January 2022

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	*dexchlorpheniramine* *Diphen Elixir* *RyClora* CARBINOXAMINE TABLET 6 MG	*levocetirizine*
Allergies Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	*azelastine-fluticasone, flunisolide, fluticasone, mometasone*
Anticonvulsants	*topiramate ext-rel capsule* (generics for QUDEXY XR only)	*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
	BANZEL SUSPENSION ONFI	*clobazam, lamotrigine, rufinamide, topiramate*, TROKENDI XR
	SABRIL	*vigabatrin*
	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, XCOPRI
Anti-infectives, Antibacterials Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	*erythromycins*
Anti-infectives, Antibacterials Tetracyclines	*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* *minocycline ext-rel* *CoreMino* *Mondoxyne NL capsule 75 mg* *Targadox* ACTICLATE DORYX DORYX MPC	*doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline*
Anti-infectives, Antibacterials Miscellaneous	*nitrofurantoin* (NDCs^ 16571074024, 70408023932 only) MACRODANTIN	*nitrofurantoin* (except NDCs^ 16571074024, 70408023932)

CVS caremark®

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
Anti-infectives, Antifungals	*flucytosine capsule 500 mg*	*fluconazole*
	posaconazole delayed-rel tablet NOXAFIL	*fluconazole, itraconazole*
	CRESEMBA	*itraconazole*
	tavaborole	*terbinafine tablet*
Anti-infectives, Antiretroviral Agents Combination Agents	ATRIPLA COMPLERA	*efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate*, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, STRIBILD, SYMTUZA, TRIUMEQ
	TRUVADA	*abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate*, CIMDUO, DESCOVY, TEMIXYS
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS	Consult doctor
	INVIRASE LEXIVA VIRACEPT	*atazanavir*, EVOTAZ, PREZCOBIX, PREZISTA
Anti-infectives, Antivirals Cytomegalovirus *	VALCYTE	*valganciclovir*
Anti-infectives, Antivirals Hepatitis B *	BARACLUDE TABLET	*entecavir, lamivudine*, 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 Miscellaneous	DARAPRIM	*pyrimethamine*
Antiobesity	CONTRAVE XENICAL	QSYMIA, SAXENDA, WEGOVY
*Anxiety ** Benzodiazepines	ATIVAN 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	*zileuton ext-rel* 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

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
Attention Deficit Hyperactivity Disorder *	ADDERALL EVEKEO	*amphetamine-dextroamphetamine mixed salts, methylphenidate*
	ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA FOCALIN XR	*amphetamine-dextroamphetamine mixed salts ext-rel* †, *dexmethylphenidate ext-rel, methylphenidate ext-rel* †, MYDAYIS, VYVANSE
	INTUNIV	*amphetamine-dextroamphetamine mixed salts ext-rel* †, *atomoxetine, dexmethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel* †, MYDAYIS, QELBREE, VYVANSE
Autoimmune Agents 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
Autoimmune Agents 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
Botulinum Toxins	BOTOX	Consult doctor
Cancer Biosimilars	RIABNI TRUXIMA	RUXIENCE
Cancer Chronic Myelogenous Leukemia * Kinase Inhibitors	GLEEVEC ICLUSIG TASIGNA	*imatinib mesylate,* BOSULIF, SPRYCEL
Cancer Follicular Lymphoma * PI3K Inhibitors	ALIQOPA ZYDELIG	COPIKTRA
Cancer Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
Cancer mTOR Inhibitors	AFINITOR	*everolimus,* AFINITOR DISPERZ
Cancer Multiple Myeloma * Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO, VELCADE

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
Cancer Non-Small Cell Lung Cancer * ALK Inhibitors	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
Cancer Prostate * Antiandrogens	NILANDRON ZYTIGA	*abiraterone, bicalutamide,* ERLEADA, XTANDI, YONSA
Cancer Prostate * Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD, FIRMAGON
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	*sotalol*
	NORPACE	*disopyramide*
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	*ezetimibe*
Cardiovascular Antilipemics Fibrates	*fenofibrate capsule 50 mg* *fenofibrate capsule 130 mg* *fenofibrate tablet 40 mg* *fenofibrate tablet 120 mg* FENOGLIDE TABLET 120 MG TRICOR	*fenofibrate* (except *fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 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

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN	*treprostinil*
Carnitine Deficiency	CARNITOR CARNITOR SF	*levocarnitine*
*Chronic Obstructive Pulmonary Disease (COPD) ** Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA, YUPELRI
*Chronic Obstructive Pulmonary Disease (COPD) ** Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
Contraceptives Oral	BALCOLTRA BEYAZ MINASTRIN 24 FE SEASONIQUE TAYTULLA YASMIN YAZ	*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, NATAZIA
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

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
Dermatology Acne *	*clindamycin gel* (NDC^ 68682046275 only) *Vanoxide-HC* ACANYA AZELEX BENZACLIN 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,* ZYCLARA
Dermatology Anti-infective / Anti-inflammatory	NEO-SYNALAR	*desonide* or *hydrocortisone* **WITH** *gentamicin*
Dermatology Antibiotics	*mupirocin cream*	*gentamicin, mupirocin ointment*
Dermatology Antipsoriatics	*calcipotriene cream* *calcipotriene foam* *calcitriol ointment* CALCIPOTRIENE FOAM 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
	ELIDEL	*pimecrolimus, tacrolimus,* EUCRISA
Dermatology Rosacea *	*doxycycline monohydrate delayed-rel capsule*	ORACEA
	ivermectin cream FINACEA GEL MIRVASO NORITATE	*azelaic acid gel, metronidazole,* FINACEA FOAM, SOOLANTRA
Dermatology Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILIVEX 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 * Low Potency Corticosteroids	*flurandrenolide cream* *flurandrenolide lotion* *Nolix* CORDRAN CREAM CORDRAN LOTION	*desonide, hydrocortisone*

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
Dermatology Skin Inflammation and Hives * Medium Potency Corticosteroids	*clocortolone cream* *desoximetasone ointment 0.05%* *flurandrenolide ointment* *hydrocortisone butyrate lipophilic cream 0.1%* *hydrocortisone butyrate lotion* *triamcinolone aerosol 0.2%* *triamcinolone ointment 0.05%* *Trianex* CORDRAN OINTMENT	*hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment* (except *triamcinolone ointment 0.05%*)
Dermatology Skin Inflammation and Hives * High Potency Corticosteroids	*diflorasone cream* *diflorasone ointment* *halcinonide cream* APEXICON E HALOG 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, halobetasol cream*
	CORDRAN TAPE ULTRAVATE	*clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment*
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*
	luliconazole *oxiconazole* (NDCs^ 00168035830, 51672135902 only)	*ciclopirox, clotrimazole, econazole, ketoconazole cream 2%*, NAFTIN
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 BCISE BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
Diabetes * 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: *Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.*	
Diabetes * Long Acting Insulins [5]	LANTUS	BASAGLAR, LEVEMIR
Diabetes * Insulin Sensitizers	ACTOS	*pioglitazone*
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
Diabetes * 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
Diabetes * 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

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
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]
	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
Dietary Supplements	FOSTEUM FOSTEUM PLUS	*alendronate, ibandronate, risedronate*
	Activite *Dexifol* *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	*folic acid*
	MultiPro PRODIGEN VASCULERA	Consult doctor
Endocrine and Metabolic Corticosteroids	*betamethasone acetate-betamethasone sodium phosphate* (NDC^ 71283062002 only) BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS	*dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone*
Endocrine and Metabolic Progestins	PROMETRIUM	*medroxyprogesterone; progesterone, micronized*
Endometriosis *	LUPRON DEPOT ZOLADEX	ORILISSA
Erectile Dysfunction * Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	*sildenafil, tadalafil*

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
Fertility Regulators Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
Gastrointestinal Anticholinergics	*chlordiazepoxide-clidinium* (NDCs^ 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) *hyoscyamine sulfate ext-rel* *Oscimin SR* *Symax-SR* GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	*dicyclomine*
Gastrointestinal Antidiarrheals	ENTERAGAM	*alosetron*, VIBERZI, XIFAXAN 550 MG
	MYTESI	*diphenoxylate-atropine, loperamide*
Gastrointestinal Antiemetics	TRANSDERM SCOP	*meclizine, scopolamine transdermal*
	ZUPLENZ	*granisetron, ondansetron*, SANCUSO
Gastrointestinal Irritable Bowel Syndrome	AMITIZA	*lubiprostone*, LINZESS, MOVANTIK, SYMPROIC
Gastrointestinal Laxatives	LACTULOSE PAK	*lactulose solution*
	GOLYTELY MOVIPREP OSMOPREP SUPREP	*peg 3350-electrolytes*, CLENPIQ
Gastrointestinal Probiotics	*Lactojen* PROVAD ZELAC	Consult doctor
Gastrointestinal Proton Pump Inhibitors (PPIs)	*omeprazole-sodium bicarbonate* *pantoprazole delayed-rel suspension* ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	*esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet*, DEXILANT
Gastrointestinal Ulcer Treatment	*sucralfate suspension* CARAFATE	*sucralfate tablet*
Gaucher Disease	ELELYSO	CERDELGA, CEREZYME
Genitourinary Interstitial Cystitis	ELMIRON RIMSO-50	Consult doctor
Genitourinary Miscellaneous	LITHOSTAT	Consult doctor
	THIOLA THIOLA EC	*tiopronin*
Gout *	*colchicine capsule* COLCRYS	*colchicine tablet*, MITIGARE
	ULORIC	*allopurinol*
Growth Hormones	HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, NORDITROPIN

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
Hematologic Anticoagulants Injectable	*heparin sodium in 5% dextrose* HEPARIN SODIUM IN 5% DEXTROSE	*enoxaparin, fondaparinux*
Hematologic Anticoagulants Oral	ELIQUIS PRADAXA	*warfarin*, XARELTO
Hematologic Chelating Agents	CUPRIMINE	*penicillamine*
	DESFERAL EXJADE FERRIPROX JADENU	*deferasirox, deferiprone, deferoxamine*
	SYPRINE	*trientine*
Hematologic Erythropoiesis-Stimulating Agents	ARANESP EPOGEN PROCRIT	RETACRIT
Hematologic Hemophilia B	ALPROLIX	Consult doctor
Hematologic Miscellaneous Bleeding Disorders Agents	FEIBA	NOVOSEVEN RT, SEVENFACT
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX LEUKINE NEUPOGEN ZARXIO	NIVESTYM
Hematologic Platelet Aggregation Inhibitors	PLAVIX	*clopidogrel, prasugrel*, BRILINTA
	ZONTIVITY	Consult doctor
Hematologic Thrombocytopenia Agents	MULPLETA	Consult doctor
	NPLATE	PROMACTA, TAVALISSE
High Blood Pressure * ACE Inhibitor / Diuretic Combinations	ZESTORETIC	*fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide*
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	*candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan*
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	*candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide*
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	AZOR EXFORGE	*amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan*

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	*amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide*
High Blood Pressure * Beta-blockers	COREG CR INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	*atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel,* BYSTOLIC
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	*metoprolol succinate ext-rel* **WITH** *hydrochlorothiazide*
High Blood Pressure * Calcium Channel Blockers	NORVASC	*amlodipine*
	diltiazem ext-rel (generics for CARDIZEM LA only) *Matzim LA* CARDIZEM CARDIZEM CD CARDIZEM LA	*diltiazem ext-rel* (except generics for CARDIZEM LA)
High Blood Pressure * Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	*amlodipine* **WITH** *celecoxib*
Huntington's Disease	XENAZINE	*tetrabenazine,* AUSTEDO
Immunology Hereditary Angioedema	BERINERT	*icatibant,* RUCONEST
	CINRYZE HAEGARDA	ORLADEYO, TAKHZYRO
Immunology Rapamycin Derivatives	ZORTRESS	*everolimus*
Inflammatory Bowel Disease (IBD) Ulcerative Colitis *	*budesonide ext-rel* *mesalamine delayed-rel tablet 800 mg* COLAZAL DELZICOL LIALDA	*balsalazide, mesalamine delayed-rel* (except *mesalamine delayed-rel tablet 800 mg*), *mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel,* ASACOL HD, PENTASA
Kidney Disease * Phosphate Binders	*lanthanum carbonate* FOSRENOL	*calcium acetate, sevelamer carbonate,* PHOSLYRA, VELPHORO
Menopausal Symptom Agents Oral	*paroxetine mesylate capsule 7.5 mg*	*paroxetine HCl*
	MENEST OSPHENA PREMARIN	*estradiol*
Menopausal Symptom Agents Transdermal	MINIVELLE VIVELLE-DOT	*estradiol,* DIVIGEL, EVAMIST
Menopausal Symptom Agents Vaginal	*estradiol vaginal tablet* *Yuvafem* ESTRING FEMRING INTRAROSA PREMARIN CREAM	*estradiol vaginal cream,* IMVEXXY, VAGIFEM
Multiple Sclerosis	EXTAVIA TECFIDERA	*dimethyl fumarate delayed-rel, glatiramer,* AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
Musculoskeletal	*carisoprodol 250 mg* *chlorzoxazone 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 NORGESIC FORTE	*cyclobenzaprine* (except *cyclobenzaprine tablet 7.5 mg*)
Narcolepsy Wakefulness Promoters	NUVIGIL PROVIGIL	*armodafinil, modafinil,* SUNOSI, WAKIX, XYWAV
Ophthalmic Allergies	ALREX BEPREVE LASTACAFT ZERVIATE	*azelastine, bepotastine, cromolyn sodium, olopatadine*
Ophthalmic Anti-infectives	AZASITE CILOXAN	*ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin,* BESIVANCE
Ophthalmic Anti-infective / Anti-inflammatory	TOBRADEX ST ZYLET	*neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone,* TOBRADEX OINTMENT
Ophthalmic Anti-inflammatory, Nonsteroidal	ACUVAIL BROMSITE NEVANAC	*bromfenac, diclofenac, ketorolac,* ILEVRO, PROLENSA
Ophthalmic Anti-inflammatory, Steroidal	FLAREX FML FORTE FML LIQUIFILM FML S.O.P. INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	*dexamethasone, loteprednol, prednisolone acetate 1%,* DUREZOL
Ophthalmic Antivirals	ZIRGAN	*trifluridine*
Ophthalmic Artificial Tears	LACRISERT	RESTASIS, XIIDRA
Ophthalmic Glaucoma	*bimatoprost solution 0.03%* TRAVATAN Z	*latanoprost, travoprost,* LUMIGAN, ZIOPTAN
	BETIMOL TIMOPTIC OCUDOSE	*timolol maleate solution,* BETOPTIC S
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Dependency	SUBOXONE	*buprenorphine-naloxone sublingual,* ZUBSOLV

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

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*)
	Inflammacin *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, pregabalin ext-rel,* 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 Anaphylaxis Treatment Agents	ADRENALIN SYMJEPI	*epinephrine auto-injector,* AUVI-Q, EPIPEN, EPIPEN JR
Respiratory Cough	*benzonatate* (NDCs^ 69336012615, 69499032915 only)	*benzonatate* (except NDCs^ 69336012615, 69499032915)

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
Respiratory Xanthines	THEO-24	*ipratropium inhalation solution*, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
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, MYFEMBREE

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
ADRENALIN
ADZENYS ER
ADZENYS XR-ODT
AFINITOR
AIMOVIG
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
ARANESP
ARTHROTEC
ASMANEX
ASMANEX HFA
ATACAND
ATACAND HCT
ATIVAN
ATOPADERM
ATRIPLA
AVASTIN
AVENOVA
AVSOLA
AZASITE
AZELEX

AZESCO
AZOR
BALCOLTRA
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
BOTOX
BREEZE 2 STRIPS AND KITS [8]
BROMSITE
budesonide ext-rel
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
CINRYZE
CIPRO HC
CIPRODEX
clindamycin gel (NDC^ 68682046275 only)
clobetasol spray
CLOBEX SPRAY
clocortolone cream
COLAZAL
colchicine capsule
COLCRYS
COMPLERA
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
DESFERAL
desoximetasone ointment 0.05%
DETROL LA
dexchlorpheniramine
Dexifol
DIFFERIN LOTION
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 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
ELIQUIS
ELMIRON
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
FEIBA
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
HAEGARDA
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
ICLUSIG
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
ivermectin cream
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
LEUKINE
levorphanol
LEXAPRO
LEXIVA
LIALDA
LIBRAX
LIDOCAINE-TETRACAINE CREAM
(NDC^ 71800063115 only)
LIDOTREX
LIPITOR
LITHOSTAT
LIVALO
Lorid
Lorzone
LOTEMAX
LOTEMAX SM
luliconazole
LUNESTA
LUPRON DEPOT
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
MICARDIS
MICARDIS HCT
Migergot
MILLIPRED
MINASTRIN 24 FE
MINIVELLE
minocycline ext-rel
MIRVASO
Mondoxyne NL capsule 75 mg
MONOVISC
MOVIPREP
MULPLETA
MultiPro
mupirocin cream
MYTESI
NAPRELAN
naproxen CR
naproxen suspension
naproxen-esomeprazole
NATURE-THROID
NEO-SYNALAR
NESINA
NEULASTA
NEULASTA ONPRO
NEUPOGEN
NEVANAC
NEXIUM
niacin tablet 500 mg
Niacor
NICADAN
NICAPRIN
NICAZEL
NICAZEL FORTE
NICOMIDE
NILANDRON
nitrofurantoin (NDCs^ 16571074024, 70408023932 only)
Nolix
NORGESIC FORTE
NORITATE
NORPACE
NORVASC
NOURIANZ
NOVACORT
NOVO NORDISK NEEDLES [6]
NOXAFIL
NPLATE
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
Orphengesic 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
PERCOCET
PERRIGO NEEDLES [6]
PEXEVA
PLAVIX
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
SYMJEPI
SYNERDERM
SYNVISC
SYNVISC-ONE
SYPRINE
TALIVA
TALTZ
Targadox
TASIGNA
tavaborole

CVS caremark®

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
TRADJENTA
tramadol (NDC^ 52817019610 only)
tramadol ext-rel capsule
TRANSDERM SCOP
TRAVATAN Z
TRELSTAR MIXJECT
TREXIMET
triamcinolone aerosol 0.2%
triamcinolone ointment 0.05%
Trianex
TRICOR
TRINAZ
TRIVIDIA INSULIN SYRINGES [6]
TronVite
TRUVADA
TRUXIMA
TUDORZA
UDENYCA
ULORIC
ULTIMED INSULIN SYRINGES [6]
ULTIMED NEEDLES [6]
ULTRAVATE
UROXATRAL
VALCYTE
VALTREX
Vanoxide-HC
VASCULERA
VECTICAL
VELTIN
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VEREGEN
VIAGRA
VIEKIRA PAK
VIIBRYD
VIRACEPT
VISCO-3
VITAFOL-ONE
Vitasure
VIVELLE-DOT
VOGELXO
WESTHROID
WP THYROID
XALKORI
XANAX
XANAX XR
XENAZINE
XENICAL
XOLEGEL
XOPENEX HFA
Xvite
XYZBAC
YASMIN
YAZ
Yuvafem
ZALVIT
ZARXIO
ZEGERID
ZELAC
ZEMAIRA
ZEPATIER
ZERVIATE
ZESTORETIC
ZETIA
ZETONNA
ZIANA
zileuton ext-rel
ZIRGAN
ZOHYDRO ER
ZOLADEX
ZOLOFT
zolpidem sublingual
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** 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.

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

©2021 CVS Health and/or one of its affiliates. All rights reserved. 106-25923B 010122

CVS caremark®