

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 DYMISTA OMNARIS QNASL ZETONNA	azelastine-fluticasone, flunisolide, fluticasone, mometasone
Anticonvulsants	topiramate ext-rel capsule (generics for QUDEXY XR only) LAMICTAL LAMICTAL ODT	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, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
	BANZEL SUSPENSION ONFI	clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR
	SABRIL	vigabatrin
	KEPPRA KEPPRA XR LAMICTAL XR ZONEGRAN	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, 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 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 minocycline ext-rel CoreMino Mondoxylene NL capsule 75 mg Targadox ACTICLATE DORYX DORYX MPC	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
Anti-infectives, Antibacterials Miscellaneous	nitrofurantoin (NDC* 16571074024 only) MACRODANTIN	nitrofurantoin (except NDC* 16571074024)

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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
	LEXIVA VIRACEPT	atazanavir, EVOTAZ, PREZCOBIX, PREZISTA
Anti-infectives, Antivirals Cytomegalovirus †	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis B †	BARACLUDE TABLET	entecavir, lamivudine, VEMSIDY
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	albuterol sulfate CFC-free aerosol (NDC* 66993001968 only) PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol
Asthma † Leukotriene Modulators	zileuton ext-rel SINGULAIR	montelukast, zafirlukast
Asthma † Steroid Inhalants	ALVESCO ARNUITY ELLIPTA ASMANEX ASMANEX HFA FLOVENT DISKUS QVAR REDHALER	FLOVENT HFA, PULMICORT FLEXHALER
Asthma † or Chronic Obstructive Pulmonary Disease (COPD) † Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT

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Asthma † Severe Asthma	NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR
Attention Deficit Hyperactivity Disorder †	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADDERALL XR ADZENYS XR-ODT APTENSIO XR CONCERTA DAYTRANA FOCALIN XR QUILLICHEW ER QUILLIVANT XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, QELBREE, VYVANSE</i>
Autoimmune Agents Physician-Administered Agents	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
Autoimmune Agents Self-Administered Agents	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET	ENBREL, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR
	CIMZIA PREFILLED SYRINGE ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR
Botulinum Toxins	BOTOX	Consult doctor
Cancer Antimetabolites	ALIMTA	<i>pemetrexed</i>
Cancer Biosimilars	RIABNI TRUXIMA	RUXIENCE
Cancer Chronic Myelogenous Leukemia † Kinase Inhibitors	GLEEVEC ICLUSIG TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
Cancer Follicular Lymphoma † PI3K Inhibitors	ALIQUOPA	Consult doctor
Cancer Melanoma † BRAF/MEK Inhibitors	MEKINIST	COTELLIC, MEKTOVI
	TAFINLAR	BRAFTOVI, ZELBORAF
Cancer Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE

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Cancer mTOR Inhibitors	AFINITOR AFINITOR DISPERZ	<i>everolimus</i>
Cancer Multiple Myeloma † Proteasome Inhibitors	BORTEZOMIB KYPROLIS	<i>bortezomib</i> , NINLARO
Cancer Non-Small Cell Lung Cancer † ALK Inhibitors	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
Cancer PARP Inhibitor	RUBRACA	LYNPARZA, ZEJULA
Cancer Prostate † Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone</i> , <i>bicalutamide</i> , ERLEADA, XTANDI, YONSA
Cancer Prostate † Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD, FIRMAGON
Cancer Renal Cell Carcinoma Kinase Inhibitors	SUTENT VOTRIENT	<i>sunitinib</i> , CABOMETYX, INLYTA, LENVIMA, NEXAVAR
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	MULTAQ NEXTERONE	<i>amiodarone</i>
	NORPACE	<i>disopyramide</i>
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	<i>fenofibrate capsule 50 mg</i> <i>fenofibrate capsule 130 mg</i> <i>fenofibrate tablet 40 mg</i> <i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate</i> (except <i>fenofibrate capsule 50 mg, 130 mg</i> ; <i>fenofibrate tablet 40 mg, 120 mg</i>), <i>fenofibric acid delayed-rel</i>
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin</i> , <i>ezetimibe-simvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>rosuvastatin</i> , <i>simvastatin</i>
Cardiovascular Antilipemics MTP Inhibitors	JUXTAPID	PRALUENT
Cardiovascular Antilipemics Niacins	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i>
Cardiovascular Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters</i> , VASCEPA

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Cardiovascular Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin
Cardiovascular Diuretics	DYRENIUM	amiloride, triamterene
Cardiovascular Nitrates	isosorbide dinitrate 40 mg	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate
Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	ambrisentan, bosentan, OPSUMIT
Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN	treprostinil
Carnitine Deficiency	CARNITOR CARNITOR SF	levocarnitine
Chronic Obstructive Pulmonary Disease (COPD) † Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
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	ethinyl estradiol-etonogestrel EluRyng	ANNOVERA, NUVARING
Cystic Fibrosis † Inhaled Antibiotics	CAYSTON 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

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<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 SEROQUEL XR	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, LATUDA, VRAYLAR
<i>Dermatology</i> Acne †	adapalene pad clindamycin gel (NDC* 68682046275 only) Vanoxide-HC ACANYA AZELEX DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEV1
<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 WITH 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
	calcipotriene-betamethasone DUOBRII	calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI; ENSTILAR
<i>Dermatology</i> Atopic Dermatitis †	doxepin cream	desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA
	ELIDEL	pimecrolimus, tacrolimus, EUCRISA
<i>Dermatology</i> Rosacea †	doxycycline monohydrate delayed-rel capsule	ORACEA
	ivermectin cream FINACEA GEL MIRVASO NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM, RHOFADE, SOOLANTRA
<i>Dermatology</i> Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor

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<i>Dermatology</i> Seborrheic Dermatitis †	<i>ketoconazole foam 2%</i> <i>Ketodan</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
<i>Dermatology</i> Skin Inflammation and Hives † Low Potency Corticosteroids	<i>desonide gel</i> <i>DesRx</i> <i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> <i>Nolix</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> <i>Trianex</i> CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
<i>Dermatology</i> Skin Inflammation and Hives † High Potency Corticosteroids	<i>betamethasone dipropionate ointment 0.05%</i> <i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<i>Dermatology</i> Skin Inflammation and Hives † Very High Potency Corticosteroids	<i>clobetasol emollient foam</i> <i>clobetasol spray</i> <i>fluocinonide cream 0.1%</i> <i>Tovet</i> 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>
<i>Diabetes †</i> Biguanides	<i>metformin ext-rel (generics for FORTAMET and GLUMETZA only)</i> FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
<i>Diabetes †</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA

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<i>Diabetes</i> † Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA WITH <i>pioglitazone</i>
<i>Diabetes</i> † Injectable Incretin Mimetics	BYDUREON BCISE BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
<i>Diabetes</i> † Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ⁴	NOVOLIN 70/30 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	NOTE: Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.	
<i>Diabetes</i> † Long Acting Insulins ⁵	LANTUS	BASAGLAR, LEVEMIR
<i>Diabetes</i> † Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
<i>Diabetes</i> † Supplies, Needles ⁶	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
<i>Diabetes</i> † Supplies, Syringes ⁶	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES

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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 ONETOUGH 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 , ONETOUGH ULTRA STRIPS AND KITS ⁷ , ONETOUGH 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	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite Dexifol Folvite-D Genicin Vita-S HylaVite Lorid TronVite Vitasure Xvite FERIVA 21/7 NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT</i>	<i>folic acid</i>
	<i>MultiPro PRODIGEN VASCULERA</i>	Consult doctor
Endocrine and Metabolic Corticosteroids	<i>prednisolone solution 10 mg/5 mL prednisolone solution 20 mg/5 mL BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS</i>	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>
Endocrine and Metabolic Hereditary Tyrosinemia Type 1 Agents	NITYR	ORFADIN
Endocrine and Metabolic Progestins	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
Endocrine and Metabolic Severe Hypoglycemia	GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE</i>
Endometriosis †	ZOLADEX	MYFEMBREE, ORILISSA

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<i>Erectile Dysfunction</i> † Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
<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>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</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	PROVAD ZELAC	Consult doctor
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	<i>dexlansoprazole delayed-rel</i> <i>lansoprazole delayed-rel 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, 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, CERESYME
<i>Genitourinary</i> Interstitial Cystitis	ELMIRON RIMSO-50	Consult doctor
<i>Genitourinary</i> Miscellaneous	LITHOSTAT	Consult doctor
	THIOLA THIOLA EC	<i>tiopronin</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Gout †	colchicine capsule COLCRYS	colchicine tablet, MITIGARE
	ULORIC	allopurinol
Growth Hormones	HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, NORDITROPIN
Hematologic Anticoagulants Injectable	heparin sodium in 5% dextrose HEPARIN SODIUM IN 5% DEXTROSE	enoxaparin, fondaparinux
Hematologic Anticoagulants Oral	PRADAXA	warfarin, ELIQUIS, 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	BENEFIX IXINITY RIXUBIS	ALPROLIX, REBINYN
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
	NPLATE	DOPTELET, PROMACTA, TAVALISSE
High Blood Pressure † ACE Inhibitors	EPANED	enalapril, fosinopril, lisinopril, quinapril, ramipril
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

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<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>olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure</i> † Beta-blockers	COREG CR INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
<i>High Blood Pressure</i> † Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure</i> † Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<i>diltiazem ext-rel</i> (generics for CARDIZEM LA only) Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA	<i>diltiazem ext-rel</i> (except generics for CARDIZEM LA)
<i>High Blood Pressure</i> † Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	<i>amlodipine WITH celecoxib</i>
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Hereditary Angioedema	BERINERT FIRAZYR	<i>icatibant, RUCONEST</i>
	CINRYZE	<i>ORLADEYO, TAKHZYRO</i>
<i>Immunology</i> Miscellaneous	ARCALYST	<i>ILARIS</i>
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis †	<i>budesonide ext-rel</i> ASACOL HD COLAZAL DELZICOL LIALDA PENTASA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>
<i>Kidney Disease</i> † Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate, sevelamer carbonate, AURYXIA, PHOSLYRA, VELPHORO</i>
<i>Menopausal Symptom Agents</i> Oral	<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>
	MENEST OSPHENA PREMARIN	<i>estradiol</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Menopausal Symptom Agents</i> Transdermal	MINIVELLE VIVELLE-DOT	estradiol, DIVIGEL, EVAMIST
<i>Menopausal Symptom Agents</i> Vaginal	estradiol vaginal tablet Yuvaferm ESTRING FEMRING INTRAROSA PREMARIN CREAM	estradiol vaginal cream, IMVEXXY, VAGIFEM
<i>Multiple Sclerosis</i>	EXTAVIA GILENYA TECFIDERA	dimethyl fumarate delayed-rel, fingolimod, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
<i>Musculoskeletal</i>	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-cafeine Fexmid Lorzone Orphenesic Forte AMRIX NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
<i>Narcolepsy</i> Wakefulness Promoters	NUVIGIL PROVIGIL	armodafinil, modafinil, SUNOSI, WAKIX, XYWAV
<i>Ophthalmic</i> Allergies	ALREX BEPREVE LASTACAFT ZERVIAE	azelastine, bepotastine, cromolyn sodium, olopatadine
<i>Ophthalmic</i> Anti-infectives	AZASITE CILOXAN	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE
<i>Ophthalmic</i> Anti-infective / Anti-inflammatory	TOBRADEX ST ZYLET	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT
<i>Ophthalmic</i> Anti-inflammatory, Nonsteroidal	ACUVAIL BROMSITE NEVANAC	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA
<i>Ophthalmic</i> Anti-inflammatory, Steroidal	FLAREX FML FORTE FML LIQUIFILM FML S.O.P. INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%
<i>Ophthalmic</i> Antivirals	ZIRGAN	trifluridine
<i>Ophthalmic</i> Artificial Tears	LACRISERT	RESTASIS, XIIDRA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
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
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	ciprofloxacin-fluocinolone CIPRO HC CIPRODEX	ciprofloxacin-dexamethasone, ofloxacin otic
Overactive Bladder / Incontinence [†] Urinary Antispasmodics	DETROL LA MYRBETRIQ OXYTROL TOVIAZ	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA
Pain Headache [†]	butalbital-acetaminophen capsule butalbital-acetaminophen tablet 25-325 mg butalbital-acetaminophen tablet 50-300 mg butalbital-acetaminophen-caffeine capsule Bupap Vtol LQ 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 Neuropathic Pain [†]	LYRICA	duloxetine, pregabalin, pregabalin ext-rel

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Pain Opioid Analgesics	BUTRANS	buprenorphine transdermal, BELBUCA
	LAZANDA SUBSYS	fentanyl transmucosal lozenge
	levorphanol oxymorphone ext-rel HYSINGLA ER NUCYNTA ER OXYCONTIN	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER
	NUCYNTA	hydromorphone, morphine, oxycodone
	PERCOCET	hydrocodone-acetaminophen, oxycodone-acetaminophen
	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
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 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% CapsFenac Pak Capsinac Diclofex DC DicloHeal-60 Diclosaicin Iclofenac CP Inflammacin Kapzin DC NuDiclo SoluPak NuDiclo TabPak Pennsaicin Sure Result DSS Premium Pack 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) WITH esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Parkinson's Disease</i>	APOKYN	INBRIJA, KYNMOBI
	NOURIANZ	<i>amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>
<i>Phenylketonuria</i>	KUVAN	<i>sapropterin</i>
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin, pregabalin, pregabalin ext-rel, GRALISE</i>
<i>Premenstrual Dysphoric Disorder (PMDD)</i>	<i>fluoxetine tablet</i> (generics for SARAFEM only)	<i>fluoxetine</i> (except <i>fluoxetine tablet 60 mg, fluoxetine tablet</i> [generics for SARAFEM]), <i>paroxetine HCl ext-rel</i> (except NDC* 60505367503), <i>sertraline</i>
<i>Prenatal Vitamins</i> ⁹	AZESCO CITRANATAL PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins	<i>generic prenatal vitamins</i>
<i>Prostate Condition Benign Prostatic Hyperplasia</i> [†]	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride</i> WITH <i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
<i>Pseudobulbar Affect</i>	NUEDEXTA	Consult doctor
<i>Respiratory Alpha-1 Antitrypsin Deficiency</i>	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C
<i>Respiratory Anaphylaxis Treatment Agents</i>	ADRENALIN SYMJEPI	<i>epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR</i>
<i>Respiratory Cough</i>	<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs* 69336012615, 69499032915)
<i>Respiratory Idiopathic Pulmonary Fibrosis</i>	ESBRIET	<i>pirfenidone, OFEV</i>
<i>Respiratory Xanthines</i>	THEO-24	<i>ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	<i>quazepam zolpidem sublingual</i> EDLUAR LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO</i>
<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, ANDRODERM, NATESTO</i>
<i>Thyroid Supplements</i>	CYTOMEL	<i>levothyroxine, liothyronine, SYNTHROID</i>
	TIROSINT	<i>levothyroxine, SYNTHROID</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
 ACANYA
 ACIPHEX
 ACIPHEX SPRINKLE
 ACTEMRA ACTPEN
 ACTEMRA INTRAVENOUS
 ACTEMRA SUBCUTANEOUS
 ACTICLATE
 Activite
 ACTOS
 ACUVAIL
 acyclovir cream
 adapalene pad
 ADDERALL
 ADDERALL XR
 ADRENALIN
 ADZENYS XR-ODT
 AFINITOR
 AFINITOR DISPERZ
 albuterol sulfate CFC-free aerosol
 (NDC* 66993001968 only)
 ALEVICYN GEL
 ALEVICYN SG
 ALEVICYN SOLUTION
 ALIMTA
 ALIQOPA
 ALLISON MEDICAL INSULIN SYRINGES 6
 ALREX
 ALTOPREV
 ALVESCO
 AMITIZA
 AMRIX
 ANDROGEL
 APEXICON E
 APIDRA
 APOKYN
 APTENSIO XR
 APTIVUS
 ARALAST NP
 ARANESP
 ARCALYST
 ARNUITY ELLIPTA
 ARTHROTEC
 ASACOL HD
 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
 BENEFIX
 BENICAR
 BENICAR HCT
 BENSAL HP
 benzonatate (NDCs* 69336012615, 69499032915 only)
 BEPREVE
 BERINERT
 BETAMETHASONE ACETATE-
 BETAMETHASONE SODIUM PHOSPHATE
 betamethasone dipropionate ointment 0.05%
 BETAPACE
 BETAPACE AF
 BETIMOL
 BEVESPI AEROSPHERE
 BEYAZ
 bimatoprost solution 0.03%
 BORTEZOMIB
 BOTOX
 BREEZE 2 STRIPS AND KITS 6
 BROMSITE
 budesonide ext-rel
 Bupap
 bupropion ext-rel tablet 450 mg
 butalbital-acetaminophen capsule
 butalbital-acetaminophen tablet 25-325 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
 CapsFenac Pak
 Capsinac
 CARAC
 CARAFATE
 CARBINOXAMINE TABLET 6 MG
 CARDIZEM
 CARDIZEM CD
 CARDIZEM LA
 carisoprodol 250 mg
 CARNITOR
 CARNITOR SF
 CAYSTON
 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
 ciprofloxacin-fluocinolone
 CITRANATAL
 clindamycin gel (NDC* 68682046275 only)
 clobetasol emollient foam
 clobetasol spray
 CLOBEX SPRAY
 clocortolone cream
 COLAZAL

colchicine capsule
 COLCRYS
 COMPLERA
 CONCERTA
 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
desonide gel
desoximetasone ointment 0.05%
DesRx
 DETROL LA
dexchlorpheniramine
Dexfol
 DEXILANT
dexlansoprazole delayed-rel
diclofenac potassium capsule 25 mg
diclofenac potassium tablet 25 mg
diclofenac sodium solution 2%
Diclofex DC
DicloHeal-60
Diclosaicin
 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
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
 DUTOPROL
 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

EPOGEN
ergotamine-cafeine
 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 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
 FIRAZYR
 FLAREX
 FLOVENT DISKUS
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
 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
 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
 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
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
 JUXTAPID
 KAMDOY
Kapzin DC
 KAZANO
 KEPBRA
 KEPBRA XR
ketoconazole foam 2%
Ketodan
ketoprofen capsule 25 mg
ketoprofen ext-rel capsule
 KINERET
 KOMBIGLYZE XR
 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
 LASTACAPT
 LAZANDA
 LESCOL XL
 LETAIRIS
 LEUKINE
Jevorphanol
 LEXAPRO
 LEXIVA
 LIALDA
 LIBRAX
 LIDOCAINE-TETRACAINE CREAM
 (NDC* 71800063115 only)
 LIDOTREX
 LIPITOR
 LITHOSTAT
 LIVALO
Lofena

Lorid	NUDEXTA	RIBOZEL
Lorzone	NUTROPIN AQ	RIMSO-50
LOTEMAX	NUVIGIL	RIOMET
LOTEMAX SM	OLUX-E	RITUXAN
luliconazole	omeprazole-sodium bicarbonate	RIXUBIS
LUNESTA	OMNARIS	ROZEREM
LUPRON DEPOT	OMNITROPE	RUBRACA
LYRICA	OMNIVEX	RyClara
MACRODANTIN	ONFI	SABRIL
Matzim LA	ONGLYZA	SAIZEN
MAVYRET	ORENCIA CLICKJECT	SANDOSTATIN LAR
MAXALT	ORENCIA INTRAVENOUS	SCARSILK PAD
MAXALT-MLT	ORENCIA SUBCUTANEOUS	SEASONIQUE
MAXIDEX	orphenadrine-aspirin-caffeine	SEROQUEL XR
mefenamic acid (NDC* 69336012830 only)	Orphengesic Forte	SIGNIFOR LAR
MEKINIST	ORTHO D	SIL-K PAD
meloxicam capsule	ORTHO DF	SILENOR
MENEST	ORTHOVISC	SILIVEX
metaxalone 400 mg	OSENI	SILTREX
metformin ext-rel	OSMOPREP	SIMPONI
(generics for FORTAMET and GLUMETZA only)	OSPHENA	SINGULAIR
methocarbamol 500 mg (NDC* 69036091010 only)	OWEN MUMFORD NEEDLES ⁶	SOMAVERT
methocarbamol 750 mg	oxiconazole (NDCs* 00168035830, 51672135902 only)	SORILUX
(NDCs* 69036093090, 70868090190 only)	OXYCONTIN	SPRIX
MIACALCIN INJECTION	oxymorphone ext-rel	STENDRA
MICARDIS	OXYTROL	SUBOXONE
MICARDIS HCT	pantoprazole delayed-rel suspension	SUBSYS
Migergot	paroxetine HCl ext-rel (NDC* 60505367503 only)	sucralfate suspension
MILLIPRED	paroxetine mesylate capsule 7.5 mg	sumatriptan-naproxen
MINASTRIN 24 FE	PAXIL	SUPREP
MINIVELLE	PAXIL CR	Sure Result DSS Premium Pack
minocycline ext-rel	peg 3350-electrolytes (generics for MOVIPREP only)	SUTENT
MIRVASO	Pennaiclin	SYMJEPI
Mondoxyne NL capsule 75 mg	PENNSAID	SYNERDERM
MONOVISC	PENTASA	SYNVISC
MOVANTIK	PERCOCET	SYNVISC-ONE
MOVIPREP	PERRIGO NEEDLES ⁶	SYPRINE
MULTAQ	PEXEVA	TAFINLAR
MultiPro	PLAVIX	TALIVA
mupirocin cream	POLYTOZA	TALTZ
MYRBETRIQ	posaconazole delayed-rel tablet	Targadox
MYTESI	PRADAXA	TASIGNA
NAPRELAN	PRED FORTE	tavaborole
naproxen CR	PRED MILD	TAYTULLA
naproxen suspension	prednisolone solution 10 mg/5 mL	TAZORAC
naproxen-esomeprazole	prednisolone solution 20 mg/5 mL	TECFIDERA
NEO-SYNALAR	PREMARIN	TESTIM
NESINA	PREMARIN CREAM	testosterone gel 1%
NEULASTA	PRENATAL PLUS	(authorized generics for TESTIM and VOGELXO only)
NEULASTA ONPRO	PREVACID	THEO-24
NEUPOGEN	PREVIDENT	THIOLA
NEVANAC	PRIOSEC	THIOLA EC
NEXIUM	PRISTIQ	TIMOPTIC OCUDOSE
NEXTERONE	PROAIR HFA	TIROSINT
niacin tablet 500 mg	PROAIR RESPICLICK	TOBI
Niacor	PROCRIT	TOBI PODHALER
NICADAN	PRODIGEN	TOBRADEX ST
NICAPRIN	PROMETRIUM	topiramate ext-rel capsule (generics for QUDEXY XR only)
NICAZEL	PROTONIX	TOPROL-XL
NICAZEL FORTE	PROVAD	Tovet
NICOMIDE	PROVENTIL HFA	TOVIAZ
NILANDRON	PROVIGIL	TRACLEER
nitrofurantoin (NDC* 16571074024 only)	PROZAC	TRADJENTA
NITYR	PSORCON	tramadol (NDC* 52817019610 only)
Nolix	QNASL	tramadol ext-rel capsule
NORGESIC FORTE	QTERN	TRANSDERM SCOP
NORITATE	quazepam	TRAVATAN Z
NORPACE	QUILLICHEW ER	TRELSTAR MIXJECT
NORVASC	QUILLIVANT XR	TREXIMET
NOURIANZ	QVAR REDHALER	triamcinolone aerosol 0.2%
NOVO NORDISK NEEDLES ⁶	RAPAFLO	triamcinolone ointment 0.05%
NOXAFIL	RAYOS	Trianex
NPLATE	RECEDO	TRICOR
NUCALA LYOPHILIZED POWDER	REMODULIN	TRIVIDIA INSULIN SYRINGES ⁶
NUCYNTA	RENFLEXIS	TronVite
NUCYNTA ER	REPATHA	TRUVADA
NuDiclo SoluPak	RHEUMATE	TRUXIMA
NuDiclo TabPak	RIABNI	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
VIBRYD
VIRACEPT
VISCO-3
VITAFOL-ONE

Vitasure
VIVELLE-DOT
VOGELXO
VOTRIENT
Vtol LQ
XALKORI
XANAX
XANAX XR
XENAZINE
XENICAL
XOLEGEL
XOPENEX HFA
Xvite
XYZBAC
YASMIN
YAZ
Yuvaferm
ZALVIT
ZARXIO
ZEGERID
ZELAC

ZEMAIRA
ZEPATIER
ZERVIAE
ZESTORETIC
ZETIA
ZETONNA
ZIANA
Ziclopro
zileuton ext-rel
ZIRGAN
ZOLADEX
ZOLOFT
zolpidem sublingual
ZOLPIMIST
ZONEGRAN
ZONTIVITY
ZORVOLEX
ZUPLENZ
ZYLET
ZYTIGA
ZYVIT

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

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

Subject to applicable laws and regulations.

[†] This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

^{*} 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*.

¹ 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.

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 are the only preferred options.

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