

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 ¹	Formulary Options
Acromegaly	SANDOSTATIN LAR SIGNIFOR LAR SOMAVERT	SOMATULINE DEPOT
Allergies Antihistamines	<i>dexchlorpheniramine</i> Diphen Elixir RyClora CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
Allergies Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
Anticonvulsants	<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, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
	BANZEL SUSPENSION ONFI	<i>clobazam, 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>
Anti-infectives, Antibacterials Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
Anti-infectives, Antibacterials Tetracyclines	<i>doxycycline hyclate delayed-rel tablet 50 mg</i> <i>doxycycline hyclate delayed-rel tablet 100 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</i> CoreMino Mondoxylene NL capsule 75 mg ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
Anti-infectives, Antibacterials Miscellaneous	<i>nitrofurantoin</i> (NDC [^] 70408023932 only) MACRODANTIN	<i>nitrofurantoin</i> (except NDC [^] 70408023932)

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<i>Anti-infectives, Antifungals</i>	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
	<i>posaconazole delayed-rel tablet NOXAFIL</i>	<i>fluconazole, itraconazole</i>
	CRESEMBA	<i>itraconazole</i>
<i>Anti-infectives, Antiretroviral Agents Protease Inhibitors</i>	APTIVUS	Consult doctor
	INVIRASE LEXIVA VIRACEPT	<i>atazanavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
<i>Anti-infectives, Antivirals Cytomegalovirus *</i>	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals Hepatitis B *</i>	BARACLUDE TABLET	<i>entecavir, lamivudine, VEMLIDY</i>
<i>Anti-infectives, Antivirals Hepatitis C *</i>	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
	VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals Herpes *</i>	<i>acyclovir cream VALTREX</i>	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
<i>Anti-infectives Miscellaneous</i>	DARAPRIM	<i>pyrimethamine</i>
<i>Antiobesity</i>	CONTRAVE XENICAL	QSYMIA, SAXENDA
<i>Anxiety * Benzodiazepines</i>	ATIVAN XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
<i>Asthma * Beta Agonists, Short-Acting</i>	PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
<i>Asthma * Leukotriene Modulators</i>	<i>zileuton ext-rel SINGULAIR</i>	<i>montelukast, zafirlukast</i>
<i>Asthma * Steroid Inhalants</i>	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDHALER
<i>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations</i>	DULERA	ADVAIR DISKUS, ADVAIR HFA †, BREO ELLIPTA †, SYMBICORT
<i>Attention Deficit Hyperactivity Disorder *</i>	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA FOCALIN XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel †, dexamethylphenidate ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel †, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE</i>

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<i>Autoimmune Agents</i> Physician-Administered Agents	ACTEMRA INTRAVENOUS ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
	AVSOLA CIMZIA LYOPHILIZED POWDER INFLECTRA RENFLEXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease Only)	REMICADE, STELARA INTRAVENOUS
	ILUMYA	REMICADE
<i>Autoimmune Agents</i> Self-Administered Agents	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET	ENBREL, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR
	CIMZIA PREFILLED SYRINGE	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR
	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS 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> Biosimilars	RIABNI TRUXIMA	RUXIENCE
<i>Cancer</i> Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Follicular Lymphoma * PI3K Inhibitors	ALIQOPA ZYDELIG	COPIKTRA
<i>Cancer</i> Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
<i>Cancer</i> Multiple Myeloma * Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO, VELCADE
<i>Cancer</i> Prostate * Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide</i> , XTANDI, YONSA
<i>Cancer</i> Prostate * Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD, FIRMAGON
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	NORPACE	<i>disopyramide</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>

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<i>Cardiovascular</i> Antilipemics Fibrates	<i>fenofibrate capsule 50 mg</i> <i>fenofibrate capsule 130 mg</i> <i>fenofibrate tablet 40 mg</i> <i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics Niacins	<i>niacin tablet 500 mg</i> Niacor	<i>niacin ext-rel</i>
<i>Cardiovascular</i> Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
<i>Cardiovascular</i> Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN	<i>treprostinil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Central Precocious Puberty</i>	LUPRON DEPOT-PED	SUPPRELIN LA, TRIPTODUR
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA, YUPELRI
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
<i>Contraceptives</i> Monophasic	BEYAZ MINASTRIN 24 FE TAYTULLA YASMIN YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>

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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 Extended Cycle	SEASONIQUE	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron
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 paroxetine HCl ext-rel (NDC [^] 60505367503 only) LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC [^] 60505367503), 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 [^] 68682046275 only) Vanoxide-HC ACANYA AZELEX BENZAACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	adapalene, benzoyl peroxide, clindamycin gel (except NDC [^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
Dermatology Actinic Keratosis *	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA
Dermatology Anti-infective / Anti-inflammatory	NEO-SYNALAR	desonide or hydrocortisone WITH gentamicin
Dermatology Antibiotics	mupirocin cream	gentamicin, mupirocin ointment

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<i>Dermatology</i> Antipsoriatics	<i>calcipotriene cream</i> <i>calcipotriene foam</i> <i>calcitriol ointment</i> CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>
	<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI</i>
<i>Dermatology</i> Atopic Dermatitis *	<i>doxepin cream</i>	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
	ELIDEL	<i>pimecrolimus, tacrolimus, EUCRISA</i>
<i>Dermatology</i> Rosacea *	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
	FINACEA GEL MIRVASO 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> <i>Ketodan</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
<i>Dermatology</i> Skin Inflammation and Hives * Low Potency Corticosteroids	<i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> <i>Nolix</i> CORDRAN CREAM CORDRAN LOTION	<i>desonide, hydrocortisone</i>
<i>Dermatology</i> Skin Inflammation and Hives * Medium Potency Corticosteroids	<i>clocortolone cream</i> <i>desoximetasone ointment 0.05%</i> <i>flurandrenolide ointment</i> <i>hydrocortisone butyrate lipophilic cream 0.1%</i> <i>hydrocortisone butyrate lotion</i> <i>triamcinolone aerosol 0.2%</i> <i>triamcinolone ointment 0.05%</i> <i>Trianex</i> CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
<i>Dermatology</i> Skin Inflammation and Hives * High Potency Corticosteroids	<i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<i>Dermatology</i> Skin Inflammation and Hives * Very High Potency Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream</i>
	CORDRAN TAPE ULTRAVATE	<i>clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment</i>
<i>Dermatology</i> Warts	VEREGEN	<i>imiquimod</i>

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<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide, hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A ATOPADERM BENSAL HP EPICERAM KAMDOY NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
	<i>luliconazole</i> <i>oxiconazole</i> (NDCs ^A 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
<i>Diabetes</i> * Biguanides	<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
<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 concentrate will not be subject to prior authorization and will continue to be covered.</i>	
<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

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<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
<i>Diabetes</i> * Supplies, Needles ⁶	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
<i>Diabetes</i> * Supplies, Syringes ⁶	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
<i>Diabetes</i> * 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
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM All other continuous glucose monitoring systems that are not DEXCOM brand	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<i>Dietary Supplements</i>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite</i> <i>Dexifol</i> <i>Folvite-D</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> <i>TronVite</i> <i>Vitasure</i> <i>Xvite</i> FERIVA 21/7 FOLIC-K NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	<i>MultiPro</i> PRODIGEN VASCULERA	Consult doctor

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<i>Endocrine and Metabolic Corticosteroids</i>	<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>
<i>Endocrine and Metabolic Progestins</i>	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
<i>Endometriosis *</i>	LUPRON DEPOT ZOLADEX	ORILISSA
<i>Erectile Dysfunction * Phosphodiesterase Inhibitors</i>	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
<i>Fertility Regulators Follicle-Stimulating Hormones</i>	FOLLISTIM AQ	GONAL-F
<i>Gastrointestinal Anticholinergics</i>	<i>chlordiazepoxide-clidinium</i> (NDCs [^] 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) <i>hyoscyamine sulfate ext-rel</i> Oscimin SR Symax-SR GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
<i>Gastrointestinal Antidiarrheals</i>	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
<i>Gastrointestinal Antiemetics</i>	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal Irritable Bowel Syndrome</i>	AMITIZA	<i>lubiprostone, LINZESS, MOVANTIK, SYMPROIC</i>
<i>Gastrointestinal Laxatives</i>	LACTULOSE PAK	<i>lactulose solution</i>
	GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes, CLENPIQ</i>
<i>Gastrointestinal Probiotics</i>	<i>LactoJen</i> PROVAD ZELAC	Consult doctor
<i>Gastrointestinal Proton Pump Inhibitors (PPIs)</i>	<i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, 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>	ELMIRON RIMSO-50	Consult doctor

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Genitourinary Miscellaneous</i>	LITHOSTAT THIOLA THIOLA EC	Consult doctor
<i>Gout *</i>	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet, MITIGARE</i>
	ULORIC	<i>allopurinol</i>
<i>Growth Hormones</i>	HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, NORDITROPIN
<i>Hematologic Anticoagulants Injectable</i>	<i>heparin sodium in 5% dextrose</i> HEPARIN SODIUM IN 5% DEXTROSE	Consult doctor
<i>Hematologic Anticoagulants Oral</i>	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic Chelating Agents</i>	CUPRIMINE	<i>penicillamine capsule</i>
	DESFERAL EXJADE FERRIPROX JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE	<i>trientine</i>
<i>Hematologic Erythropoiesis-Stimulating Agents</i>	EPOGEN PROCRIT	ARANESP, RETACRIT
<i>Hematologic Hemophilia B</i>	ALPROLIX	Consult doctor
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor
<i>High Blood Pressure *</i> ACE Inhibitor / Diuretic Combinations	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	AZOR 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	COREG CR 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	<i>icatibant, RUCONEST</i>
<i>Immunology</i> Rapamycin Derivatives	ZORTRESS	<i>everolimus</i>
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	<i>mesalamine delayed-rel tablet 800 mg</i> COLAZAL DELZICOL LIALDA	<i>balsalazide, mesalamine delayed-rel</i> (except <i>mesalamine delayed-rel tablet 800 mg</i>), <i>mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, PENTASA</i>
<i>Kidney Disease</i> * Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<i>Menopausal Symptom Agents</i> Oral	<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>
	MENEST OSPHENA PREMARIN	<i>estradiol</i>
<i>Menopausal Symptom Agents</i> Transdermal	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Menopausal Symptom Agents</i> Vaginal	<i>estradiol vaginal tablet</i> Yuvafem ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Multiple Sclerosis</i>	AVONEX EXTAVIA PLEGRIDY TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
<i>Musculoskeletal</i>	<i>carisoprodol 250 mg chlorzoxazone 375 mg chlorzoxazone 500 mg (NDC^ 73007001303 only) chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg metaxalone 400 mg methocarbamol 500 mg (NDC^ 69036091010 only) methocarbamol 750 mg (NDCs^ 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Fexmid Lorzone Orphengesic Forte AMRIX CHLORZOXAZONE 250 MG NORGESIC FORTE</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
<i>Narcolepsy Wakefulness Promoters</i>	NUVIGIL PROVIGIL	<i>armodafinil, modafinil, SUNOSI</i>
<i>Ophthalmic Allergies</i>	ALREX BEPREVE LASTACFT ZERVIAE	<i>azelastine, cromolyn sodium, olopatadine</i>
<i>Ophthalmic Anti-infectives</i>	AZASITE CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>
<i>Ophthalmic Anti-infective / Anti-inflammatory</i>	TOBRADEX ST ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
<i>Ophthalmic Anti-inflammatory, Nonsteroidal</i>	ACUVAIL BROMSITE NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
<i>Ophthalmic Anti-inflammatory, Steroidal</i>	FLAREX FML FORTE FML LIQUIFILM FML S.O.P. INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL</i>
<i>Ophthalmic Antivirals</i>	ZIRGAN	<i>trifluridine</i>
<i>Ophthalmic Artificial Tears</i>	LACRISERT	RESTASIS, XIIDRA
<i>Ophthalmic Glaucoma</i>	<i>bimatoprost solution 0.03% TRAVATAN Z</i>	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
	BETIMOL TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETOPTIC S</i>
<i>Ophthalmic Miscellaneous</i>	AVENOVA	Consult doctor

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Opioid Dependency</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
<i>Osteoarthritis * Viscosupplements</i>	GEL-ONE HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<i>Osteoporosis * Calcium Regulators</i>	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
<i>Otic Anti-infective / Anti-inflammatory</i>	CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
<i>Overactive Bladder / Incontinence * Urinary Antispasmodics</i>	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
<i>Pain Headache *</i>	<i>butalbital-acetaminophen tablet 50-300 mg butalbital-acetaminophen-caffeine capsule Bupap BUTALBITAL-ACETAMINOPHEN (NDC[^] 69499034230 only) CAMBIA FIORICET CAPSULE</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray ergotamine-caffeine Migergot CAFERGOT MAXALT MAXALT-MLT</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	<i>sumatriptan-naproxen TREXIMET</i>	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>
<i>Pain Neuropathic Pain *</i>	LYRICA	<i>duloxetine, pregabalin</i>
<i>Pain Opioid Analgesics</i>	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
	<i>levorphanol oxymorphone ext-rel HYSINGLA ER OXYCONTIN ZOHYDRO ER</i>	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
	PERCOCET	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
	<i>tramadol (NDC[^] 52817019610 only) tramadol ext-rel capsule</i>	<i>tramadol (except NDC[^] 52817019610), tramadol ext-rel tablet</i>
<i>Pain Topical Local Anesthetics</i>	LIDOCAINE-TETRACAINE CREAM (NDC [^] 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT
	CELEBREX	celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	Inflamacin NuDiclo SoluPak NuDiclo TabPak PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC [^] 69336012830 only) meloxicam capsule naproxen CR naproxen suspension FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT
Parkinson's Disease	APOKYN	INBRIJA, KYNMOBI
	NOURIANZ	amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO
	RYTARY	carbidopa-levodopa, carbidopa-levodopa ext-rel
Phenylketonuria	KUVAN	sapropterin
Postherpetic Neuralgia	HORIZANT	gabapentin, GRALISE
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 (except NDC [^] 60505367503), sertraline
Prenatal Vitamins ⁹	AZESCO PRENATAL PLUS TRINAZ 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 [^] 69336012615, 69499032915 only)	benzonatate (except NDCs [^] 69336012615, 69499032915)
Respiratory Xanthines	THEO-24	ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Sleep Disorder Hypnotics, Non-benzodiazepines	quazepam zolpidem sublingual LUNESTA ROZEREM SILENOR ZOLPIMIST	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, 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
Thyroid Supplements	CYTOMEL NATURE-THROID WESTHROID WP THYROID	levothyroxine, liothyronine, SYNTHROID
	TIROSINT	levothyroxine, SYNTHROID
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
ACANYA
ACIPHEX
ACIPHEX SPRINKLE
ACTEMRA ACTPEN
ACTEMRA INTRAVENOUS
ACTEMRA SUBCUTANEOUS
ACTICLATE
Activite
ACTOS
ACUVAIL
acyclovir cream
ADDERALL
ADZENYS ER
ADZENYS XR-ODT
ALCORTIN A
ALEVICYN GEL
ALEVICYN SG
ALEVICYN SOLUTION
ALIQOPA
ALLISON MEDICAL INSULIN SYRINGES ⁶

ALPROLIX
ALREX
ALTOPREV
ALVESCO
AMITIZA
AMRIX
ANDROGEL
APEXICON E
APIDRA
APOKYN
APTENSIO XR
APTIVUS
ARALAST NP
ARTHROTEC
ASMANEX
ASMANEX HFA
ATACAND
ATACAND HCT
ATIVAN
ATOPADERM
AVASTIN

AVENOVA
AVONEX
AVSOLA
AZASITE
AZELEX
AZESCO
AZOR
BANZEL SUSPENSION
BARACLUDE TABLET
BEAU RX
BECONASE AQ
BENICAR
BENICAR HCT
BENSAL HP
BENZACLIN
benzonatate (NDCs[^] 69336012615, 69499032915 only)
BEPREVE
BERINERT
betamethasone acetate-betamethasone sodium phosphate (NDC[^] 71283062002 only)

BETAMETHASONE ACETATE-
BETAMETHASONE SODIUM PHOSPHATE
BETAPACE
BETAPACE AF
BETIMOL
BEVESPI AEROSPHERE
BEYAZ
bimatoprost solution 0.03%
BORTEZOMIB
BREEZE 2 STRIPS AND KITS 8
BROMSITE
Bupap
bupropion ext-rel tablet 450 mg
butalbital-acetaminophen tablet 50-300 mg
BUTALBITAL-ACETAMINOPHEN
(NDC^ 69499034230 only)
butalbital-acetaminophen-caffeine capsule
BUTRANS
BYDUREON BCISE
BYETTA
CAFERGOT
calcipotriene cream
calcipotriene foam
CALCIPOTRIENE FOAM
calcipotriene-betamethasone
calcitriol ointment
CAMBIA
CARAC
CARAFATE
CARBINOXAMINE TABLET 6 MG
CARDIZEM
CARDIZEM CD
CARDIZEM LA
carisoprodol 250 mg
CARNITOR
CARNITOR SF
CELEBREX
*chlordiazepoxide-clidinium (NDCs^ 11534019701,
42494040901, 51293069601, 51293069610,
67877073101, 70700018501 only)*
CHLORZOXAZONE 250 MG
chlorzoxazone 375 mg
chlorzoxazone 500 mg (NDC^ 73007001303 only)
chlorzoxazone 750 mg
CIALIS
CICATRACE
CILOXAN
CIMZIA LYOPHILIZED POWDER
CIMZIA PREFILLED SYRINGE
CIPRO HC
CIPRODEX
clindamycin gel (NDC^ 68682046275 only)
clobetasol spray
CLOBEX SPRAY
clocortolone cream
COLAZAL
colchicine capsule
COLCRYS
CONSENSI
CONTOUR NEXT STRIPS AND KITS 8
CONTOUR STRIPS AND KITS 8
CONTRAVE
CORDRAN CREAM
CORDRAN LOTION
CORDRAN OINTMENT
CORDRAN TAPE
COREG CR
CoreMino
COZAAR
CRESEMBA
CRESTOR
CUPRIMINE
cyclobenzaprine ext-rel capsule
cyclobenzaprine tablet 7.5 mg
CYMBALTA
CYTOMEL
DARAPRIM
DAYTRANA

DELZICOL
DEFERAL
desoximetasone ointment 0.05%
DETROL LA
dexchlorpheniramine
Dexifol
DIFFERIN LOTION
difflorasone cream
difflorasone 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 50 mg
doxycycline hyclate delayed-rel tablet 100 mg
doxycycline hyclate delayed-rel tablet 200 mg
doxycycline hyclate tablet 50 mg
(NDC^ 72143021160 only)
doxycycline hyclate tablet 75 mg
doxycycline hyclate tablet 150 mg
doxycycline monohydrate capsule 75 mg
doxycycline monohydrate capsule 150 mg
doxycycline monohydrate delayed-rel capsule
DULERA
DUTOPROL
DYRENIUM
EDARBI
EDARBYCLOR
E.E.S. GRANULES
EFFEXOR XR
ELELYSO
ELIDEL
ELMIRON
ENABLEX
ENLITE CONTINUOUS
GLUCOSE MONITORING SYSTEM
ENTERAGAM
ENTYVIO (For Crohn's Disease Only)
EPICERAM
EPOGEN
ergotamine-caffeine
ERYPED
estradiol vaginal tablet
ESTRING
EVEKEO
EVERSENSE CONTINUOUS
GLUCOSE MONITORING SYSTEM
EXFORGE
EXFORGE HCT
EXJADE
EXTAVIA
FABIOR
FANAPT
FEMRING
fenofibrate capsule 50 mg
fenofibrate capsule 130 mg
fenofibrate tablet 40 mg
fenofibrate tablet 120 mg
FENOGLIDE TABLET 120 MG
fenoprofen
FENOPROFEN CAPSULE
FERIVA 21/7
FERRIPROX
Fexmid
FINACEA GEL
FIORICET CAPSULE
FLAREX
flucytosine capsule 500 mg
fluocinonide cream 0.1%
fluorouracil cream 0.5%
fluoxetine tablet (generics for SARAFEM only)
fluoxetine tablet 60 mg
flurandrenolide cream
flurandrenolide lotion

flurandrenolide ointment
FML FORTE
FML LIQUIFILM
FML S.O.P.
FOCALIN XR
FOLIC-K
FOLLISTIM AQ
Folvite-D
FORTAMET
FORTESTA
FOSRENOL
FOSTEUM
FOSTEUM PLUS
FREESTYLE LIBRE CONTINUOUS
GLUCOSE MONITORING SYSTEM
FREESTYLE STRIPS AND KITS 8
FULPHILA
GEL-ONE
Genicin Vita-S
GLASSIA
GLEEVEC
GLUMETZA
GLYCOPYRROLATE TABLET 1.5 MG
GOLYTELY
GRANIX
GUARDIAN CONNECT CONTINUOUS
GLUCOSE MONITORING SYSTEM
GUARDIAN REAL-TIME CONTINUOUS
GLUCOSE MONITORING SYSTEM
halcinonide cream
HALOG
heparin sodium in 5% dextrose
HEPARIN SODIUM IN 5% DEXTROSE
HERCEPTIN
HERCEPTIN HYLECTA
HORIZANT
HUMALOG
HUMALOG MIX 50/50
HUMALOG MIX 75/25
HUMATROPE
HUMULIN 70/30 4
HUMULIN N 4
HUMULIN R 4
HYALGAN
hydrocortisone butyrate lipophilic cream 0.1%
hydrocortisone butyrate lotion
HylaVite
hyoscyamine sulfate ext-rel
HYSINGLA ER
HYZAAR
icosapent ethyl
ILUMYA
INCRUSE ELLIPTA
INDERAL LA
INDERAL XL
INDOCIN
indomethacin capsule 20 mg
Inflammacin
INFLECTRA
INNOPRAN XL
INTRAROSA
INTUNIV
INVELTYS
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
Lactojen
 LACTULOSE PAK
 LANOXIN TABLET (125 MCG and 250 MCG only)
lanthanum carbonate
 LANTUS
 LASTACAFT
 LAZANDA
 LESCOL XL
 LETAIRIS
levorphanol
 LEXAPRO
 LEXIVA
 LIALDA
 LIBRAX
 LIDOCAINE-TETRACAINE CREAM
 (NDC[^] 71800063115 only)
 LIDOTREX
 LIPITOR
 LITHOSTAT
 LIVALO
Lorid
Lorzone
 LOTEMAX
 LOTEMAX SM
luliconazole
 LUNESTA
 LUPRON DEPOT
 LUPRON DEPOT-PED
 LYRICA
 MACRODANTIN
Matzim LA
 MAVYRET
 MAXALT
 MAXALT-MLT
 MAXIDEX
mefenamic acid (NDC[^] 69336012830 only)
meloxicam capsule
 MENEST
mesalamine delayed-rel tablet 800 mg
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
 MICARDIS
 MICARDIS HCT
Migergot
 MILLIPRED
 MINASTRIN 24 FE
 MINIVELLE
 MINOCIN
minocycline ext-rel
 MIRVASO
Mondoxyne NL capsule 75 mg
 MONOVISC
 MOVIPREP
MultiPro
mupirocin cream
 MYTESI
 NAPRELAN
naproxen CR
naproxen suspension
naproxen-esomeprazole
 NATAZIA
 NATURE-THROID
 NEO-SYNALAR
 NESINA
 NEULASTA
 NEULASTA ONPRO
 NEUPOGEN

NEVANAC
 NEXIUM
niacin tablet 500 mg
Niacor
 NICADAN
 NICAPRIN
 NICAZEL
 NICAZEL FORTE
 NICOMIDE
 NILANDRON
nitrofurantoin (NDC[^] 70408023932 only)
Nolix
 NORGESIC FORTE
 NORITATE
 NORPACE
 NORVASC
 NOURIANZ
 NOVACORT
 NOVO NORDISK NEEDLES ⁶
 NOXAFIL
NuDiclo SoluPak
NuDiclo TabPak
 NUTROPIN AQ
 NUVARING
 NUVIGIL
 OLEPTRO
 OLUX-E
omeprazole-sodium bicarbonate
 OMNARIS
 OMNITROPE
 OMNIVEX
 ONFI
 ONGLYZA
 ORENCIA CLICKJECT
 ORENCIA INTRAVENOUS
 ORENCIA SUBCUTANEOUS
orphenadrine-aspirin-caffeine
Orphenesic Forte
 ORTHO D
 ORTHO DF
 ORTHOVISC
Oscimin SR
 OSENI
 OSMOPREP
 OSPHENA
 OWEN MUMFORD NEEDLES ⁶
oxiconazole (NDCs[^] 00168035830, 51672135902 only)
 OXYCONTIN
oxymorphone ext-rel
 OXYTROL
pantoprazole delayed-rel suspension
paroxetine HCl ext-rel (NDC[^] 60505367503 only)
paroxetine mesylate capsule 7.5 mg
 PAXIL
 PAXIL CR
 PENNSAID
 PERCOGET
 PERRIGO NEEDLES ⁶
 PEXEVA
 PLAVIX
 PLEGRIDY
 POLYTOZA
posaconazole delayed-rel tablet
 PRADAXA
 PRED FORTE
 PRED MILD
 PREMARIN
 PREMARIN CREAM
 PRENATAL PLUS
 PREVACID
 PREVIDENT
 PRILOSEC
 PRISTIQ
 PROAIR HFA
 PROAIR RESPICLICK
 PROCRIT
 PRODIGEN
 PROMETRIUM

PROTONIX
 PROVAD
 PROVENTIL HFA
 PROVIGIL
 PROZAC
 PSORCON
 QNASL
 QTERN
quazepam
 RAPAFLO
 RAYOS
 RECEDO
 REMODULIN
 RENFLEXIS
 REPATHA
 RHEUMATE
 RIABNI
 RIBOZEL
 RIMSO-50
 RIOMET
 RITUXAN
 ROZEREM
RyClora
 RYTARY
 SABRIL
 SAIZEN
 SANDOSTATIN LAR
 SCARSILK PAD
 SEASONIQUE
 SEROQUEL XR
 SIGNIFOR LAR
 SIL-K PAD
 SILENOR
 SILIVEX
 SILTREX
 SIMPONI
 SINGULAIR
 SOMAVERT
 SORILUX
 SPRIX
 STENDRA
 SUBOXONE
sucralfate suspension
sumatriptan-naproxen
 SUPREP
Symax-SR
 SYNERDERM
 SYNVISC
 SYNVISC-ONE
 SYPRINE
 TALIVA
 TALTZ
 TARGADOX
 TASIGNA
 TAYTULLA
 TAZORAC
 TECFIDERA
 TESTIM
testosterone gel 1%
 (authorized generics for TESTIM and VOGELXO only)
 THEO-24
 THIOLA
 THIOLA EC
 TIMOPTIC OCUDOSE
 TIROSINT
 TOBI
 TOBI PODHALER
 TOBRADEX ST
topiramate ext-rel capsule (generics for QUDEXY XR only)
 TOPROL-XL
 TRACLEER
 TRAJENTA
tramadol (NDC[^] 52817019610 only)
tramadol ext-rel capsule
 TRANSDERM SCOP
 TRAVATAN Z
 TRELSTAR MIXJECT
 TREXIMET

<i>triamcinolone aerosol 0.2%</i>	VIEKIRA PAK	ZEMAIRA
<i>triamcinolone ointment 0.05%</i>	VIIBRYD	ZEPATIER
<i>Trianex</i>	VIRACEPT	ZERVIAE
TRICOR	VISCO-3	ZESTORETIC
TRINAZ	VITAFOL-ONE	ZETIA
TRIVIDIA INSULIN SYRINGES ⁶	<i>Vitasure</i>	ZETONNA
<i>TronVite</i>	VIVELLE-DOT	ZIANA
TRUXIMA	VOGELXO	<i>zileuton ext-rel</i>
TUDORZA	WESTHROID	ZIRGAN
UDENYCA	WP THYROID	ZOHYDRO ER
ULORIC	XANAX	ZOLADEX
ULTIMED INSULIN SYRINGES ⁶	XANAX XR	ZOLOFT
ULTIMED NEEDLES ⁶	XENAZINE	<i>zolpidem sublingual</i>
ULTRAVATE	XENICAL	ZOLPIMIST
UROXATRAL	XOLEGEL	ZONEGRAN
VALCYTE	XOPENEX HFA	ZONTIVITY
VALTRES	<i>Xvite</i>	ZORTRESS
<i>Vanoxide-HC</i>	XYZBAC	ZORVOLEX
VASCULERA	YASMIN	ZUPLENZ
VECTICAL	YAZ	ZYDELIG
VELTIN	<i>Yuvaferm</i>	ZYLET
<i>venlafaxine ext-rel tablet (except 225 mg)</i>	ZALVIT	ZYTIGA
VENTOLIN HFA	ZARXIO	ZYVIT
VEREGEN	ZEGERID	
VIAGRA	ZELAC	

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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