA
<i>Autoimmune Agents Rheumatoid Arthritis *</i>	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI XELJANZ XELJANZ XR	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS
<i>Autoimmune Agents Ulcerative Colitis *</i>	ENTYVIO	HUMIRA, SIMPONI (after failure of HUMIRA)
<i>Autoimmune Agents All Other Conditions*</i>	ACTEMRA KINERET ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA
<i>Cancer Chronic Myelogenous Leukemia *</i>	GLEEVEC TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer Prostate * Hormonal Agents, Antiandrogens</i>	NILANDRON	<i>bicalutamide</i> , XTANDI, ZYTIGA
<i>Cardiovascular Antiarrhythmics</i>	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular Antilipemics Cholesterol Absorption Inhibitors</i>	ZETIA	<i>ezetimibe</i>

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<i>Cardiovascular</i> Antilipemics Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations <sup>3</sup>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors	ADCIRCA REVATIO	<i>sildenafil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Depression *</i> Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet</i> (except 225 mg) CYMBALTA EFFEXOR XR VENLAFAXINE EXT-REL TABLET (except 225 MG)	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression *</i> Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
<i>Depression and/or Schizophrenia *</i> Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
<i>Dermatology</i> Acne *	VANOXIDE-HC	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, ATRALIN, BENZACLIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC</i>
<i>Dermatology</i> Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, ZYCLARA</i>
<i>Dermatology</i> Rosacea *	NORITATE	<i>metronidazole, FINACEA, SOOLANTRA</i>
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</i>

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<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A ALOQUIN BENSAL HP NOVACORT	<i>desonide, hydrocortisone</i>
<i>Diabetes *</i> Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
<i>Diabetes *</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA	JANUVIA, TRADJENTA
<i>Diabetes *</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR OSENİ	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
<i>Diabetes *</i> Injectable Incretin Mimetics	BYDUREON BYETTA TANZEUM	TRULICITY, VICTOZA
<i>Diabetes *</i> Insulins	APIDRA HUMALOG	NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30	NOVOLIN 70/30
	HUMULIN N	NOVOLIN N
	HUMULIN R	NOVOLIN R
	NOTE: Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.	
<i>Diabetes *</i> Long Acting Insulins	LANTUS TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
<i>Diabetes *</i> Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes *</i> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	JARDIANCE	FARXIGA, INVOKANA
<i>Diabetes *</i> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	SYNJARDY SYNJARDY XR	INVOKAMET, INVOKAMET XR, XIGDUO XR
<i>Diabetes *</i> Supplies, Needles <sup>4</sup>	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
<i>Diabetes *</i> Supplies, Syringes <sup>4</sup>	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
<i>Diabetes *</i>	ACCU-CHEK STRIPS AND KITS	ONETOUCH ULTRA STRIPS AND KITS <sup>6</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>6</sup>

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Supplies, Test Strips and Kits <sup>5,6</sup>	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	
<i>Gastrointestinal</i> Opioid-induced Constipation	RELISTOR	MOVANTIK
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary</i> Interstitial Cystitis	RIMSO-50	Consult doctor
<i>Growth Hormones</i>	GENOTROPIN NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE
<i>Hematologic</i> Anticoagulants (oral)	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic</i> Hemophilia *	HELIXATE FS	KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic</i> Hereditary Angioedema *	BERINERT	RUCONEST
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	NEUPOGEN	ZARXIO
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
<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>

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High Blood Pressure * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel</i> WITH <i>hydrochlorothiazide</i>
High Blood Pressure * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) <i>Matzim LA</i>	<i>diltiazem ext-rel</i> (except generic of CARDIZEM LA)
Huntington's Disease	XENAZINE	<i>tetrabenazine</i>
Immunology Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO
Inflammatory Bowel Disease (IBD) Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i>
	COLAZAL	<i>balsalazide</i>
Interferons *	PEGASYS	Consult doctor
Kidney Disease * Phosphate Binders	FOSRENOL	<i>calcium acetate, PHOSLYRA, RENVELA, VELPHORO</i>
Multiple Sclerosis	EXTAVIA	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA, TYSABRI</i>
Musculoskeletal	AMRIX	<i>cyclobenzaprine</i>
Narcolepsy Wakefulness Promoters	NUVIGIL	<i>armodafinil</i>
Opioid Reversal	EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>
Osteoarthritis * Viscosupplements	EUFLEXXA HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
Osteoporosis * Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
Overactive Bladder / Incontinence * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>
Pain Headache *	<i>butalbital-acetaminophen-caffeine capsule</i> CAFERGOT FIORICET CAPSULE	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	SUMAVEL DOSEPRO	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
Pain Opioid Analgesics	PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
Pain and Inflammation * Corticosteroids	DEXPAK MILLIPRED RAYOS	<i>dexamethasone, methylprednisolone, prednisolone solution, prednisone</i>

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<i>Pain and Inflammation</i> * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole, or DEXILANT</i>
	PENNSAID	<i>diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>
	INDOCIN NAPRELAN	<i>celecoxib, diclofenac sodium, meloxicam, naproxen</i>
	SPRIX	<i>diclofenac sodium, meloxicam, naproxen</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, tamsulosin, terazosin, RAPAFLO</i>
	UROXATRAL	<i>alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLO</i>
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	INTERMEZZO LUNESTA ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
<i>Testosterone Replacement</i> * Androgens	<i>testosterone gel 1% (authorized generics for Testim and Vogelxo) <sup>7</sup></i> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel 2%, testosterone solution, ANDRODERM, ANDROGEL 1.62%</i>
<i>Transplant</i> * Immunosuppressants, Calcineurin Inhibitors	PROGRAF	<i>tacrolimus</i>

<b>Category Drug Class</b>	<b>Formulary Options</b>
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 without a medical exception.
Drugs for infusion into spaces other than the blood	A drug which must be infused into a space other than the blood will generally be excluded from the prescription benefit.
Generics	Limited source generics may be evaluated when appropriate and potentially removed from the formulary.
Hepatitis C	As new products launch in this class, all existing products in the class will be re-evaluated to determine appropriate formulary placement and potentially not covered without a medical exception, added back to formulary or not listed.
Hyperinflation	On a quarterly basis, products with significant cost inflation that have clinically appropriate and more cost-effective alternatives may be evaluated and potentially removed from the formulary.
New-to-Market Agents <sup>1</sup>	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark® National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.
Specialty	As new specialty products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement and potentially not covered without a medical exception, added back to formulary or not listed.

The listed formulary options are subject to change.

## List of Drugs Requiring Prior Authorization for Medical Necessity

<p>                     ABILIFY                      ACCU-CHEK STRIPS AND KITS <sup>6, +</sup>                      ACTEMRA                      ACTOS                      ADCIRCA                      ADDERALL XR                      AEROSPAN                      ALCORTIN A                      ALLISON MEDICAL INSULIN SYRINGES <sup>4, ^</sup>                      ALOQUIN                      ALTOPREV                      ALVESCO                      AMRIX                      ANDROGEL                      APEXICON E                      APIDRA                      ARTHROTEC                      ASACOL HD                      ATACAND                      ATACAND HCT                      BECONASE AQ                      BENICAR                      BENICAR HCT                      BENSAL HP                      BERINERT                      BETAPACE                      BETAPACE AF                      BREEZE 2 STRIPS AND KITS <sup>6</sup>  <i>butalbital-acetaminophen-cafeine capsule</i>                      BYDUREON                      BYETTA                      CAFERGOT                      CARAC                      CARDIZEM                      CARDIZEM CD                      CARDIZEM LA (and its generics)                      CARNITOR                      CARNITOR SF  <i>clobetasol spray</i>                      CLOBEX SPRAY                      COLAZAL                      CONTOUR NEXT STRIPS AND KITS <sup>6</sup>                      CONTOUR STRIPS AND KITS <sup>6</sup>                      CRESTOR                      CYMBALTA                      DAKLINZA                      DELZICOL                      DETROL LA                      DEXPAK                      DIOVAN                      DIOVAN HCT                      DORYX                      DORYX MPC                      DULERA                      DUTOPROL                      DYRENIUM                      EDARBI                      EDARBYCLOR                      E.E.S. GRANULES                      EFFEXOR XR                      ELELYSO                      ENABLEX                      ENTYVIO                      ERYPED                      EUFLEXXA                      EVZIO                 </p>	<p>                     EXFORGE                      EXFORGE HCT                      EXTAVIA                      FANAPT                      FIORICET CAPSULE  <i>fluorouracil cream 0.5%</i>                      FORTAMET                      FORTESTA                      FOSRENOL                      FREESTYLE STRIPS AND KITS <sup>6</sup>                      GENOTROPIN                      GLEEVEC                      GLUMETZA                      HELIXATE FS                      HORIZANT                      HUMALOG                      HUMALOG MIX 50/50                      HUMALOG MIX 75/25                      HUMULIN 70/30 <sup>4</sup>                      HUMULIN N <sup>4</sup>                      HUMULIN R <sup>4</sup>                      HYALGAN                      INDOCIN                      INTERMEZZO                      INTUNIV                      JALYN                      JARDIANCE                      KAZANO                      KINERET                      KOMBIGLYZE XR                      LANOXIN TABLET (125 MCG and 250 MCG only)                      LANTUS                      LESCOL XL                      LIPITOR                      LIVALO                      LUNESTA                      MACRODANTIN  <i>Matzim LA</i>                      MAVYRET                      MIACALCIN INJECTION                      MIACALCIN NASAL SPRAY                      MILLIPRED                      MINOCIN                      MONODOX                      MONOVISC                      NAPRELAN                      NATESTO                      NESINA                      NEUPOGEN                      NEXIUM                      NILANDRON                      NORDITROPIN                      NORITATE                      NORVASC                      NOVACORT                      NOVO NORDISK NEEDLES <sup>4</sup>                      NUTROPIN AQ                      NUVIGIL                      OLEPTRO                      OLUX-E                      OLYSIO                      OMNARIS                      OMNITROPE                      ONGLYZA                      ORENCIA INTRAVENOUS                      ORTHOVISC                 </p>	<p>                     OSENI                      OTREXUP                      OWEN MUMFORD NEEDLES <sup>4</sup>                      OXYTROL                      PEGASYS                      PENNSAID                      PERRIGO NEEDLES <sup>4</sup>                      PLAVIX                      PRADAXA                      PRED FORTE                      PREVACID                      PRIMLEV                      PROGRAF                      PROTONIX                      PROVENTIL HFA                      QNASL                      RAYOS                      RELISTOR                      REVATIO                      RHINOCORT AQUA                      RIMSO-50                      RIOMET                      ROZEREM                      SAIZEN                      SANDOSTATIN LAR                      SEROQUEL XR                      SPRIX                      SUMAVEL DOSEPRO                      SYNJARDY                      SYNJARDY XR                      SYNVISC                      SYNVISC-ONE                      TANZEUM                      TASIGNA                      TECHNIVIE                      TESTIM  <i>testosterone gel 1%<sup>7</sup></i>                      TOBI                      TOBI PODHALER                      TOUJEO                      TRICOR                      TRIVIDIA INSULIN SYRINGES <sup>4</sup>                      TUDORZA                      ULTIMED INSULIN SYRINGES <sup>4</sup>                      ULTIMED NEEDLES <sup>4</sup>                      UROXATRAL                      VALCYTE                      VALTRES                      VANOXIDE-HC  <i>venlafaxine ext-rel tablet (except 225 mg)</i>                      VENLAFAXINE EXT-REL TABLET (except 225 MG)                      VENTOLIN HFA                      VIEKIRA PAK                      VIEKIRA XR                      VOGELXO                      XELJANZ                      XELJANZ XR                      XENAZINE                      XOPENEX HFA                      ZEGERID                      ZEPATIER                      ZETIA                      ZETONNA                      ZONEGRAN                 </p>
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+ Also includes all other test strips that are not ONETOUGH brand

^ Also includes all other needles and syringes that are not BD ULTRAFINE



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 [www.caremark.com](http://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.

<sup>1</sup> If your doctor believes you have a specific clinical need for one of these products, he or she should contact the Prior Authorization department at: 1-855-240-0536.

<sup>2</sup> For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

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

<sup>4</sup> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>5</sup> A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-800-588-4456.

<sup>6</sup> ONETOUCH brand test strips are the only preferred options.

<sup>7</sup> Listing reflects the authorized generics for TESTIM and VOGELXO.

**Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.**

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