

# 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
Allergies Antihistamines	dexchlorpheniramine Diphen Elixir RyClora CARBINOXAMINE TABLET 6 MG	levocetirizine
Allergies Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	flunisolide spray, fluticasone spray, mometasone spray, DYMISTA
Anticonvulsants	LAMICTAL LAMICTAL ODT LAMICTAL XR ZONEGRAN	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
	ONFI	clobazam, lamotrigine, topiramate, TROKENDI XR
	SABRIL	vigabatrin
Anti-infectives, Antibacterials Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	erythromycins
Anti-infectives, Antibacterials Tetracyclines	CoreMino doxycycline hyclate delayed-rel tablet 200 mg doxycycline hyclate tablet 50 mg (NDC <sup>^</sup> 72143021160 only) doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel Mondoxyme NL capsule 75 mg Okebo ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
Anti-infectives, Antibacterials Miscellaneous	MACRODANTIN	nitrofurantoin
Anti-infectives, Antifungals	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet	fluconazole, itraconazole
Anti-infectives, Antivirals Cytomegalovirus *	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis B *	BARACLUDE TABLET	entecavir, lamivudine, VEMLIDY

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<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>
	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>Antiobesity</i>	CONTRACE QSYMIA	SAXENDA
<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 REDHALER
<i>Asthma * or 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 <sup>1</sup>, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel <sup>1</sup>, MYDAYIS, VYVANSE</i>
<i>Autoimmune Conditions</i>	ACTEMRA	ENBREL, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR
	CIMZIA	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR
	ENTYVIO	HUMIRA, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
	KINERET	ENBREL, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR
	ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
	SIMPONI	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
	TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR
<i>Cancer</i> Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
<i>Cancer</i> PI3K Inhibitors for Follicular Lymphoma *	ALIQOPA ZYDELIG	COPIKTRA
<i>Cancer</i> Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide, XTANDI, YONSA</i>

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<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	sotalol
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	ezetimibe
<i>Cardiovascular</i> Antilipemics Fibrates	fenofibrate tablet 120 mg FENOGLIDE TABLET 120 MG TRICOR	fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations <sup>3</sup>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
<i>Cardiovascular</i> Antilipemics Niacins	niacin tablet 500 mg Niacor	niacin ext-rel
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin
<i>Cardiovascular</i> Diuretics	DYRENIUM	amiloride, triamterene
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS	ambrisentan, bosentan, OPSUMIT
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	levocarnitine
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA, YUPELRI
<i>Contraceptives</i> Monophasic	BEYAZ MINASTRIN 24 FE TAYTULLA YAZ	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron
<i>Contraceptives</i> Triphasic	ORTHO TRI-CYCLEN LO	ethinyl estradiol-norgestimate
<i>Contraceptives</i> 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
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	tobramycin inhalation solution, BETHKIS
<i>Dental</i> Cavity/Caries Prevention	PREVIDENT	Consult doctor

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Depression</i> * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i> LEXAPRO PROZAC	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</i>
<i>Depression</i> * Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression</i> * Antidepressants, Miscellaneous Agents	<i>bupropion ext-rel tablet 450 mg</i> APLENZIN	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
	OLEPTRO	<i>trazodone</i>
<i>Depression and/or Schizophrenia</i> * Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
<i>Dermatology</i> Acne *	<i>clindamycin gel (NDC<sup>^</sup> 68682046275 only)</i> Vanoxide-HC ACANYA BENZACLIN VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC<sup>^</sup> 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</i>
<i>Dermatology</i> Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
<i>Dermatology</i> Antibiotics	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
<i>Dermatology</i> Antipsoriatics	<i>calcipotriene cream 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 SILIVEX SILTREX	Consult doctor
<i>Dermatology</i> Seborrheic Dermatitis *	<i>ketoconazole foam 2%</i> Ketodan	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>

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Dermatology Skin Inflammation and Hives * Corticosteroids	clobetasol spray CLOBEX SPRAY OLUX-E	clobetasol foam
	fluocinonide cream 0.1%	clobetasol cream
	flurandrenolide lotion (NDC <sup>^</sup> 24470092112 only)	desonide, hydrocortisone
	flurandrenolide ointment hydrocortisone butyrate lipophilic cream 0.1% triamcinolone acetonide aerosol 0.2% CORDRAN OINTMENT	hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment
	diflorasone cream diflorasone ointment APEXICON E PSORCON	desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI
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 <sup>^</sup> 00168035830, 51672135902 only)	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole
Diabetes * Biguanides	metformin ext-rel (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA WITH pioglitazone
Diabetes * Injectable Incretin Mimetics	BYDUREON BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA

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<i>Diabetes</i> * Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 <sup>4</sup>	NOVOLIN 70/30 <sup>4</sup>
	HUMULIN N <sup>4</sup>	NOVOLIN N <sup>4</sup>
	HUMULIN R <sup>4</sup>	NOVOLIN R <sup>4</sup>
	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	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 <sup>5</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>5</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

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<b>Diabetes *</b> Supplies, Test Strips and Kits <sup>6,7</sup>	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 <sup>6</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>6</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>6</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>6</sup>
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<b>Dietary Supplements</b>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite            DaVite            Dexifol            Folvik-D            Folvite-D            Genicin Vita-S            HylaVite            Lorid            TronVite            Vitasure            Xvite            FERIVA 21/7            FOLIC-K            NICADAN            NICAPRIN            NICAZEL            NICAZEL FORTE            NICOMIDE            OMNIVEX            ORTHO D            ORTHO DF            RHEUMATE            RIBOZEL            TALIVA            XYZBAC            ZYVIT</i>	<i>folic acid</i>
	<i>MultiPro            PRODIGEN            VASCULERA</i>	Consult doctor
<b>Erectile Dysfunction *</b> Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
<b>Estrogen Replacement *</b>	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<b>Fertility Regulators</b> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
<b>Gastrointestinal</b> Anticholinergics	<i>chlordiazepoxide-clidinium            (NDC<sup>^</sup> 42494040901 only)            GLYCOPYRROLATE TABLET 1.5 MG</i>	<i>dicyclomine</i>
<b>Gastrointestinal</b> Antidiarrheals	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	Consult doctor

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<i>Gastrointestinal Antiemetics</i>	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal Laxatives</i>	LACTULOSE PAK	<i>lactulose solution</i>
	MOVIPREP OSMOPREP	<i>peg 3350-electrolytes, SUPREP</i>
<i>Gastrointestinal Proton Pump Inhibitors (PPIs)</i>	<i>omeprazole-sodium bicarbonate</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>Gastrointestinal Ulcer Treatment</i>	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</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>	NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, HUMATROPE
<i>Hematologic Anticoagulants (oral)</i>	COUMADIN	<i>warfarin</i>
	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic Erythropoiesis-Stimulating Agents</i>	EPOGEN PROCRIT	ARANESP, RETACRIT
<i>Hematologic Hemophilia A</i>	ELOCTATE	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic Hemophilia B</i>	ALPROLIX	Consult doctor
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	FULPHILA	NEULASTA, UDENYCA
	GRANIX NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor
<i>High Blood Pressure *</i> <i>Angiotensin II Receptor Antagonists</i>	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure *</i> <i>Angiotensin II Receptor Antagonist / Diuretic Combinations</i>	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>



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<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Beta-blockers	INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
<i>High Blood Pressure</i> * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<i>diltiazem ext-rel</i> (generics for CARDIZEM LA only) Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA	<i>diltiazem ext-rel</i> (except generics for CARDIZEM LA)
<i>High Blood Pressure</i> * Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	<i>amlodipine WITH celecoxib</i>
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Hereditary Angioedema	BERINERT	FIRAZYR, RUCONEST
<i>Immunology</i> Rapamycin Derivatives	ZORTRESS	<i>everolimus</i>
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL LIALDA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
	COLAZAL	<i>balsalazide</i>
<i>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>

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

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
Pain Headache *	<i>Bupap</i> <i>butalbital-acetaminophen tablet 50-300 mg</i> <i>butalbital-acetaminophen-caffeine capsule</i> <i>Vanatol LQ</i> <i>Vanatol S</i> BUTALBITAL-ACETAMINOPHEN (NDC <sup>^</sup> 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen,</i> <i>naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> <i>Migergot</i> CAFERGOT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT,</i> <i>ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH,</i> <i>ZOMIG NASAL SPRAY</i>
	<i>sumatriptan-naproxen</i> TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or</i> <i>naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan,</i> <i>zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY,</i> <i>ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>
Pain Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
	<i>levorphanol</i> HYSINGLA ER OXYCONTIN ZOHYDRO ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone,</i> <i>morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
	PERCOCET PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine,</i> <i>oxycodone-acetaminophen, NUCYNTA</i>
	<i>tramadol (NDC<sup>^</sup> 52817019610 only)</i>	<i>tramadol (except NDC<sup>^</sup> 52817019610), tramadol ext-rel</i>
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC <sup>^</sup> 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>
Pain and Inflammation * Corticosteroids	<i>Dexpak</i> MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution,</i> <i>prednisone</i>
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam or</i> <i>naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole,</i> <i>lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	<i>diclofenac sodium gel 1%</i> (NDC <sup>^</sup> 69499031866 only) <i>Diclofex DC (NDC<sup>^</sup> 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<sup>^</sup> 69499031866),</i> <i>diclofenac sodium solution, ibuprofen, meloxicam,</i> <i>naproxen (except naproxen CR or naproxen suspension)</i>
	<i>fenoprofen</i> <i>indomethacin capsule 20 mg</i> <i>ketoprofen capsule 25 mg</i> <i>ketoprofen ext-rel capsule</i> <i>mefenamic acid (NDC<sup>^</sup> 69336012830 only)</i> <i>naproxen suspension</i> <i>naproxen CR</i> FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or</i> <i>naproxen suspension)</i>
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or</i> <i>naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole,</i> <i>pantoprazole or DEXILANT</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin</i> , GRALISE
<i>Prostate Condition Benign Prostatic Hyperplasia *</i>	JALYN	<i>dutasteride-tamsulosin</i> ; <i>dutasteride</i> or <i>finasteride</i> <b>WITH</b> <i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>silodosin</i> , <i>tamsulosin</i> or <i>terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>silodosin</i> , <i>tamsulosin</i> , <i>terazosin</i>
<i>Respiratory Alpha-1 Antitrypsin Deficiency</i>	ZEMAIRA	PROLASTIN-C
<i>Respiratory Cough</i>	<i>benzonatate</i> (NDCs <sup>A</sup> 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs <sup>A</sup> 69336012615, 69499032915)
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	<i>quazepam</i> INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>doxepin</i> , <i>eszopiclone</i> , <i>ramelteon</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , <i>zolpidem sublingual</i> , BELSOMRA
<i>Testosterone Replacement *</i> Androgens	<i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution</i> , ANDRODERM
<i>Thyroid Supplements</i>	TIROSINT	<i>levothyroxine</i> , SYNTHROID
<i>Women's Health Premenstrual Dysphoric Disorder (PMDD)</i>	<i>fluoxetine tablet</i> (generics for SARAFEM only)	<i>fluoxetine</i> (except <i>fluoxetine tablet 60 mg</i> , <i>fluoxetine tablet</i> [generics for SARAFEM]), <i>paroxetine HCl ext-rel</i> , <i>sertraline</i>

Category Drug Class	Other Considerations
All Drugs	On a quarterly basis, new and existing products - including limited source generics, products with significant cost inflation, and specialty and non-specialty products - may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in additional products not covered without a medical exception, addition or deletion of a product.
Autoimmune and Hepatitis C *	For some clients, an Indication-Based Formulary will be utilized for products in these classes and may result in additional products not covered for certain conditions without a medical exception.
Drugs for Infusion Into Spaces Other Than the Blood	A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit.
New-to-Market Agents <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 <sup>®</sup> 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  
ACANYA  
ACIPHEX  
ACIPHEX SPRINKLE  
ACTEMRA  
ACTICLATE  
Activite  
ACTOS

*acyclovir cream*  
ALCORTIN A  
ALEVICYN GEL  
ALEVICYN SG  
ALEVICYN SOLUTION  
ALIQOPA  
ALLISON MEDICAL INSULIN SYRINGES <sup>5</sup>  
ALPROLIX

ALREX  
ALTOPREV  
ALVESCO  
AMRIX  
ANDROGEL 1%  
APEXICON E  
APIDRA  
APLENZIN

ARTHROTEC  
ASACOL HD  
ASMANEX  
ASMANEX HFA  
ATACAND  
ATACAND HCT  
ATOPADERM  
AVENOVA  
AVONEX  
BARACLUDE TABLET  
BEAU RX  
BECONASE AQ  
BENICAR  
BENICAR HCT  
BENSAL HP  
BENZACLIN  
*benzonatate* (NDCs<sup>^</sup> 69336012615, 69499032915 only)  
BERINERT  
BETAPACE  
BETAPACE AF  
BEYAZ  
*bimatoprost solution 0.03%*  
BREEZE 2 STRIPS AND KITS <sup>7</sup>  
*Bupap*  
*bupropion ext-rel tablet 450 mg*  
*butalbital-acetaminophen tablet 50-300 mg*  
BUTALBITAL-ACETAMINOPHEN  
(NDC<sup>^</sup> 69499034230 only)  
*butalbital-acetaminophen-caffeine capsule*  
BUTRANS  
BYDUREON  
BYETTA  
CAFERGOT  
*calcipotriene cream*  
*calcitriol ointment*  
CAMBIA  
CARAC  
CARAFATE  
CARBINOXAMINE TABLET 6 MG  
CARDIZEM  
CARDIZEM CD  
CARDIZEM LA  
CARNITOR  
CARNITOR SF  
*chlordiazepoxide-clidinium* (NDC<sup>^</sup> 42494040901 only)  
CHLORZOXAZONE 250 MG  
*chlorzoxazone 375 mg*  
*chlorzoxazone 500 mg* (NDC<sup>^</sup> 73007001303 only)  
*chlorzoxazone 750 mg*  
CIALIS  
CICATRACE  
CIMZIA  
*clindamycin gel* (NDC<sup>^</sup> 68682046275 only)  
*clobetasol spray*  
CLOBEX SPRAY  
COLAZAL  
COLCRYS  
CONSENSI  
CONTOUR NEXT STRIPS AND KITS <sup>7</sup>  
CONTOUR STRIPS AND KITS <sup>7</sup>  
CONTRAVE  
CORDRAN OINTMENT  
*CoreMino*  
COUMADIN  
CRESTOR  
*cyclobenzaprine ext-rel capsule*  
*cyclobenzaprine tablet 7.5 mg*  
CYMBALTA  
*DaVite*  
DELZICOL  
DETROL LA  
*dexchlorpheniramine*  
*Dexifol*  
*Dexpak*  
*diclofenac sodium gel 1%* (NDC<sup>^</sup> 69499031866 only)  
*Diclofex DC* (NDC<sup>^</sup> 51021037201 only)  
*Diclosaicin*  
*diflorasone cream*

*diflorasone ointment*  
*dihydroergotamine spray*  
*diltiazem ext-rel* (generics for CARDIZEM LA only)  
DIOVAN  
DIOVAN HCT  
*Diphen Elixir*  
DORYX  
DORYX MPC  
*doxepin cream*  
*doxycycline hyclate delayed-rel tablet 200 mg*  
*doxycycline hyclate tablet 50 mg*  
(NDC<sup>^</sup> 72143021160 only)  
*doxycycline hyclate tablet 75 mg*  
*doxycycline hyclate tablet 150 mg*  
*doxycycline monohydrate capsule 75 mg*  
*doxycycline monohydrate capsule 150 mg*  
DULERA  
DUTOPROL  
DYRENIUM  
EDARBI  
EDARBYCLOR  
E.E.S. GRANULES  
EFFEXOR XR  
ELELYSO  
ELOCATE  
ENABLEX  
ENLITE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
ENTERAGAM  
ENTYVIO  
EPICERAM  
EPOGEN  
*ergotamine-caffeine*  
ERYPED  
EUFLEXXA  
EVEKEO  
EVERSENSE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
EVZIO  
EXFORGE  
EXFORGE HCT  
EXTAVIA  
FANAPT  
*fenofibrate tablet 120 mg*  
FENOGLIDE TABLET 120 MG  
*fenopofen*  
FENOPROFEN CAPSULE  
FERIVA 21/7  
*Fexmid*  
FINACEA GEL  
FIORICET CAPSULE  
FLAREX  
*flucytosine capsule 500 mg*  
*fluocinonide cream 0.1%*  
*flurouracil cream 0.5%*  
*fluoxetine tablet* (generics for SARAFEM only)  
*fluoxetine tablet 60 mg*  
*flurandrenolide lotion* (NDC<sup>^</sup> 24470092112 only)  
*flurandrenolide ointment*  
FML LIQUIFILM  
FOLIC-K  
FOLLISTIM AQ  
*Folvik-D*  
*Folvite-D*  
FORTAMET  
FORTESTA  
FOSRENOL  
FOSTEUM  
FOSTEUM PLUS  
FREESTYLE LIBRE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
FREESTYLE STRIPS AND KITS <sup>7</sup>  
FULPHILA  
*Genicin Vita-S*  
GLEEVEC  
GLUMETZA  
GLYCOPYRROLATE TABLET 1.5 MG  
GRANIX

GUARDIAN CONNECT CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
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  
*hydrocortisone butyrate lipophilic cream 0.1%*  
*HylaVite*  
HYSINGLA ER  
INDERAL LA  
INDERAL XL  
INDOCIN  
*indomethacin capsule 20 mg*  
*Inflammacin*  
INNOPRAN XL  
INTERMEZZO  
INTUNIV  
INVOKAMET  
INVOKAMET XR  
INVOKANA  
JALYN  
JENTADUETO  
JENTADUETO XR  
KAMDYO  
KAZANO  
*ketoconazole foam 2%*  
*Ketodan*  
*ketoprofen capsule 25 mg*  
*ketoprofen ext-rel capsule*  
KINERET  
KOMBIGLYZE XR  
LACTULOSE PAK  
LAMICTAL  
LAMICTAL ODT  
LAMICTAL XR  
LANOXIN TABLET (125 MCG and 250 MCG only)  
*lanthanum carbonate*  
LANTUS  
LAZANDA  
LESCOL XL  
LETAIRIS  
*levorphanol*  
LEXAPRO  
LIALDA  
LIDOCAINE-TETRACAINE CREAM  
(NDC<sup>^</sup> 71800063115 only)  
LIDOTREX  
LIPITOR  
LIVALO  
*Lorid*  
*Lorzone*  
LOTEMAX  
LOTEMAX SM  
LUNESTA  
MACRODANTIN  
*Matzim LA*  
MAVYRET  
*mefenamic acid* (NDC<sup>^</sup> 69336012830 only)  
*metformin ext-rel*  
(generics for FORTAMET and GLUMETZA only)  
*methocarbamol 750 mg*  
(NDCs<sup>^</sup> 69036093090, 70868090190 only)  
MIACALCIN INJECTION  
MIACALCIN NASAL SPRAY  
*Migergot*  
MILLIPRED  
MINASTRIN 24 FE  
MINIVELLE  
MINOCIN  
*minocycline ext-rel*  
*Mondoxyme NL capsule 75 mg*  
MONOVISC  
MOVIPREP  
*MultiPro*

*mupirocin cream*  
MYTESI  
NAPRELAN  
*naproxen-esomeprazole*  
*naproxen CR*  
*naproxen suspension*  
NATAZIA  
NATESTO  
NESINA  
NEUPOGEN  
NEXIUM  
*niacin tablet 500 mg*  
*Niacor*  
NICADAN  
NICAPRIN  
NICAZEL  
NICAZEL FORTE  
NICOMIDE  
NILANDRON  
NORDITROPIN  
NORGESIC FORTE  
NORITATE  
NORVASC  
NOVACORT  
NOVO NORDISK NEEDLES <sup>5</sup>  
*NuDiclo SoluPak*  
*NuDiclo TabPak*  
NUTROPIN AQ  
NUVIGIL  
*Okebo*  
OLEPTRO  
OLUX-E  
*omeprazole-sodium bicarbonate*  
OMNARIS  
OMNITROPE  
OMNIVEX  
ONETOUCH ULTRA STRIPS AND KITS <sup>7</sup>  
ONETOUCH VERIO STRIPS AND KITS <sup>7</sup>  
ONFI  
ONGLYZA  
ORENCIA CLICKJECT  
ORENCIA INTRAVENOUS  
ORENCIA SUBCUTANEOUS  
*orphenadrine-aspirin-caffeine*  
*Orphengesic Forte*  
ORTHO D  
ORTHO DF  
ORTHO TRI-CYCLEN LO  
ORTHOVISC  
OSENI  
OSMOPREP  
OWEN MUMFORD NEEDLES <sup>5</sup>  
*oxiconazole (NDCs^ 00168035830, 51672135902 only)*  
OXYCONTIN  
OXYTROL  
PENNSAID  
PERCOCET  
PERRIGO NEEDLES <sup>5</sup>  
PLAVIX

PLEGRIDY  
POLYOZA  
*posaconazole delayed-rel tablet*  
PRADAXA  
PRED FORTE  
PREVACID  
PREVIDENT  
PRIMLEV  
PRISTIQ  
PROAIR HFA  
PROAIR RESPICLICK  
PROCRI  
PRODIGEN  
PROTONIX  
PROVENTIL HFA  
PROZAC  
PSORCON  
QNASL  
QSYMIA  
QTERN  
*quazepam*  
RAPAFLO  
RAYOS  
RECEDO  
REPATHA  
RHEUMATE  
RIBOZEL  
RIMSO-50  
RIOMET  
ROZEREM  
*RyClora*  
SABRIL  
SAIZEN  
SCARSILK PAD  
SEROQUEL XR  
SIL-K PAD  
SILIVEX  
SILTREX  
SIMPONI  
SINGULAIR  
SORILUX  
SPRIX  
STENDRA  
SUBOXONE  
*sucralfate suspension*  
*sumatriptan-naproxen*  
SYNERDERM  
SYNVISC  
SYNVISC-ONE  
TALIVA  
TALTZ  
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)*  
TRANSFORM SCOP  
TREMIMET  
*triamcinolone acetonide aerosol 0.2%*  
TRICOR  
TRIVIDIA INSULIN SYRINGES <sup>5</sup>  
*TronVite*  
TUDORZA  
ULTIMED INSULIN SYRINGES <sup>5</sup>  
ULTIMED NEEDLES <sup>5</sup>  
UROXATRAL  
VALCYTE  
VALTRES  
*Vanatol LQ*  
*Vanatol S*  
*Vanoxide-HC*  
VASCULERA  
VECTICAL  
VELTIN  
*venlafaxine ext-rel tablet (except 225 mg)*  
VENTOLIN HFA  
VEREGEN  
VIAGRA  
VIEKIRA PAK  
*Vitasure*  
VIVELLE-DOT  
VOGELXO  
XANAX  
XANAX XR  
XENAZINE  
XOLEGEL  
XOPENEX HFA  
*Xvite*  
XYZBAC  
YAZ  
ZARXIO  
ZEGERID  
ZEMAIRA  
ZEPATIER  
ZETIA  
ZETONNA  
ZIANA  
ZOHYDRO ER  
ZOLPIMIST  
ZONEGRAN  
ZONTIVITY  
ZORTRESS  
ZORVOLEX  
ZUPLENZ  
ZYDELIG  
ZYLET  
ZYTIGA  
ZYVIT

There may be additional drugs subject to prior authorization or other plan design restrictions. Please consult your plan for further information.

This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug options. Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change.

Subject to applicable laws and regulations.

\* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

† Listing does not include certain NDCs<sup>^</sup>.

<sup>^</sup> 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.

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

<sup>5</sup> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>6</sup> 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.

<sup>7</sup> ACCU-CHEK brand test strips are the only preferred options.

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