

# Medications Requiring Prior Authorization for Medical Necessity for Clients with Advanced Control Specialty Formulary<sup>®</sup> – Assurant

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. Please have your prescriber contact the CVS Caremark<sup>®</sup> Prior Authorization Department at 1-855-240-0536 to request a prior authorization.

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. For specific information about your prescription benefit coverage and copay<sup>††</sup> amounts, contact CVS Caremark Customer Care at 1-866-587-4799.

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	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 DYMISTA OMNARIS QNASL ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
Anti-infectives, Antibacterials Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
Anti-infectives, Antibacterials Tetracyclines	<i>doxycycline hyclate delayed-rel tablet</i> <i>doxycycline hyclate tablet 50 mg</i> <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 Mondoxyme NL capsule 75 mg Targadox DORYX DORYX MPC	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
Anti-infectives, Antibacterials Miscellaneous	<i>nitrofurantoin (NDC* 16571074024 only)</i> MACRODANTIN	<i>nitrofurantoin (except NDC* 16571074024)</i>
Anti-infectives, Antifungals	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
	<i>posaconazole delayed-rel tablet</i> NOXAFIL	<i>fluconazole, itraconazole</i>
	CRESEMBA	<i>itraconazole</i>
	<i>tavaborole</i>	<i>terbinafine tablet</i>
Anti-infectives, Antiretroviral Agents Combination Agents	COMPLERA STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>

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<i>Anti-infectives, Antiretroviral Agents</i> Fusion Inhibitors	SELZENTRY	<i>maraviroc</i>
<i>Anti-infectives, Antiretroviral Agents</i> Protease Inhibitors	APTIVUS	Talk to your doctor
	LEXIVA VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus †	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals</i> Hepatitis B †	BARACLUDE TABLET EPIVIR HBV VELLIDY	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>
<i>Anti-infectives, Antivirals</i> Hepatitis C †	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>
	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>Anti-infectives</i> Miscellaneous	DARAPRIM	<i>pyrimethamine</i>
<i>Antiobesity</i>	CONTRAVE XENICAL	<i>orlistat, QSYMIA, SAXENDA, WEGOVY</i>
<i>Antiseizure Agents</i>	<i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only) LAMICTAL LAMICTAL ODT	<i>carbamazepine, carbamazepine ext-rel, clobazam, clonazepam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, XCOPRI</i>
	BANZEL FINTEPLA ONFI	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
	SABRIL	<i>vigabatrin</i>
	DEPAKOTE DEPAKOTE ER DEPAKOTE SPRINKLE	<i>carbamazepine, carbamazepine ext-rel, clonazepam, divalproex sodium, divalproex sodium ext-rel, ethosuximide, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, XCOPRI</i>
	DILANTIN KEPPRA KEPPRA XR LAMICTAL XR TEGRETOL TEGRETOL XR TRILEPTAL VIMPAT ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, XCOPRI</i>
	DIACOMIT	Talk to your doctor
<i>Anxiety †</i> Benzodiazepines	ATIVAN XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>

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<i>Asthma</i> † Beta Agonists, Short-Acting	<i>albuterol sulfate CFC-free aerosol</i> (NDC* 66993001968 only) PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol</i> (except NDC* 66993001968), <i>levalbuterol tartrate CFC-free aerosol</i>
<i>Asthma</i> † Leukotriene Modulators	<i>zileuton ext-rel</i> SINGULAIR	<i>montelukast, zafirlukast</i>
<i>Asthma</i> † Steroid Inhalants	ALVESCO ARNUIITY ELLIPTA ASMANEX ASMANEX HFA FLOVENT DISKUS FLOVENT HFA QVAR REDIHALER <sup>3</sup>	PULMICORT FLEXHALER
<i>Asthma</i> † or <i>Chronic Obstructive Pulmonary Disease (COPD)</i> † Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT
<i>Asthma</i> † Severe Asthma	NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR
<i>Attention Deficit Hyperactivity Disorder</i> †	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADDERALL XR ADZENYS XR-ODT APTENSIO XR CONCERTA DAYTRANA DYANAVEL XR FOCALIN XR JORNAY PM MYDAYIS QUILLICHEW ER QUILLIVANT XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexmethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS, QELBREE</i>
<i>Autoimmune Agents Physician-Administered Agents</i>	ACTEMRA INTRAVENOUS ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
	AVSOLA CIMZIA LYOPHILIZED POWDER INFLECTRA RENFLEXIS	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease Only)	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
<i>Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis</i> †	SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, RINVOQ
<i>Autoimmune Agents Self-Administered Agents Crohn's Disease</i> †	None	HUMIRA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS
<i>Autoimmune Agents Self-Administered Agents Non-Radiographic Axial Spondyloarthritis</i> †	TALTZ	CIMZIA PREFILLED SYRINGE, COSENTYX, RINVOQ

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<i>Autoimmune Agents</i> Self-Administered Agents Psoriasis †	COSENTYX ENBREL	HUMIRA, OTEZLA, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
<i>Autoimmune Agents</i> Self-Administered Agents Psoriatic Arthritis †	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA
<i>Autoimmune Agents</i> Self-Administered Agents Rheumatoid Arthritis †	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET SIMPONI	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
<i>Autoimmune Agents</i> Self-Administered Agents Ulcerative Colitis †	SIMPONI	HUMIRA, RINVOQ, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR, ZEPOSIA
<i>Autoimmune Agents</i> Self-Administered Agents All Other Conditions †	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA
Botulinum Toxins	BOTOX	Talk to your doctor
<i>Cancer</i> Antimetabolites	ALIMTA	<i>pemetrexed</i>
<i>Cancer</i> Biosimilars	RIABNI TRUXIMA	RUXIENCE
<i>Cancer</i> Chronic Myelogenous Leukemia † Kinase Inhibitors	GLEEVEC ICLUSIG TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Follicular Lymphoma † PI3K Inhibitors	ALIQOPA	Talk to your doctor
<i>Cancer</i> Melanoma † BRAF/MEK Inhibitors	MEKINIST	COTELLIC, MEKTOVI
	TAFINLAR	BRAFTOVI, ZELBORAF
<i>Cancer</i> Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
<i>Cancer</i> mTOR Inhibitors	AFINITOR AFINITOR DISPERZ	<i>everolimus</i>
<i>Cancer</i> Multiple Myeloma † Proteasome Inhibitors	BORTEZOMIB KYPROLIS	<i>bortezomib</i> , NINLARO
<i>Cancer</i> Non-Small Cell Lung Cancer † ALK Inhibitors	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA

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<i>Cancer</i> PARP Inhibitor	RUBRACA	LYNPARZA, ZEJULA
<i>Cancer</i> Prostate † Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
<i>Cancer</i> Prostate † Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	FIRMAGON LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD
<i>Cancer</i> Renal Cell Carcinoma Kinase Inhibitors	SUTENT VOTRIENT	<i>sunitinib, CABOMETYX, INLYTA, LENVIMA, NEXAVAR</i>
<i>Cancer</i> Miscellaneous	TARGRETIN	<i>bexarotene</i>
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	MULTAQ NEXTERONE	<i>amiodarone</i>
	NORPACE	<i>disopyramide</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	<i>fenofibrate capsule 30 mg fenofibrate capsule 50 mg fenofibrate capsule 90 mg fenofibrate capsule 130 mg fenofibrate tablet 40 mg fenofibrate tablet 120 mg FENOGLIDE TABLET 120 MG TRICOR</i>	<i>fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 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 <sup>4</sup>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics MTP Inhibitors	JUXTAPID	REPATHA
<i>Cardiovascular</i> Antilipemics Niacins	<i>niacin tablet 500 mg Niacor</i>	<i>niacin ext-rel</i>
<i>Cardiovascular</i> Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl LOVAZA</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	PRALUENT	REPATHA

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<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 Phosphodiesterase Inhibitors	ADCIRCA REVATIO	<i>sildenafil, tadalafil</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN	<i>treprostinil</i>
	TYVASO DPI	Talk to your doctor
<i>Cardiovascular</i> Miscellaneous	NORTHERA	<i>midodrine</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) †</i> Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
<i>Chronic Obstructive Pulmonary Disease (COPD) †</i> Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
<i>Contraceptives</i> Oral	BALCOLTRA BEYAZ MINASTRIN 24 FE SEASONIQUE TAYTULLA YASMIN YAZ	<i>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</i>
<i>Contraceptives</i> Progestin Intrauterine Devices	LILETTA	KYLEENA, MIRENA, SKYLA
<i>Contraceptives</i> Vaginal	<i>ethinyl estradiol-etonogestrel</i> <i>EluRyng</i>	ANNOVERA, NUVARING
<i>Cushing's Syndrome</i>	KORLYM	Talk to your doctor
<i>Cystic Fibrosis †</i> Inhaled Antibiotics	BETHKIS CAYSTON KITABIS PAK TOBI TOBI PODHALER	<i>tobramycin inhalation solution</i>
<i>Dental</i> Cavity/Caries Prevention	PREVIDENT	Talk to your doctor

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<i>Depression</i> † 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
<i>Depression</i> † 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
<i>Depression</i> † Antidepressants, Miscellaneous Agents	bupropion ext-rel tablet 450 mg	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
<i>Depression and/or Schizophrenia</i> † Antipsychotics, Atypicals	ABILIFY FANAPT LATUDA SEROQUEL XR	aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR
<i>Dermatology</i> Acne †	adapalene pad clindamycin gel (NDC* 68682046275 only) Vanoxide-HC ACANYA ACZONE AZELEX DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
<i>Dermatology</i> Actinic Keratosis †	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA
<i>Dermatology</i> Anti-infective / Anti-inflammatory	NEO-SYNALAR	desonide (except desonide gel) or hydrocortisone <b>WITH</b> gentamicin
<i>Dermatology</i> Antibiotics	mupirocin cream	gentamicin, mupirocin ointment
<i>Dermatology</i> Antipsoriatics	calcipotriene cream calcipotriene foam calcitriol ointment CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL	calcipotriene ointment, calcipotriene solution, VTAMA, ZORYVE
	calcipotriene-betamethasone DUOBRII	calcipotriene ointment or calcipotriene solution <b>WITH</b> desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI; ENSTILAR, VTAMA, ZORYVE
<i>Dermatology</i> Atopic Dermatitis †	doxepin cream	desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA
	ELIDEL	pimecrolimus, tacrolimus, EUCRISA

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<i>Dermatology</i> Rosacea †	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
	<i>ivermectin cream</i> FINACEA GEL MIRVASO NORITATE	<i>azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, RHOFADE, SOOLANTRA</i>
<i>Dermatology</i> Scars	CICATRACE POLYTOZA RECEDO SCARSILK PAD SILIVEX SILTREX	Talk to your doctor
<i>Dermatology</i> Seborrheic Dermatitis †	<i>ketoconazole foam 2%</i> Ketodan	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
<i>Dermatology</i> Skin Inflammation and Hives † Low Potency Corticosteroids	<i>desonide gel</i> DesRx <i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> CORDRAN CREAM CORDRAN LOTION	<i>desonide (except desonide gel), 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> Trianex 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>betamethasone dipropionate ointment 0.05%</i> <i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG	<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 emollient foam</i> <i>clobetasol spray</i> <i>fluocinonide cream 0.1%</i> Tovet CLOBEX SPRAY CORDRAN TAPE OLUX-E ULTRAVATE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
<i>Dermatology</i> Warts	VEREGEN	<i>imiquimod</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide (except desonide gel), hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ATOPADERM BENSAL HP EPICERAM KAMDOY SYNERDERM	<i>desonide (except desonide gel), hydrocortisone</i>
	<i>luliconazole</i> <i>oxiconazole</i> (NDCs* 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>



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<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	MOUNJARO, 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 <sup>5</sup>	NOVOLIN 70/30 <sup>5</sup>
	HUMULIN N <sup>5</sup>	NOVOLIN N <sup>5</sup>
	HUMULIN R <sup>5</sup>	NOVOLIN R <sup>5</sup>
	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 <sup>6</sup>	LANTUS	BASAGLAR, LEVEMIR
<i>Diabetes</i> † Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
<i>Diabetes</i> † Supplies, Needles <sup>7</sup>	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Diabetes</i> † Supplies, Syringes <sup>7</sup>	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
<i>Diabetes</i> † Supplies, Test Strips and Kits <sup>8,9</sup>	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ACCU-CHEK or ONETOUCH brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>8</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>8</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>8</sup> , ONETOUCH ULTRA STRIPS AND KITS <sup>8</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>8</sup>
	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> <sup>10</sup> <i>Dexifol</i> <sup>10</sup> <i>Genicin Vita-S</i> <sup>10</sup> <i>HylaVite</i> <sup>10</sup> <i>MultiPro</i> <sup>10</sup> <i>TronVite</i> <sup>10</sup> <i>Vitasure</i> <sup>10</sup> FERIVA 21/7 <sup>10</sup> FLORIVA <sup>10</sup> FLORIVA PLUS <sup>10</sup> NICADAN <sup>10</sup> NICAPRIN <sup>10</sup> NICAZEL <sup>10</sup> NICAZEL FORTE <sup>10</sup> NICOMIDE <sup>10</sup> POLY-VI-FLOR <sup>10</sup> POLY-VI-FLOR WITH IRON <sup>10</sup> RHEUMATE <sup>10</sup> TALIVA <sup>10</sup> TRI-VI-FLOR <sup>10</sup> XYZBAC <sup>10</sup> All other brand multivitamins <sup>10</sup>	<i>generic multivitamins</i>
	<i>Folvite-D</i> <sup>10</sup> ORTHO D <sup>10</sup> ORTHO DF <sup>10</sup>	<i>folic acid, generic multivitamins</i>
	VASCULERA	Talk to your doctor
<i>Endocrine and Metabolic Corticosteroids</i>	<i>prednisolone solution 10 mg/5 mL</i> <i>prednisolone solution 20 mg/5 mL</i> <i>Millipred</i> BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone,</i> <i>prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL),</i> <i>prednisone</i>
<i>Endocrine and Metabolic Hereditary Tyrosinemia Type 1 Agents</i>	NITYR	ORFADIN

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Endocrine and Metabolic</i> Potassium-Removing Agents	LOKELMA	VELTASSA
<i>Endocrine and Metabolic</i> Progestins	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
<i>Endocrine and Metabolic</i> Severe Hypoglycemia	GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE</i>
<i>Endocrine and Metabolic</i> Vasopressin Receptor Antagonists	JYNARQUE	Talk to your doctor
<i>Endocrine and Metabolic</i> Miscellaneous	CARBAGLU	<i>carglumic acid</i>
	CYSTADANE	<i>betaine</i>
<i>Endometriosis</i> †	ZOLADEX	MYFEMBREE, ORLISSA
<i>Erectile Dysfunction</i> † Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
	CHORIONIC GONADOTROPIN NOVAREL PREGNYL	OVIDREL
<i>Gastrointestinal</i> Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) <i>hyoscyamine sulfate ext-rel</i> GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
<i>Gastrointestinal</i> Antidiarrheals	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
<i>Gastrointestinal</i> Antiemetics	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
<i>Gastrointestinal</i> Irritable Bowel Syndrome †	AMITIZA	<i>lubiprostone, LINZESS, SYMPROIC</i>
<i>Gastrointestinal</i> Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	<i>peg 3350-electrolytes</i> (generics for MOVIPREP only) GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes</i> (except generics for MOVIPREP), CLENPIQ
<i>Gastrointestinal</i> Opioid-Induced Constipation	MOVANTIK	<i>lubiprostone, SYMPROIC</i>
<i>Gastrointestinal</i> Probiotics	ZELAC	Talk to your doctor

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	<i>dexlansoprazole delayed-rel</i> <i>lansoprazole delayed-rel</i> <i>orally disintegrating tablet</i> <i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE DEXILANT NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule,</i> <i>omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
<i>Gastrointestinal</i> Ulcer Treatment	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary</i> Interstitial Cystitis	ELMIRON RIMSO-50	Talk to your doctor
<i>Genitourinary</i> Miscellaneous	LITHOSTAT	Talk to your doctor
	THIOLA THIOLA EC	<i>tiopronin</i>
<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</i> Anticoagulants Injectable	HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
<i>Hematologic</i> Anticoagulants Oral	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic</i> Chelating Agents	CUPRIMINE	<i>penicillamine</i>
	DESFERAL EXJADE FERRIPROX JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE	<i>trientine</i>
<i>Hematologic</i> Erythropoiesis-Stimulating Agents	EPOGEN	ARANESP, PROCIT, RETACRIT
<i>Hematologic</i> Hemophilia B	BENEFIX IXINITY RIXUBIS	ALPROLIX, REBINYN
<i>Hematologic</i> Miscellaneous Bleeding Disorders Agents	FEIBA	NOVOSEVEN RT, SEVENFACT

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX LEUKINE NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Talk to your doctor
	NPLATE	DOPTELET, PROMACTA, TAVALISSE
<i>High Blood Pressure †</i> ACE Inhibitors	EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>
<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>
<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	BYSTOLIC COREG CR INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
<i>High Blood Pressure †</i> Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<i>diltiazem ext-rel</i> (generics for CARDIZEM LA only) <i>Matzim LA</i> CARDIZEM CARDIZEM CD CARDIZEM LA	<i>diltiazem ext-rel</i> (except generics for CARDIZEM LA)
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine, AUSTEDO, AUSTEDO XR</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO
<i>Immunology</i> Hereditary Angioedema	BERINERT FIRAZYR	<i>icatibant</i> , RUCONEST
	CINRYZE	ORLADEYO, TAKHZYRO
<i>Immunology</i> Miscellaneous	ARCALYST	ILARIS
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis †	<i>budesonide ext-rel tablet</i> ASACOL HD COLAZAL DELZICOL LIALDA PENTASA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>
<i>Interferons</i> †	PEGASYS	Talk to your doctor
<i>Kidney Disease</i> † Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL RENVELA	<i>calcium acetate, sevelamer carbonate</i> , AURYXIA, VELPHORO
<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	CLIMARA (except CLIMARA PRO) MINIVELLE VIVELLE-DOT	<i>estradiol</i> , DIVIGEL, EVAMIST
<i>Menopausal Symptom Agents</i> Vaginal	<i>estradiol vaginal tablet</i> <i>Yuvafem</i> ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol vaginal cream</i> , IMVEXXY, VAGIFEM
<i>Multiple Sclerosis</i>	AUBAGIO EXTAVIA GILENYA LEMTRADA TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
<i>Musculoskeletal</i>	<i>carisoprodol 250 mg</i> <i>chlorzoxazone 250 mg</i> <i>chlorzoxazone 375 mg</i> <i>chlorzoxazone 500 mg</i> (NDC* 73007001303 only) <i>chlorzoxazone 750 mg</i> <i>cyclobenzaprine ext-rel capsule</i> <i>cyclobenzaprine tablet 7.5 mg</i> <i>metaxalone 400 mg</i> <i>methocarbamol 500 mg</i> (NDC* 69036091010 only) <i>methocarbamol 750 mg</i> (NDCs* 69036093090, 70868090190 only) <i>orphenadrine-aspirin-caffeine</i> <i>Fexmid</i> <i>Lorzone</i> <i>Orphengesic Forte</i> AMRIX NORGESIC FORTE	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Narcolepsy</i> Wakefulness Promoters	NUVIGIL PROVIGIL	<i>armodafinil, modafinil, SUNOSI, WAKIX, XYWAV</i>
<i>Nephropathic Cystinosis</i>	PROCYSBI	CYSTAGON
<i>Ophthalmic</i> Allergies	ALREX BEPREVE LASTACRAFT ZERVIAE	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>
<i>Ophthalmic</i> Anti-infectives	AZASITE CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>
<i>Ophthalmic</i> Anti-infective / Anti-inflammatory	TOBRADEX ST ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
<i>Ophthalmic</i> Anti-inflammatory, Nonsteroidal	ACUVAIL BROMSITE NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
<i>Ophthalmic</i> Anti-inflammatory, Steroidal	FLAREX FML FORTE FML LIQUIFILM INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
<i>Ophthalmic</i> Antivirals	ZIRGAN	<i>trifluridine</i>
<i>Ophthalmic</i> Artificial Tears	LACRISERT	RESTASIS, XIIDRA
<i>Ophthalmic</i> Glaucoma	LUMIGAN RHOPRESSA ROCKLATAN TRAVATAN Z VYZULTA	<i>bimatoprost, latanoprost, travoprost, ZIOPTAN</i>
	BETIMOL TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETOPTIC S</i>
	COMBIGAN	<i>brimonidine-timolol</i>
<i>Ophthalmic</i> Miscellaneous	AVENOVA	Talk to your doctor
<i>Opioid Dependency</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
<i>Osteoarthritis †</i> Viscosupplements	GEL-ONE HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<i>Osteoporosis †</i> Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
<i>Otic</i> Anti-infective / Anti-inflammatory	<i>ciprofloxacin-fluocinolone</i> CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Overactive Bladder / Incontinence</i> † Urinary Antispasmodics	DETROL LA MYRBETRIQ OXYTROL TOVIAZ	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>
<i>Pain</i> Headache †	<i>butalbital-acetaminophen capsule</i> <i>butalbital-acetaminophen tablet 25-325 mg</i> <i>butalbital-acetaminophen tablet 50-300 mg</i> <i>butalbital-acetaminophen-caffeine capsule</i> <i>diclofenac potassium powder</i> <i>Bupap</i> BUTALBITAL-ACETAMINOPHEN (NDC* 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> <i>Migergot</i> CAFERGOT MAXALT MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>
	<i>sumatriptan-naproxen</i> TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY or ZEMBRACE SYMTOUCH</i>
<i>Pain</i> Neuropathic Pain †	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>
<i>Pain</i> Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	SUBSYS	<i>fentanyl transmucosal lozenge</i>
	<i>levorphanol</i> <i>oxymorphone ext-rel</i> HYSINGLA ER NUCYNTA ER OXYCONTIN	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER</i>
	NUCYNTA	<i>hydromorphone, morphine, oxycodone</i>
	PERCOCET	<i>hydrocodone-acetaminophen, oxycodone-acetaminophen</i>
	<i>tramadol (NDC* 52817019610 only)</i> <i>tramadol ext-rel capsule</i>	<i>tramadol (except NDC* 52817019610), tramadol ext-rel tablet</i>



Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	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) <b>WITH</b> esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet
	CELEBREX	celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	diclofenac sodium solution 2% Capsinac Diclofenac DC Diclosaicin Iclofenac CP Inflammacin Kapzin DC NuDiclo SoluPak NuDiclo TabPak Pennaicin Sure Result DSS Premium Pack Ziclocin Pak Ziclopro PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	diclofenac potassium capsule 25 mg diclofenac potassium tablet 25 mg fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC* 69336012830 only) meloxicam capsule naproxen CR naproxen suspension Lofena 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) <b>WITH</b> esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet
Parkinson's Disease	APOKYN	INBRIJA, KYNMOBI
	NOURIANZ	entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO
Phenylketonuria	KUVAN	sapropterin
Postherpetic Neuralgia	HORIZANT	gabapentin, pregabalin, 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 <sup>11</sup>	AZESCO CITRANATAL PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins	generic prenatal vitamins
Prostate Condition Benign Prostatic Hyperplasia †	JALYN	dutasteride-tamsulosin; dutasteride or finasteride <b>WITH</b> alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin
	RAPAFLO UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin
Pseudobulbar Affect	NUEDEXTA	Talk to your doctor

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Respiratory</i> Alpha-1 Antitrypsin Deficiency	ARALAST NP GLASSIA	PROLASTIN-C, ZEMAIRA
<i>Respiratory</i> Anaphylaxis Treatment Agents	ADRENALIN SYMJEPI	<i>epinephrine</i> , AUVI-Q, EPIPEN, EPIPEN JR
<i>Respiratory</i> Cough	<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs* 69336012615, 69499032915)
<i>Respiratory</i> Idiopathic Pulmonary Fibrosis	ESBRIET	<i>pirfenidone</i> , OFEV
<i>Respiratory</i> Phosphodiesterase-4 Inhibitors	DALIRESP	<i>roflumilast</i>
<i>Respiratory</i> Xanthines	THEO-24	<i>formoterol inhalation solution</i> , <i>ipratropium inhalation solution</i> , SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
<i>Sleep Disorder</i> Hypnotics, Non-benzodiazepines	<i>quazepam</i> <i>zolpidem sublingual</i> EDLUAR LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin</i> , <i>eszopiclone</i> , <i>ramelteon</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , BELSOMRA, DAYVIGO
<i>Testosterone Replacement</i> † Androgens	<i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) ANDROGEL FORTESTA TESTIM VOGELXO	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution</i> , NATESTO
<i>Thyroid Supplements</i>	CYTOMEL	<i>levothyroxine</i> , <i>liothyronine</i> , SYNTHROID
	TIROSINT	<i>levothyroxine</i> , SYNTHROID
<i>Urea Cycle Disorders</i>	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</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.
Atopic Dermatitis †	As new atopic dermatitis products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options are available on the formulary and may result in additional products not covered without a medical exception, addition or deletion of a product on the first day of any calendar month.
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 †	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	ATACAND	BUTRANS
ACANYA	ATACAND HCT	BYDUREON BCISE
ACIPHEX	ATIVAN	BYETTA
ACIPHEX SPRINKLE	ATOPADERM	BYSTOLIC
ACTEMRA ACTPEN	AUBAGIO	CAFERGOT
ACTEMRA INTRAVENOUS	AVASTIN	<i>calcipotriene cream</i>
ACTEMRA SUBCUTANEOUS	AVENOVA	<i>calcipotriene foam</i>
<i>Activite</i> <sup>10</sup>	AVSOLA	CALCIPOTRIENE FOAM
ACTOS	AZASITE	<i>calcipotriene-betamethasone</i>
ACUVAIL	AZELEX	<i>calcitriol ointment</i>
<i>acyclovir cream</i>	AZESCO <sup>11</sup>	CAMBIA
ACZONE	AZOR	<i>Capsinac</i>
<i>adapalene pad</i>	BALCOLTRA	CARAC
ADCIRCA	BANZEL	CARAFATE
ADDERALL	BARACLUDE TABLET	CARBAGLU
ADDERALL XR	BECONASE AQ	CARBINOXAMINE TABLET 6 MG
ADRENALIN	BENEFIX	CARDIZEM
ADZENYS XR-ODT	BENICAR	CARDIZEM CD
AFINITOR	BENICAR HCT	CARDIZEM LA
AFINITOR DISPERZ	BENSAL HP	<i>carisoprodol 250 mg</i>
<i>albuterol sulfate CFC-free aerosol</i>	<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	CARNITOR
(NDC* 66993001968 only)	BEPREVE	CARNITOR SF
ALEVICYN GEL	BERINERT	CAYSTON
ALEVICYN SG	BETAMETHASONE ACETATE-	CELEBREX
ALEVICYN SOLUTION	BETAMETHASONE SODIUM PHOSPHATE	<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)
ALIMTA	<i>betamethasone dipropionate ointment 0.05%</i>	<i>chlorzoxazone 250 mg</i>
ALIQOPA	BETAPACE	<i>chlorzoxazone 375 mg</i>
ALLISON MEDICAL INSULIN SYRINGES <sup>7</sup>	BETAPACE AF	<i>chlorzoxazone 500 mg</i> (NDC* 73007001303 only)
ALREX	BETHKIS	<i>chlorzoxazone 750 mg</i>
ALTOPREV	BETIMOL	CHORIONIC GONADOTROPIN
ALVESCO	BEVESPI AEROSPHERE	CIALIS
AMITIZA	BEYAZ	CICATRACE
AMRIX	BORTEZOMIB	CILOXAN
ANDROGEL	BOTOX	CIMZIA LYOPHILIZED POWDER
APEXICON E	BREEZE 2 STRIPS AND KITS <sup>9</sup>	CINRYZE
APIDRA	BROMSITE	CIPRO HC
APOKYN	<i>budesonide ext-rel tablet</i>	CIPRODEX
APTENSIO XR	<i>Bupap</i>	<i>ciprofloxacin-fluocinolone</i>
APTIVUS	BUPHENYL	CITRANATAL <sup>11</sup>
ARALAST NP	<i>bupropion ext-rel tablet 450 mg</i>	CLIMARA (except CLIMARA PRO)
ARCALYST	<i>butalbital-acetaminophen capsule</i>	<i>clindamycin gel</i> (NDC* 68682046275 only)
ARNUITY ELLIPTA	<i>butalbital-acetaminophen tablet 25-325 mg</i>	<i>clobetasol emollient foam</i>
ARTHROTEC	<i>butalbital-acetaminophen tablet 50-300 mg</i>	<i>clobetasol spray</i>
ASACOL HD	BUTALBITAL-ACETAMINOPHEN	CLOBEX SPRAY
ASMANEX	(NDC* 69499034230 only)	
ASMANEX HFA	<i>butalbital-acetaminophen-caffeine capsule</i>	

clocortolone cream  
COLAZAL  
colchicine capsule  
COLCRYS  
COMBIGAN  
COMPLERA  
CONCERTA  
CONTOUR NEXT STRIPS AND KITS <sup>9</sup>  
CONTOUR STRIPS AND KITS <sup>9</sup>  
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  
CYSTADANE  
CYTOMEL  
DALIRESP  
DARAPRIM  
DAYTRANA  
DELZICOL  
DEPAKOTE  
DEPAKOTE ER  
DEPAKOTE SPRINKLE  
DESFERAL  
desonide gel  
desoximetasone ointment 0.05%  
DesRx  
DETROL LA  
dexchlorpheniramine  
Dexifol <sup>10</sup>  
DEXILANT  
dexlansoprazole delayed-rel  
DIACOMIT  
diclofenac potassium capsule 25 mg  
diclofenac potassium powder  
diclofenac potassium tablet 25 mg  
diclofenac sodium solution 2%  
Diclofex DC  
Diclosaicin  
DIFFERIN LOTION  
diflorasone cream  
diflorasone ointment  
dihydroergotamine spray  
DILANTIN  
diltiazem ext-rel (generics for CARDIZEM LA only)  
DIOVAN  
DIOVAN HCT  
Diphen Elixir  
DORYX  
DORYX MPC  
doxepin cream  
doxycycline hyclate delayed-rel tablet  
doxycycline hyclate tablet 50 mg  
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  
DUOBRII  
DYANAVEL XR  
DYMISTA  
DYRENIUM  
EDARBI  
EDARBYCLOR  
EDLUAR  
E.E.S. GRANULES  
EFFEXOR XR  
ELELYSO

ELIDEL  
ELMIRON  
EluRyng  
ENLITE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
ENTERAGAM  
ENTYVIO (For Crohn's Disease Only)  
EPANED  
EPICERAM  
EPIVIR HBV  
EPOGEN  
ergotamine-caffeine  
ERYPED  
ESBRIET  
estradiol vaginal tablet  
ESTRING  
ethinyl estradiol-etonogestrel  
EVEKEO  
EVERSENSE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
EXFORGE  
EXFORGE HCT  
EXJADE  
EXTAVIA  
FABIOR  
FANAPT  
FEIBA  
FEMRING  
fenofibrate capsule 30 mg  
fenofibrate capsule 50 mg  
fenofibrate capsule 90 mg  
fenofibrate capsule 130 mg  
fenofibrate tablet 40 mg  
fenofibrate tablet 120 mg  
FENOGLIDE TABLET 120 MG  
fenoprofen  
FENOPROFEN CAPSULE  
FERIVA 21/7 <sup>10</sup>  
FERRIPROX  
Fexmid  
FINACEA GEL  
FINTEPLA  
FIORICET CAPSULE  
FIRAZYR  
FIRMAGON  
FLAREX  
FLORIVA <sup>10</sup>  
FLORIVA PLUS <sup>10</sup>  
FLOVENT DISKUS  
FLOVENT HFA  
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  
FOCALIN XR  
FOLLISTIM AQ  
Folvite-D <sup>10</sup>  
FORTAMET  
FORTESTA  
FOSRENOL  
FOSTEUM  
FOSTEUM PLUS  
FREESTYLE LIBRE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
FREESTYLE STRIPS AND KITS <sup>9</sup>  
FULPHILA  
GEL-ONE  
Genicin Vita-S <sup>10</sup>  
GILENYA  
GLASSIA  
GLEEVEC  
GLUCAGEN HYPOKIT

GLUCAGON EMERGENCY KIT  
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  
HERCEPTIN  
HERCEPTIN HYLECTA  
HORIZANT  
HUMALOG  
HUMALOG MIX 50/50  
HUMALOG MIX 75/25  
HUMATROPE  
HUMULIN 70/30 <sup>5</sup>  
HUMULIN N <sup>5</sup>  
HUMULIN R <sup>5</sup>  
HYALGAN  
hydrocortisone butyrate lipophilic cream 0.1%  
hydrocortisone butyrate lotion  
HylaVite <sup>10</sup>  
hyoscyamine sulfate ext-rel  
HYSINGLA ER  
HYZAAR  
Iclofenac CP  
ICLUSIG  
icosapent ethyl  
INCRUSE ELLIPTA  
INDERAL LA  
INDERAL XL  
INDOCIN  
indomethacin capsule 20 mg  
Inflammacin  
INFLECTRA  
INNOPRAN XL  
INTRAROSA  
INTUNIV  
INVELTYS  
INVOKAMET  
INVOKAMET XR  
INVOKANA  
isosorbide dinitrate 40 mg  
ivermectin cream  
IXINITY  
JADENU  
JALYN  
JENTADUETO  
JENTADUETO XR  
JORNAY PM  
JUXTAPID  
JYNARQUE  
KAMDOY  
Kapzin DC  
KAZANO  
KEPPRA  
KEPPRA XR  
ketoconazole foam 2%  
Ketodan  
ketoprofen capsule 25 mg  
ketoprofen ext-rel capsule  
KINERET  
KITABIS PAK  
KOMBIGLYZE XR  
KORLYM  
KUVAN  
KYPROLIS  
LACRISERT  
LACTULOSE PAK  
LAMICTAL  
LAMICTAL ODT  
LAMICTAL XR  
LANOXIN TABLET (125 MCG and 250 MCG only)  
lansoprazole delayed-rel orally disintegrating tablet

*lanthanum carbonate*  
 LANTUS  
 LASTACRAFT  
 LATUDA  
 LEMTRADA  
 LESCOL XL  
 LETAIRIS  
 LEUKINE  
*levorphanol*  
 LEXAPRO  
 LEXIVA  
 LIALDA  
 LIBRAX  
 LILETTA  
 LIPITOR  
 LITHOSTAT  
 LIVALO  
*Lofena*  
 LOKELMA  
*Lorzone*  
 LOTEMAX  
 LOTEMAX SM  
 LOVAZA  
*luliconazole*  
 LUMIGAN  
 LUNESTA  
 LUPRON DEPOT  
 LYRICA  
 MACRODANTIN  
*Matzim LA*  
 MAVYRET  
 MAXALT  
 MAXALT-MLT  
 MAXIDEX  
*mefenamic acid* (NDC\* 69336012830 only)  
 MEKINIST  
*meloxicam capsule*  
 MENEST  
*metaxalone 400 mg*  
*metformin ext-rel*  
 (generics for FORTAMET and GLUMETZA only)  
*methocarbamol 500 mg* (NDC\* 69036091010 only)  
*methocarbamol 750 mg*  
 (NDCs\* 69036093090, 70868090190 only)  
 MIACALCIN INJECTION  
 MICARDIS  
 MICARDIS HCT  
*Migergot*  
*Millipred*  
 MINASTRIN 24 FE  
 MINIVELLE  
*minocycline ext-rel*  
 MIRVASO  
*Mondoxylene NL capsule 75 mg*  
 MONOVISC  
 MOVANTI-K  
 MOVIPREP  
 MULTAQ  
*MultiPro*<sup>10</sup>  
*mupirocin cream*  
 MYDAYIS  
 MYRBETRIQ  
 MYTESI  
 NAPRELAN  
*naproxen CR*  
*naproxen suspension*  
*naproxen-esomeprazole*  
 NEO-SYNALAR  
 NESINA  
 NEULASTA  
 NEULASTA ONPRO  
 NEUPOGEN  
 NEVANAC  
 NEXIUM  
 NEXTERONE  
*niacin tablet 500 mg*  
*Niacor*  
 NICADAN<sup>10</sup>

NICAPRIN<sup>10</sup>  
 NICAZEL<sup>10</sup>  
 NICAZEL FORTE<sup>10</sup>  
 NICOMIDE<sup>10</sup>  
 NILANDRON  
*nitrofurantoin* (NDC\* 16571074024 only)  
 NITYR  
 NORGESIC FORTE  
 NORITATE  
 NORPACE  
 NORTHERA  
 NORVASC  
 NOURIANZ  
 NOVAREL  
 NOVO NORDISK NEEDLES<sup>7</sup>  
 NOXAFIL  
 NPLATE  
 NUCALA LYOPHILIZED POWDER  
 NUCYNTA  
 NUCYNTA ER  
*NuDiclo SoluPak*  
*NuDiclo TabPak*  
 NUEDEXTA  
 NUTROPIN AQ  
 NUVIGIL  
 OLUX-E  
*omeprazole-sodium bicarbonate*  
 OMNARIS  
 OMNITROPE  
 ONFI  
 ONGLYZA  
 ORENCIA INTRAVENOUS  
*orphenadrine-aspirin-caffeine*  
*Orphengesic Forte*  
 ORTHO D<sup>10</sup>  
 ORTHO DF<sup>10</sup>  
 ORTHOVISC  
 OSENI  
 OSMOPREP  
 OSPHENA  
 OTREXUP  
 OWEN MUMFORD NEEDLES<sup>7</sup>  
*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  
*peg 3350-electrolytes* (generics for MOVIPREP only)  
 PEGASYS  
*Pennaicain*  
 PENNSAID  
 PENTASA  
 PERCOCET  
 PERRIGO NEEDLES<sup>7</sup>  
 PEXEVA  
 PLAVIX  
 POLYTOZA  
 POLY-VI-FLOR<sup>10</sup>  
 POLY-VI-FLOR WITH IRON<sup>10</sup>  
*posaconazole delayed-rel tablet*  
 PRADAXA  
 PRALUENT  
 PRED FORTE  
 PRED MILD  
*prednisolone solution 10 mg/5 mL*  
*prednisolone solution 20 mg/5 mL*  
 PREGNYL  
 PREMARIN  
 PREMARIN CREAM  
 PRENATAL PLUS<sup>11</sup>  
 PREVACID  
 PREVIDENT  
 PRILOSEC  
 PRISTIQ

PROAIR HFA  
 PROAIR RESPICLICK  
 PROCYSBI  
 PROMETRIUM  
 PROTONIX  
 PROVENTIL HFA  
 PROVIGIL  
 PROZAC  
 QNASL  
 QTERN  
*quazepam*  
 QUILLICHEW ER  
 QUILLIVANT XR  
 QVAR REDHALER<sup>3</sup>  
 RAPAFLO  
 RAVICTI  
 RAYOS  
 RECEDO  
 REMODULIN  
 RENFLEXIS  
 RENVELA  
 REVATIO  
 RHEUMATE<sup>10</sup>  
 RHOPRESSA  
 RIABNI  
 RIMSO-50  
 RIOMET  
 RITUXAN  
 RIXUBIS  
 ROCKLATAN  
 ROZEREM  
 RUBRACA  
*RyClora*  
 SABRIL  
 SAIZEN  
 SANDOSTATIN LAR  
 SCARSILK PAD  
 SEASONIQUE  
 SELZENTRY  
 SEROQUEL XR  
 SIGNIFOR LAR  
 SILENOR  
 SILIVEX  
 SILTREX  
 SIMPONI  
 SINGULAIR  
 SOMAVERT  
 SORILUX  
 SPRIX  
 STENDRA  
 STRIBILD  
 SUBOXONE  
 SUBSYS  
*sucralfate suspension*  
*sumatriptan-naproxen*  
 SUPREP  
*Sure Result DSS Premium Pack*  
 SUTENT  
 SYMJEPI  
 SYNERDERM  
 SYNVISC  
 SYNVISC-ONE  
 SYPRINE  
 TAFINLAR  
 TALIVA<sup>10</sup>  
*Targadox*  
 TARGRETIN  
 TASIGNA  
*tavorole*  
 TAYTULLA  
 TAZORAC  
 TECFIDERA  
 TEGRETOL  
 TEGRETOL XR  
 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  
*Tovet*  
TOVIAZ  
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  
TRILEPTAL  
TRI-VI-FLOR <sup>10</sup>  
TRIVIDIA INSULIN SYRINGES <sup>7</sup>  
*TronVite* <sup>10</sup>  
TRUVADA  
TRUXIMA  
TUDORZA  
TYVASO DPI

UDENYCA  
ULORIC  
ULTIMED INSULIN SYRINGES <sup>7</sup>  
ULTIMED NEEDLES <sup>7</sup>  
ULTRAVATE  
UROXATRAL  
VALCYTE  
VALTRES  
*Vanoxide-HC*  
VASCULERA  
VECTICAL  
VELTIN  
VEMLIDY  
*venlafaxine ext-rel tablet (except 225 mg)*  
VENTOLIN HFA  
VEREGEN  
VIAGRA  
VIEKIRA PAK  
VIIBRYD  
VIMPAT  
VIRACEPT  
VISCO-3  
VITAFOL-ONE <sup>11</sup>  
*Vitasure* <sup>10</sup>  
VIVELLE-DOT  
VOGELXO  
VOTRIENT  
VYZULTA  
XALKORI  
XANAX  
XANAX XR

XENAZINE  
XENICAL  
XOPENEX HFA  
XYZBAC <sup>10</sup>  
YASMIN  
YAZ  
*Yuvaferm*  
ZALVIT <sup>11</sup>  
ZARXIO  
ZEGERID  
ZELAC  
ZEPATIER  
ZERVIAE  
ZESTORETIC  
ZETIA  
ZETONNA  
ZIANA  
*Ziclocin Pak*  
*Ziclopro*  
*zileuton ext-rel*  
ZIRGAN  
ZOLADEX  
ZOLOFT  
*zolpidem sublingual*  
ZOLPIMIST  
ZONEGRAN  
ZONTIVITY  
ZORVOLEX  
ZYLET  
ZYTIGA

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

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

Subject to applicable laws and regulations.

- † This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.
- †† Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.
- \* 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.
- \*\* Listing does not include certain NDCs\*.
- <sup>1</sup> If your doctor believes you have a specific clinical need for one of these products, they 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> QVAR REDHALER covered for members 5 years of age and under.
- <sup>4</sup> If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.
- <sup>5</sup> Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).
- <sup>6</sup> Long Acting Insulins - First Generation.
- <sup>7</sup> BD ULTRAFINE syringes and needles are the only preferred options.
- <sup>8</sup> 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.
- <sup>9</sup> ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.
- <sup>10</sup> Generic multivitamins (except *Activite*, *Dexifol*, *Folvite-D*, *Genicin Vita-S*, *HylaVite*, *Multipro*, *TronVite*, *Vitasure*) are the only preferred options.
- <sup>11</sup> Generic prenatal vitamins are the only preferred options.

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