

Medications Requiring Prior Authorization for Standard Option, High Option and High Deductible Health Plan (HDHP) 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 SIGNIFOR LAR SOMAVERT | SOMATULINE DEPOT |
| <i>Allergies</i> Antihistamines | <i>dexchlorpheniramine</i> Diphen Elixir RyClora CARBINOXAMINE TABLET 6 MG | <i>levocetirizine</i> |
| <i>Allergies</i> Nasal Steroids / Combinations | BECONASE AQ OMNARIS QNASL ZETONNA | <i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i> DYMISTA |
| <i>Anticonvulsants</i> | <i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only) | <i>carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i> |
| | BANZEL SUSPENSION ONFI | <i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i> |
| | SABRIL | <i>vigabatrin</i> |
| | ZONEGRAN | <i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i> |
| <i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides | E.E.S. GRANULES ERYPED | <i>erythromycins</i> |
| <i>Anti-infectives, Antibacterials</i> Tetracyclines | <i>doxycycline hyclate delayed-rel tablet 50 mg</i> <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 CoreMino</i> <i>Mondoxyne NL capsule 75 mg</i> ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX | <i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i> |

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|--|---|---|
| Anti-infectives, Antibacterials Miscellaneous | MACRODANTIN | nitrofurantoin |
| Anti-infectives, Antifungals | flucytosine capsule 500 mg | fluconazole |
| | posaconazole delayed-rel tablet | fluconazole, itraconazole |
| Anti-infectives, Antiretroviral Agents Protease Inhibitors | APTIVUS | Consult doctor |
| | INVIRASE LEXIVA VIRACEPT | atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA |
| Anti-infectives, Antivirals Cytomegalovirus * | VALCYTE | valganciclovir |
| Anti-infectives, Antivirals Hepatitis B * | BARACLUDE TABLET EPIVIR HBV HEPSERA | entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY |
| Anti-infectives, Antivirals Hepatitis C * | MAVYRET | EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ² |
| | VIEKIRA PAK ZEPATIER | EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6) |
| Anti-infectives, Antivirals Herpes * | acyclovir cream VALTREX | acyclovir capsule, acyclovir tablet, valacyclovir |
| Anti-infectives, Antivirals HIV | COMPLERA STRIBILD | efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ |
| Anti-infectives Miscellaneous | DARAPRIM | pyrimethamine |
| Anxiety * Benzodiazepines | XANAX XANAX XR | alprazolam, clonazepam, diazepam, lorazepam, oxazepam |
| Asthma * Beta Agonists, Short-Acting | PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA | albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol |
| Asthma * Leukotriene Modulators | SINGULAIR | montelukast, zafirlukast |
| Asthma * Steroid Inhalants | ALVESCO ASMANEX ASMANEX HFA | ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER |
| Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations | DULERA | ADVAIR DISKUS, ADVAIR HFA †, BREO ELLIPTA †, SYMBICORT |
| Attention Deficit Hyperactivity Disorder * | EVEKEO | amphetamine-dextroamphetamine mixed salts, methylphenidate |
| | ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA | amphetamine-dextroamphetamine mixed salts ext-rel †, dexamethylphenidate ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE |
| | INTUNIV | amphetamine-dextroamphetamine mixed salts ext-rel †, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE |
| Autoimmune Agents Physician-Administered Agents | ACTEMRA INTRAVENOUS ORENCIA INTRAVENOUS | REMICADE, SIMPONI ARIA |

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|---|---|---|
| | AVSOLA CIMZIA LYOPHILIZED POWDER INFLECTRA RENFLEXIS | REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS |
| | ENTYVIO (For Crohn's Disease Only) | REMICADE, STELARA INTRAVENOUS |
| | ILUMYA | REMICADE |
| Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis * | CIMZIA PREFILLED SYRINGE SIMPONI TALTZ | COSENTYX, ENBREL, HUMIRA |
| Autoimmune Agents Self-Administered Agents Crohn's Disease * | CIMZIA PREFILLED SYRINGE | HUMIRA, STELARA SUBCUTANEOUS # # After failure of HUMIRA |
| Autoimmune Agents Self-Administered Agents Psoriasis * | CIMZIA PREFILLED SYRINGE COSENTYX ENBREL | HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA |
| Autoimmune Agents Self-Administered Agents Psoriatic Arthritis * | CIMZIA PREFILLED SYRINGE ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREMFYA XELJANZ XELJANZ XR | COSENTYX, ENBREL, HUMIRA, OTEZLA |
| Autoimmune Agents Self-Administered Agents Rheumatoid Arthritis * | ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS CIMZIA PREFILLED SYRINGE KINERET SIMPONI | ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR |
| Autoimmune Agents Self-Administered Agents Ulcerative Colitis * | SIMPONI | HUMIRA, STELARA SUBCUTANEOUS #, XELJANZ #, XELJANZ XR # # After failure of HUMIRA |
| Autoimmune Agents Self-Administered Agents All Other Conditions * | ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS | ENBREL, HUMIRA |
| Cancer Biosimilars | RIABNI TRUXIMA | RUXIENCE |
| Cancer Chronic Myelogenous Leukemia * | GLEEVEC TASIGNA | <i>imatinib mesylate</i> , BOSULIF, SPRYCEL |
| Cancer Follicular Lymphoma * PI3K Inhibitors | ALIQOPA ZYDELIG | COPIKTRA |
| Cancer Monoclonal Antibodies | AVASTIN | ZIRABEV |
| | HERCEPTIN HERCEPTIN HYLECTA | KANJINTI, TRAZIMERA |
| | RITUXAN | RUXIENCE |
| Cancer Multiple Myeloma * Proteasome Inhibitors | BORTEZOMIB KYPROLIS | NINLARO, VELCADE |

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|--|--|--|
| Cancer Prostate * Antiandrogens | NILANDRON ZYTIGA | abiraterone, bicalutamide, XTANDI, YONSA |
| Cancer Prostate * Luteinizing Hormone-Releasing Hormone (LHRH) Agonists | LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX | ELIGARD, FIRMAGON |
| Cardiovascular Antiarrhythmics | BETAPACE BETAPACE AF | sotalol |
| Cardiovascular Antilipemics Cholesterol Absorption Inhibitors | ZETIA | ezetimibe |
| Cardiovascular Antilipemics Fibrates | fenofibrate tablet 120 mg FENOGLIDE TABLET 120 MG TRICOR | fenofibrate (fenofibrate tablet 120 mg), fenofibric acid delayed-rel |
| Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³ | ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO | atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin |
| Cardiovascular Antilipemics Niacins | niacin tablet 500 mg Niacor | niacin ext-rel |
| Cardiovascular Antilipemics Omega-3 Fatty Acids | icosapent ethyl | omega-3 acid ethyl esters, VASCEPA |
| Cardiovascular Antilipemics PCSK9 Inhibitors | REPATHA | PRALUENT |
| Cardiovascular Digitalis Glycosides | LANOXIN TABLET (125 MCG and 250 MCG only) | digoxin |
| Cardiovascular Diuretics | DYRENIUM | amiloride, triamterene |
| Cardiovascular Nitrates | isosorbide dinitrate 40 mg | isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate |
| Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists | LETAIRIS TRACLEER | ambrisentan, bosentan, OPSUMIT |
| Cardiovascular Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors | ADCIRCA REVATIO | sildenafil, tadalafil |
| Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators | REMODULIN | treprostinil |
| Carnitine Deficiency | CARNITOR CARNITOR SF | levocarnitine |
| Central Precocious Puberty | LUPRON DEPOT-PED | SUPPRELIN LA, TRIPTODUR |
| Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics | INCRUSE ELLIPTA TUDORZA | SPIRIVA, YUPELRI |

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|--|--|--|
| Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergic / Beta Agonist Combinations Long Acting | BEVESPI AEROSPHERE | ANORO ELLIPTA, STIOLTO RESPIMAT |
| Contraceptives Monophasic | BEYAZ MINASTRIN 24 FE TAYTULLA YASMIN YAZ | ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron |
| Contraceptives Four Phase | NATAZIA | 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 |
| Contraceptives Progestin Intrauterine Devices | LILETTA | KYLEENA, MIRENA, SKYLA |
| Contraceptives Vaginal | NUVARING | ethinyl estradiol-etonogestrel, ANNOVERA |
| Cystic Fibrosis * Inhaled Antibiotics | TOBI TOBI PODHALER | tobramycin inhalation solution, BETHKIS |
| Dental Cavity/Caries Prevention | PREVIDENT | Consult doctor |
| 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 | 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 ^A 68682046275 only) Vanoxide-HC ACANYA AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA | adapalene, benzoyl peroxide, clindamycin gel (except NDC ^A 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 |

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|--|---|--|
| Dermatology Antipsoriatics | calcipotriene cream calcitriol ointment SORILUX TAZORAC VECTICAL | calcipotriene ointment, calcipotriene solution |
| | calcipotriene-betamethasone | calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), 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 RECEDO 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% |
| Dermatology Skin Inflammation and Hives * Medium Potency Corticosteroids | flurandrenolide ointment hydrocortisone butyrate lipophilic cream 0.1% triamcinolone aerosol 0.2% CORDRAN OINTMENT | hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment |
| Dermatology Skin Inflammation and Hives * High Potency Corticosteroids | diflorasone cream diflorasone ointment APEXICON E PSORCON | desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI |
| Dermatology Skin Inflammation and Hives * Very High Potency Corticosteroids | clobetasol spray CLOBEX SPRAY OLUX-E | clobetasol foam |
| | fluocinonide cream 0.1% | clobetasol cream |
| Dermatology Warts | VEREGEN | imiquimod |
| Dermatology Wound Care Products | ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION | desonide, hydrocortisone |
| Dermatology Miscellaneous Skin Conditions | ALCORTIN A ATOPADERM BENSAL HP EPICERAM KAMDOY NOVACORT SYNERDERM | desonide, hydrocortisone |
| | oxiconazole (NDCs ^A 00168035830, 51672135902 only) | ciclopirox, econazole, ketoconazole cream 2%, luliconazole, NAFTIN |
| Diabetes * Biguanides | metformin ext-rel (generics for FORTAMET and GLUMETZA) | metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA) |

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|---|--|--|
| | only) FORTAMET GLUMETZA RIOMET | |
| <i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | NESINA ONGLYZA TRADJENTA | JANUVIA |
| <i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations | JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR | JANUMET, JANUMET XR |
| | OSENI | JANUMET, JANUMET XR; JANUVIA WITH <i>pioglitazone</i> |
| <i>Diabetes</i> * Injectable Incretin Mimetics | BYDUREON BCISE BYETTA | OZEMPIC, RYBELSUS, TRULICITY, VICTOZA |
| <i>Diabetes</i> * Insulins | APIDRA HUMALOG | FIASP, NOVOLOG |
| | HUMALOG MIX 50/50 | NOVOLOG MIX 70/30 |
| | HUMALOG MIX 75/25 | NOVOLOG MIX 70/30 |
| | HUMULIN 70/30 ⁴ | NOVOLIN 70/30 ⁴ |
| | HUMULIN N ⁴ | NOVOLIN N ⁴ |
| | HUMULIN R ⁴ | NOVOLIN R ⁴ |
| | NOTE: <i>Humulin R U-500</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 | BD ULTRAFINE INSULIN SYRINGES |

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|--|--|---|
| | All other insulin syringes that are not BD ULTRAFINE brand | |
| Diabetes * Supplies, Test Strips and Kits ^{7, 8} | BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ACCU-CHEK or ONETOUCH brand | ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁷ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁷ , ACCU-CHEK GUIDE STRIPS AND KITS ⁷ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁷ , ONETOUCH ULTRA STRIPS AND KITS ⁷ , ONETOUCH VERIO STRIPS AND KITS ⁷ |
| Endocrine and Metabolic Corticosteroids | <i>betamethasone acetate-betamethasone sodium phosphate</i> (NDC [^] 71283062002 only) BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS | <i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i> |
| Endometriosis * | LUPRON DEPOT ZOLADEX | ORLISSA |
| Gastrointestinal Anticholinergics | <i>chlordiazepoxide-clidinium</i> (NDCs [^] 42494040901, 67877073101, 70700018501 only) <i>hyoscyamine sulfate ext-rel</i> Oscimin SR Symax-SR GLYCOPYRROLATE TABLET 1.5 MG | <i>dicyclomine</i> |
| Gastrointestinal Antidiarrheals | ENTERAGAM | <i>alosetron, VIBERZI, XIFAXAN 550 MG</i> |
| | MYTESI | <i>diphenoxylate-atropine, loperamide</i> |
| Gastrointestinal Antiemetics | TRANSDERM SCOP | <i>, scopolamine transdermal</i> |
| | ZUPLENZ | <i>granisetron, ondansetron, SANCUSO</i> |
| Gastrointestinal Irritable Bowel Syndrome | AMITIZA | <i>lubiprostone, LINZESS, MOVANTIK, SYMPROIC</i> |
| Gastrointestinal Laxatives | LACTULOSE PAK | <i>lactulose solution</i> |
| | GOLYTELY MOVIPREP OSMOPREP SUPREP | <i>peg 3350-electrolytes, CLENPIQ</i> |
| Gastrointestinal Proton Pump Inhibitors (PPIs) | <i>omeprazole-sodium bicarbonate</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID | <i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT</i> |
| Gastrointestinal Ulcer Treatment | <i>sucralfate suspension</i> CARAFATE | <i>sucralfate tablet</i> |
| Gaucher Disease | ELELYSO | CERDELGA, CEREZYME |
| Genitourinary Interstitial Cystitis | RIMSO-50 | Consult doctor |

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|--|--|--|
| Gout * | COLCRYS | <i>colchicine tablet</i> , MITIGARE |
| | ULORIC | <i>allopurinol</i> |
| Growth Hormones | GENOTROPIN HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN | NORDITROPIN |
| Hematologic Anticoagulants Oral | PRADAXA | <i>warfarin</i> , ELIQUIS, XARELTO |
| | DESFERAL EXJADE FERRIPROX JADENU | <i>deferasirox, deferiprone, deferoxamine</i> |
| Hematologic Erythropoiesis-Stimulating Agents | EPOGEN PROCRIT | ARANESP, RETACRIT |
| Hematologic Hemophilia B | ALPROLIX | Consult doctor |
| Hematologic Neutropenia Colony Stimulating Factors | FULPHILA NEULASTA NEULASTA ONPRO UDENYCA | ZIEXTENZO |
| | GRANIX NEUPOGEN ZARXIO | NIVESTYM |
| Hematologic Platelet Aggregation Inhibitors | PLAVIX | <i>clopidogrel, prasugrel</i> , BRILINTA |
| | ZONTIVITY | Consult doctor |
| High Blood Pressure * ACE Inhibitor / Diuretic Combinations | ZESTORETIC | <i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i> |
| High Blood Pressure * Angiotensin II Receptor Antagonists | ATACAND BENICAR DIOVAN EDARBI | <i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i> |
| High Blood Pressure * 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> |
| High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations | EXFORGE | <i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i> |
| High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations | EXFORGE HCT | <i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i> |
| High Blood Pressure * Beta-blockers | INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL | <i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i> |
| High Blood Pressure * Beta-blocker Combinations | DUTOPROL | <i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i> |

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|---|---|---|
| High Blood Pressure * 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) |
| High Blood Pressure * Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations | CONSENSI | <i>amlodipine WITH celecoxib</i> |
| Huntington's Disease | XENAZINE | <i>tetrabenazine</i> , AUSTEDO |
| Immunology Antimetabolites | CELLCEPT MYFORTIC | <i>mycophenolate mofetil</i> , <i>mycophenolate sodium</i> |
| Immunology Calcineurin Inhibitors | ASTAGRAF XL ENVARUSUS XR | <i>tacrolimus</i> |
| Immunology Disease Modifying Antirheumatic Agents | OTREXUP | RASUVO |
| Immunology Hereditary Angioedema * | BERINERT | <i>icatibant</i> , RUCONEST |
| Immunology Rapamycin Derivatives | RAPAMUNE ZORTRESS | <i>everolimus</i> , <i>sirolimus</i> |
| Inflammatory Bowel Disease (IBD) Ulcerative Colitis * Aminosalicylates | COLAZAL DELZICOL LIALDA | <i>balsalazide</i> , <i>mesalamine delayed-rel</i> , <i>mesalamine ext-rel</i> , <i>sulfasalazine</i> , <i>sulfasalazine delayed-rel</i> , ASACOL HD, PENTASA |
| Interferons * | PEGASYS | Consult doctor |
| Kidney Disease * Phosphate Binders | <i>lanthanum carbonate</i> FOSRENOL | <i>calcium acetate</i> , <i>sevelamer carbonate</i> , PHOSLYRA, VELPHORO |
| | MENEST OSPHENA PREMARIN | <i>estradiol</i> |
| Menopausal Symptom Agents Transdermal | MINIVELLE VIVELLE-DOT | <i>estradiol</i> , DIVIGEL, EVAMIST |
| Menopausal Symptom Agents Vaginal | ESTRING FEMRING INTRAROSA PREMARIN CREAM | <i>estradiol vaginal cream</i> , IMVEXXY, VAGIFEM |
| Multiple Sclerosis | AVONEX EXTAVIA PLEGRIDY TECFIDERA | <i>dimethyl fumarate delayed-rel</i> , <i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA |
| Musculoskeletal | <i>chlorzoxazone 375 mg</i> <i>chlorzoxazone 500 mg</i> (NDC [^] 73007001303 only) <i>chlorzoxazone 750 mg</i> <i>cyclobenzaprine ext-rel capsule</i> <i>cyclobenzaprine tablet 7.5 mg</i> <i>metaxalone 400 mg</i> <i>methocarbamol 500 mg</i> (NDC [^] 69036091010 only) <i>methocarbamol 750 mg</i> (NDCs [^] 69036093090, 70868090190 only) | <i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i>) |

| Category Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options (May Require Prior Authorization) |
|---|--|---|
| | <i>orphenadrine-aspirin-caffeine</i> <i>Fexmid</i> <i>Lorzone</i> <i>Orphengesic Forte</i> AMRIX CHLORZOXAZONE 250 MG NORGESIC FORTE | |
| Narcolepsy Wakefulness Promoters | NUVIGIL | <i>armodafinil, modafinil, SUNOSI</i> |
| Nephropathic Cystinosis | PROCYSBI | CYSTAGON |
| Ophthalmic Allergies | ALREX BEPREVE | <i>azelastine, cromolyn sodium, , LASTACAPT, PAZEO</i> |
| Ophthalmic Anti-infective / Anti-inflammatory | ZYLET | <i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT. TOBRADEX ST</i> |
| Ophthalmic Anti-inflammatory, Nonsteroidal | BROMSITE | <i>bromfenac, diclofenac, ketorolac, ACUVAIL, ILEVRO, NEVANAC, PROLENSA</i> |
| Ophthalmic 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> |
| Ophthalmic Antivirals | ZIRGAN | <i>trifluridine</i> |
| Ophthalmic Artificial Tears | LACRISERT | RESTASIS, XIIDRA |
| Ophthalmic Glaucoma | <i>bimatoprost solution 0.03%</i> | <i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i> |
| | TIMOPTIC OCUDOSE | <i>timolol maleate solution, BETIMOL, BETOPTIC S</i> |
| Ophthalmic Miscellaneous | AVENOVA | Consult doctor |
| Opioid Dependency | SUBOXONE | <i>buprenorphine-naloxone sublingual, ZUBSOLV</i> |
| Osteoarthritis * Viscosupplements | GEL-ONE HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE VISCO-3 | DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX |
| Osteoporosis * Calcium Regulators | MIACALCIN INJECTION | <i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i> |
| | MIACALCIN NASAL SPRAY | <i>calcitonin-salmon</i> |
| Otic Anti-infective / Anti-inflammatory | CIPRO HC CIPRODEX | <i>ciprofloxacin-dexamethasone, ofloxacin otic</i> |
| Overactive Bladder / Incontinence * 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> |
| Pain Headache * | <i>butalbital-acetaminophen tablet 50-300 mg</i> <i>butalbital-acetaminophen-caffeine capsule</i> <i>Bupap</i> | <i>diclofenac sodium, ibuprofen, 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) |
|--|---|---|
| | BUTALBITAL-ACETAMINOPHEN (NDC [^] 69499034230 only) CAMBIA FIORICET CAPSULE | |
| | <i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> Migergot CAFERGOT | <i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY |
| | <i>sumatriptan-naproxen</i> TREMIMET | <i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY |
| Pain Opioid Analgesics | BUTRANS | <i>buprenorphine transdermal</i> , BELBUCA |
| | LAZANDA | <i>fentanyl transmucosal lozenge</i> , SUBSYS |
| | <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</i> , NUCYNTA ER, XTAMPZA ER |
| | PERCOET | <i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen</i> , NUCYNTA |
| | <i>tramadol</i> (NDC [^] 52817019610 only) | <i>tramadol (except NDC[^] 52817019610), tramadol ext-rel tablet</i> |
| Pain Topical Local Anesthetics | LIDOCAINE-TETRACAINE CREAM (NDC [^] 71800063115 only) LIDOTREX | <i>lidocaine-prilocaine</i> |
| Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations | ARTHROTEC | <i>celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i> |
| | CELEBREX | <i>celecoxib, diclofenac sodium, ibuprofen, meloxicam naproxen (except naproxen CR or naproxen suspension)</i> |
| | <i>Inflammacin</i> <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> PENNSAID | <i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, 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</i> (NDC [^] 69336012830 only) <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 delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i> |
| Parkinson's Disease | APOKYN | INBRIJA, KYNMOBI |
| Phenylketonuria | KUVAN | <i>sapropterin</i> |
| Postherpetic Neuralgia | HORIZANT | <i>gabapentin</i> , GRALISE |

| Category Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options (May Require Prior Authorization) |
|---|--|---|
| Premenstrual Dysphoric Disorder (PMDD) | fluoxetine tablet (generics for SARAFEM only) | fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel, sertraline |
| Prenatal Vitamins ⁹ | AZESCO PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins that are not CITRANATAL | prenatal vitamins, CITRANATAL |
| Prostate Condition Benign Prostatic Hyperplasia * | JALYN | dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin |
| | RAPAFLO UROXATRAL | alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin |
| Respiratory Alpha-1 Antitrypsin Deficiency | ARALAST NP GLASSIA ZEMAIRA | PROLASTIN-C |
| Respiratory Cough | benzonatate (NDCs ^A 69336012615, 69499032915 only) | benzonatate (except NDCs ^A 69336012615, 69499032915) |
| Sleep Disorder Hypnotics, Non-benzodiazepines | quazepam LUNESTA ROZEREM ZOLPIMIST | doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA |
| Testosterone Replacement * Androgens | testosterone gel 1% (authorized generics for TESTIM and VOGELXO only) ANDROGEL FORTESTA TESTIM VOGELXO | testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO |
| | TIROSINT | levothyroxine, SYNTHROID |
| Transplant * Immunosuppressants, Calcineurin Inhibitors | PROGRAF | tacrolimus |
| Urea Cycle Disorders | BUPHENYL RAVICTI | sodium phenylbutyrate |
| Uterine Fibroids * | LUPRON DEPOT | ORIAHNN |

| 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>bitalbital-acetaminophen-caffeine capsule</i> | EDARBI |
| ACANYA | BUTRANS | EDARBYCLOR |
| ACIPHEX | BYDUREON BCISE | E.E.S. GRANULES |
| ACIPHEX SPRINKLE | BYETTA | EFFEXOR XR |
| ACTEMRA ACTPEN | CAFERGOT | ELELYSO |
| ACTEMRA INTRAVENOUS | <i>calcipotriene cream</i> | ELIDEL |
| ACTEMRA SUBCUTANEOUS | <i>calcipotriene-betamethasone</i> | ENABLEX |
| ACTICLATE | <i>calcitriol ointment</i> | ENTERAGAM |
| ACTOS | CAMBIA | ENTYVIO (For Crohn's Disease Only) |
| <i>acyclovir cream</i> | CARAC | ENVARSUS XR |
| ADCIRCA | CARAFATE | EPICERAM |
| ADZENYS ER | CARBINOXAMINE TABLET 6 MG | EPIVIR HBV |
| ADZENYS XR-ODT | CARDIZEM | EPOGEN |
| ALCORTIN A | CARDIZEM CD | <i>ergotamine-caffeine</i> |
| ALEVICYN GEL | CARDIZEM LA | ERYPED |
| ALEVICYN SG | CARNITOR | ESTRING |
| ALEVICYN SOLUTION | CARNITOR SF | EVEKEO |
| ALIQOPA | CELLCEPT | EXFORGE |
| ALLISON MEDICAL INSULIN SYRINGES 6 | <i>chlordiazepoxide-clidinium</i> (NDCs [^] 1, 42494040901, , 67877073101, 70700018501 only) | EXFORGE HCT |
| ALPROLIX | CHLORZOXAZONE 250 MG | EXJADE |
| ALREX | <i>chlorzoxazone 375 mg</i> | EXTAVIA |
| ALTOPREV | <i>chlorzoxazone 500 mg</i> (NDC [^] 73007001303 only) | FABIOR |
| ALVESCO | <i>chlorzoxazone 750 mg</i> | FANAPT |
| AMITIZA | CICATRACE | FEMRING |
| AMRIX | CIMZIA LYOPHILIZED POWDER | <i>fenofibrate tablet 120 mg</i> |
| ANDROGEL | CIMZIA PREFILLED SYRINGE | FENOGLIDE TABLET 120 MG |
| APEXICON E | CIPRO HC | <i>fenoprofen</i> |
| APIDRA | CIPRODEX | FENOPROFEN CAPSULE |
| APOKYN | <i>clindamycin gel</i> (NDC [^] 68682046275 only) | FERRIPROX |
| APTENSIO XR | <i>clobetasol spray</i> | <i>Fexmid</i> |
| APTIVUS | CLOBEX SPRAY | FINACEA GEL |
| ARALAST NP | COLAZAL | FIORICET CAPSULE |
| ARTHROTEC | COLCRYX | <i>flucytosine capsule 500 mg</i> |
| ASMANEX | COMPLERA | <i>fluocinonide cream 0.1%</i> |
| ASMANEX HFA | CONSENSI | <i>fluorouracil cream 0.5%</i> |
| ASTAGRAF XL | CONTOUR NEXT STRIPS AND KITS 8 | <i>fluoxetine tablet</i> (generics for SARAFEM only) |
| ATACAND | CONTOUR STRIPS AND KITS 8 | <i>fluoxetine tablet 60 mg</i> |
| ATACAND HCT | <i>CoreMino</i> | FML LIQUIFILM |
| ATOPADERM | CRESTOR | FORTAMET |
| AVASTIN | CUPRIMINE | FORTESTA |
| AVENOVA | <i>cyclobenzaprine ext-rel capsule</i> | FOSRENOL |
| AVONEX | <i>cyclobenzaprine tablet 7.5 mg</i> | FREESTYLE STRIPS AND KITS 8 |
| AVSOLA | CYMBALTA | FULPHILA |
| AZELEX | DARAPRIM | GEL-ONE |
| AZESCO | DAYTRANA | GENOTROPIN |
| BANZEL SUSPENSION | DELZICOL | GLASSIA |
| BARACLUDE TABLET | DESFERAL | GLEEVEC |
| BEAU RX | DETROL LA | GLUMETZA |
| BECONASE AQ | <i>dexchlorpheniramine</i> | GLYCOPYRROLATE TABLET 1.5 MG |
| BENICAR | DIFFERIN LOTION | GOLYTELY |
| BENICAR HCT | <i>difforasone cream</i> | GRANIX |
| BENSAL HP | <i>difforasone ointment</i> | HEPSERA |
| BENZACLIN | <i>dihydroergotamine spray</i> | HERCEPTIN |
| <i>benzonatate</i> (NDCs [^] 69336012615, 69499032915 only) | <i>diltiazem ext-rel</i> (generics for CARDIZEM LA only) | HERCEPTIN HYLECTA |
| BEPREVE | DIOVAN | HORIZANT |
| BERINERT | DIOVAN HCT | HUMALOG |
| <i>betamethasone acetate-betamethasone sodium phosphate</i> (NDC [^] 71283062002 only) | <i>Diphen Elixir</i> | HUMALOG MIX 50/50 |
| BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE | DORYX | HUMALOG MIX 75/25 |
| BETAPACE | DORYX MPC | HUMATROPE |
| BETAPACE AF | <i>doxepin cream</i> | HUMULIN 70/30 4 |
| BEVESPI AEROSPHERE | <i>doxycycline hyclate delayed-rel tablet 50 mg</i> | HUMULIN N 4 |
| BEYAZ | <i>doxycycline hyclate delayed-rel tablet 200 mg</i> | HUMULIN R 4 |
| <i>bimatoprost solution 0.03%</i> | <i>doxycycline hyclate tablet 50 mg</i> (NDC [^] 72143021160 only) | HYALGAN |
| BORTEZOMIB | <i>doxycycline hyclate tablet 75 mg</i> | <i>hydrocortisone butyrate lipophilic cream 0.1%</i> |
| BREEZE 2 STRIPS AND KITS 8 | <i>doxycycline hyclate tablet 150 mg</i> | <i>hyoscyamine sulfate ext-rel</i> |
| <i>Bupap</i> | <i>doxycycline monohydrate capsule 75 mg</i> | HYSINGLA ER |
| BUPHENYL | <i>doxycycline monohydrate capsule 150 mg</i> | <i>icosapent ethyl</i> |
| <i>bupropion ext-rel tablet 450 mg</i> | <i>doxycycline monohydrate delayed-rel capsule</i> | ILUMYA |
| <i>bitalbital-acetaminophen tablet 50-300 mg</i> | DULERA | INCRUSE ELLIPTA |
| BUTALBITAL-ACETAMINOPHEN (NDC [^] 69499034230 only) | DUTOPROL | INDERAL LA |
| | DYRENIUM | INDERAL XL |
| | | INDOCIN |

indomethacin capsule 20 mg
Inflammacin
INFLECTRA
INNOPRAN XL
INTRAROSA
INTUNIV
INVIRASE
INVOKAMET
INVOKAMET XR
INVOKANA
isosorbide dinitrate 40 mg
JADENU
JALYN
JENTADUETO
JENTADUETO XR
KAMDOY
KAZANO
ketoconazole foam 2%
Ketodan
ketoprofen capsule 25 mg
ketoprofen ext-rel capsule
KINERET
KOMBIGLYZE XR
KUVAN
KYPROLIS
LACRISERT
LACTULOSE PAK
LANOXIN TABLET (125 MCG and 250 MCG only)
lanthanum carbonate
LANTUS
LAZANDA
LESCOL XL
LETAIRIS
levorphanol
LEXAPRO
LEXIVA
LIALDA
LIDOCAINE-TETRACAINE CREAM (NDC[^] 71800063115 only)
LIDOTREX
LILETTA
LIPITOR
LIVALO
Lorzone
LOTEMAX
LOTEMAX SM
LUNESTA
LUPRON DEPOT
LUPRON DEPOT-PED
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
Mondoxine NL capsule 75 mg
MONOVISC
MOVIPREP
mupirocin cream
MYFORTIC
MYTESI
NAPRELAN

naproxen CR
naproxen suspension
naproxen-esomeprazole
NATAZIA
NESINA
NEULASTA
NEULASTA ONPRO
NEUPOGEN
NEXIUM
niacin tablet 500 mg
Niacor
NICOMIDE
NILANDRON
nitrofurantoin (NDC[^] 7048023932 only)
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
Orphenesic Forte
ORTHOVISC
Oscimin SR
OSENI
OSMOPREP
OSPHENA
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
PRENATAL PLUS
PREVACID
PREVIDENT
PRISTIQ
PROAIR HFA
PROAIR RESPICLICK
PROCRIT
PROCYSKI
PROGRAF
PROTONIX
PROVENTIL HFA
PROZAC
PSORCON
QNASL
QTERN

quazepam
RAPAFLO
RAPAMUNE
RAVICTI
RAYOS
RECEDO
REMODULIN
RENFLEXIS
REPATHA
REVATIO
RIABNI
RIMSO-50
RIOMET
RITUXAN
ROZEREM
RyClora
SABRIL
SAIZEN
SANDOSTATIN LAR
SCARSILK PAD
SEROQUEL XR
SIGNIFOR LAR
SIL-K PAD
SILIVEX
SILTREX
SIMPONI
SINGULAIR
SOMAVERT
SORILUX
SPRIX
STRIBILD
SUBOXONE
sucralfate suspension
sumatriptan-naproxen
SUPREP
Symax-SR
SYNERDERM
SYNVISC
SYNVISC-ONE
SYPRINE
TARGADOX
TASIGNA
TAYTULLA
TAZORAC
TECFIDERA
TESTIM
testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)
THIOLA
THIOLA EC
TIMOPTIC OCUDOSE
TIROSINT
TOBI
TOBI PODHALER
topiramate ext-rel capsule (generics for QUDEXY XR only)
TOPROL-XL
TRACLEER
TRADJENTA
tramadol (NDC[^] 52817019610 only)
TRANSDERM SCOP
TRELSTAR MIXJECT
TREMIMET
triamcinolone aerosol 0.2%
TRICORTRIVIDIA INSULIN SYRINGES ⁶
TRUXIMA
TUDORZA
UDENYCA
ULORIC
ULTIMED INSULIN SYRINGES ⁶
ULTIMED ULTRAVATE NEEDLES ⁶
UROXATRAL
VALCYTE
VALTREX
Vanoxide-HC
VECTICAL

VELTIN
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VEREGEN
VIEKIRA PAK
VIIBRYD
VIRACEPT
VISCO-3
VITAFOL-ONE
VIVELLE-DOT
VOGELXO
XANAX
XANAX XR
XENAZINE

XOLEGEL
XOPENEX HFA
YAZ
ZALVIT
ZARXIO
ZEGERID
ZEMAIRA
ZEPATIER
ZESTORETIC
ZETIA
ZETONNA
ZIANA
ZIRGAN
ZOHYDRO ER

ZOLADEX
ZOLOFT
ZOLPIMIST
ZONEGRAN
ZONTIVITY
ZORTRESS
ZORVOLEX
ZUPLENZ
ZYDELIG
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.

† Listing does not include certain NDCs[^].

[^] Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

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

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

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

⁴ Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).

⁵ Long Acting Insulins - First Generation.

⁶ BD ULTRAFINE syringes and needles are the only preferred options.

⁷ An ACCU-CHEK or ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK or ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

⁸ ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

⁹ Generic prenatal vitamins and CITRANATAL are the only preferred options.

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