

# CVS Caremark® Formulary Exclusions for PEBTF and non-Medicare Eligible REHP Members

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 the prior authorization is denied, you will pay the full cost of the drug. If you are currently using one of the drugs requiring prior authorization for medical necessity, ask your doctor to choose one of the generic or brand formulary options listed below.

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
<i>Anticonvulsants</i>	ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate, minocycline, tetracycline</i>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus *	VALCYTE	<i>valganciclovir</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>
	DAKLINZA TECHNIVIE VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals</i> Herpes *	VALTREX	<i>acyclovir, valacyclovir</i>
<i>Anti-inflammatory</i> Steroidal, Ophthalmic	FML LIQUIFILM PRED FORTE	<i>dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
<i>Asthma</i> * Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>levalbuterol tartrate CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK</i>
<i>Asthma</i> * Severe Asthma Agents	FASENRA	DUPIXENT, NUCALA
<i>Asthma</i> * Steroid Inhalants	ALVESCO	ARNUITY ELLIPTA, ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR, QVAR REDIHALER

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) *</i> Steroid / Beta Agonist Combinations	DULERA	ADVAIR, BREO ELLIPTA, SYMBICORT
<i>Attention Deficit Hyperactivity Disorder *</i>	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
<i>Autoimmune Conditions</i>	ACTEMRA	ENBREL, HUMIRA, KEVZARA, XELJANZ, XELJANZ XR
	CIMZIA	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
	ENTYVIO	HUMIRA, XELJANZ
	KINERET	ENBREL, HUMIRA, KEVZARA, XELJANZ, XELJANZ XR
	ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
	SIMPONI	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
	TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
<i>Cancer Chronic Myelogenous Leukemia *</i>	GLEEVEC TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
<i>Cancer Prostate *</i> Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide, XTANDI</i>
<i>Cardiovascular Antiarrhythmics</i>	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular Antilipemics Cholesterol Absorption Inhibitors</i>	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular Antilipemics Fibrates</i>	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations <sup>3</sup></i>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular Antilipemics PCSK9 Inhibitors</i>	PRALUENT	REPATHA
<i>Cardiovascular Digitalis Glycosides</i>	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular Diuretics</i>	DYRENIUM	<i>amiloride</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
<i>Depression *</i> Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet</i> (except 225 mg) CYMBALTA EFFEXOR XR	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression *</i> Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
<i>Depression and/or Schizophrenia *</i> Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
<i>Dermatology</i> Acne *	ACANYA BENZACLIN ONEXTON <i>Vanoxide-HC</i> VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC</i>
<i>Dermatology</i> Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
<i>Dermatology</i> Antipsoriatics	SORILUX	<i>calcipotriene</i>
<i>Dermatology</i> Rosacea *	NORITATE	<i>metronidazole, FINACEA, SOOLANTRA</i>
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	<i>hydrocortisone 1% in absorbase</i> (NDCs <sup>a</sup> 69499032210, 69499034325 only)	<i>desonide, hydrocortisone</i>
	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN KIT ALEVICYN SG <i>Alevicyn solution</i>	<i>desonide, hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A BENSAL HP NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
<i>Diabetes *</i> Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</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 OSENİ	JANUMET, JANUMET XR
<i>Diabetes</i> * Injectable Incretin Mimetics	BYDUREON BYETTA	OZEMPIC, 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>4</sup>	NOVOLIN 70/30 <sup>4</sup>
	HUMULIN N <sup>4</sup>	NOVOLIN N <sup>4</sup>
	HUMULIN R <sup>4</sup>	NOVOLIN R <sup>4</sup>
	NOTE: <i>Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i>	
<i>Diabetes</i> * Long Acting Insulins	LANTUS TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
<i>Diabetes</i> * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Dietary Supplements</i>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	RHEUMATE	<i>folic acid</i>
	VASCULERA	Consult doctor
<i>Gastrointestinal Antiemetics</i>	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal Opioid-induced Constipation</i>	RELISTOR	MOVANTIK
<i>Gastrointestinal Proton Pump Inhibitors (PPIs)</i>	NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary Interstitial Cystitis</i>	RIMSO-50	Consult doctor
<i>Growth Hormones</i>	NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, HUMATROPE
<i>Hematologic Anticoagulants (oral)</i>	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic Erythropoiesis-Stimulating Agents</i>	EPOGEN PROCRIT	ARANESP, RETACRIT
<i>Hematologic Hemophilia A</i>	ELOCTATE HELIXATE FS	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic Hemophilia B</i>	ALPROLIX	Consult doctor
<i>Hematologic Hereditary Angioedema</i>	BERINERT	RUCONEST
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	FULPHILA	NEULASTA, UDENYCA
	GRANIX NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
<i>High Blood Pressure * Angiotensin II Receptor Antagonists</i>	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations</i>	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
<i>High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations</i>	EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>

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<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide,</i> <i>olmesartan-amlodipine-hydrochlorothiazide</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>
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) Matzim LA	<i>diltiazem ext-rel</i> (except generic of CARDIZEM LA)
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA,</i> <i>PENTASA</i>
	COLAZAL	<i>balsalazide</i>
<i>Kidney Disease</i> * Phosphate Binders	FOSRENOL	<i>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA,</i> <i>VELPHORO</i>
<i>Multiple Sclerosis</i>	EXTAVIA	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF,</i> <i>TECFIDERA, TYSABRI</i>
<i>Musculoskeletal</i>	AMRIX <i>chlorzoxazone 250 mg</i> (NDC <sup>^</sup> 69499033060 only)	<i>cyclobenzaprine</i>
<i>Narcolepsy</i> Wakefulness Promoters	NUVIGIL	<i>armodafinil</i>
<i>Ophthalmic</i> Miscellaneous	AVENOVA	Consult doctor
<i>Opioid Reversal</i>	EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>
<i>Osteoporosis</i> *	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA,</i> <i>TYMLOS</i>
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
<i>Overactive Bladder / Incontinence</i> * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium,</i> <i>trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>
<i>Pain</i> Headache *	<i>butalbital-acetaminophen</i> (NDC <sup>^</sup> 69499034230 only) <i>butalbital-acetaminophen-caffeine capsule</i> FIORICET CAPSULE VANATOL LQ VANATOL S	<i>diclofenac sodium, naproxen</i>
	CAFERGOT	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan,</i> <i>ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
<i>Pain</i> Opioid Analgesics	LAZANDA	<i>fentanyl transmucosal lozenge, ABSTRAL, SUBSYS</i>
	<i>levorphanol</i>	<i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel,</i> <i>EMBEDA, HYSINGLA ER, NUCYNTA ER, OXYCONTIN</i>
	PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine,</i> <i>oxycodone-acetaminophen, NUCYNTA</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Pain and Inflammation</i> * Corticosteroids	Depak MILLIPRED RAYOS	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone
<i>Pain and Inflammation</i> * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	celecoxib; diclofenac sodium, meloxicam or naproxen <b>WITH</b> esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT
	diclofenac sodium gel 1% (NDC <sup>^</sup> 69499031866 only) PENNSAID	diclofenac sodium, diclofenac sodium gel 1% (except NDC <sup>^</sup> 69499031866), diclofenac sodium solution, meloxicam, naproxen
	CAMBIA INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, meloxicam, naproxen
<i>Postherpetic Neuralgia</i>	HORIZANT	gabapentin, GRALISE
<i>Prostate Condition</i> Benign Prostatic Hyperplasia *	JALYN	dutasteride-tamsulosin; dutasteride or finasteride <b>WITH</b> alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin
	UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin
<i>Respiratory</i> Alpha-1 Antitrypsin Deficiency	PROLASTIN-C ZEMAIRA	ARALAST NP, GLASSIA
<i>Respiratory</i> Cough	benzonatate (NDC <sup>^</sup> 69499032915 only)	benzonatate (except NDC <sup>^</sup> 69499032915)
<i>Sleep Disorder</i> Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR
<i>Testosterone Replacement</i> * Androgens	testosterone gel 1% <sup>5</sup> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	testosterone gel, testosterone solution, ANDRODERM, ANDROGEL 1.62%
<i>Thyroid Supplements</i>	TIROSINT	levothyroxine, SYNTHROID

<b>Category/ Drug Class</b>	<b>Other Considerations</b>
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 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.
Generics	Limited source generics may be evaluated when appropriate and potentially not be covered without a medical exception.
Hyperinflation	On a quarterly basis, products with significant cost inflation that have clinically appropriate and more cost-effective alternatives may be evaluated and potentially not be covered without a medical exception.
New-to-Market Agents <sup>1</sup>	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.
Specialty	As new specialty products launch, as well as quarterly throughout the year, CVS Caremark will re-evaluate existing specialty products to determine appropriate formulary placement, which includes potentially not covering without a medical exception, adding back or deleting these products.

The listed formulary options are subject to change.



## List of Drugs Requiring Prior Authorization for Medical Necessity

ABILIFY	<i>chlorzoxazone 250 mg</i> (NDC <sup>^</sup> 69499033060 only)	FOSTEUM
ACANYA	CIMZIA	FOSTEUM PLUS
ACTEMRA	<i>clobetasol spray</i>	FULPHILA
ACTICLATE	CLOBEX SPRAY	GLEEVEC
ACTOS	COLAZAL	GLUMETZA
ADDERALL XR	CRESTOR	GRANIX
ALCORTIN A	CYMBALTA	HELIXATE FS
ALEVICYN GEL	DAKLINZA	HORIZANT
ALEVICYN KIT	DELZICOL	HUMALOG
ALEVICYN SG	DETROL LA	HUMALOG MIX 50/50
<i>Alevicyn solution</i>	<i>Dexpak</i>	HUMALOG MIX 75/25
ALPROLIX	<i>diclofenac sodium gel 1%</i> (NDC <sup>^</sup> 69499031866 only)	HUMULIN N <sup>4</sup>
ALTOPREV	DIOVAN	HUMULIN R <sup>4</sup>
ALVESCO	DIOVAN HCT	<i>hydrocortisone 1% in absorbase</i> (NDCs <sup>^</sup> 69499032210, 69499034325 only)
AMRIX	DORYX	INDOCIN
ANDROGEL 1%	DORYX MPC	INTERMEZZO
APEXICON E	DULERA	INTUNIV
APIDRA	DUTOPROL	INVOKAMET
ARTHROTEC	DYRENIUM	INVOKAMET XR
ASACOL HD	EDARBI	INVOKANA
ATACAND	EDARBYCLOR	JALYN
ATACAND HCT	E.E.S. GRANULES	JENTADUETO
AVENOVA	EFFEXOR XR	JENTADUETO XR
BECONASE AQ	ELELYSO	KAZANO
BENICAR	ELOCTATE	KINERET
BENICAR HCT	ENABLEX	KOMBIGLYZE XR
BENSAL HP	ENTYVIO	LANOXIN TABLET (125 MCG and 250 MCG only)
BENZACLIN	EPOGEN	LANTUS
<i>benzonatate</i> (NDC <sup>^</sup> 69499032915 only)	ERYPED	LAZANDA
BERINERT	EVZIO	LESCOL XL
BETAPACE	EXFORGE	<i>levorphanol</i>
BETAPACE AF	EXFORGE HCT	LIPITOR
<i>butalbital-acetaminophen</i> (NDC <sup>^</sup> 69499034230 only)	EXTAVIA	LIVALO
<i>butalbital-acetaminophen-caffeine capsule</i>	FANAPT	LUNESTA
BYDUREON	FASENRA	MACRODANTIN
BYETTA	FIORICET CAPSULE	<i>Matzim LA</i>
CAFERGOT	<i>fluorouracil cream 0.5%</i>	MAVYRET
CAMBIA	FML LIQUIFILM	MIACALCIN INJECTION
CARAC	FORTAMET	MIACALCIN NASAL SPRAY
CARDIZEM	FORTESTA	MILLIPRED
CARDIZEM CD	FOSRENOL	MINOCIN
CARDIZEM LA (and its generics)	PREVACID	TRICOR
CARNITOR	PRIMLEV	TUDORZA
CARNITOR SF	PROCRIT	UROXATRAL
NAPRELAN	PROLASTIN-C	VALCYTE
NATESTO	PROTONIX	VALTREX
NESINA	PROVENTIL HFA	VANATOL LQ
NEUPOGEN	QNASL	VANATOL S
NEXIUM	RAYOS	<i>Vanoxide-HC</i>
NILANDRON	RELISTOR	VASCULERA
NORDITROPIN	RHEUMATE	VELTIN
NORITATE	RIMSO-50	<i>venlafaxine ext-rel tablet</i> (except 225 mg)
NORVASC	RIOMET	VENTOLIN HFA
NOVACORT	ROZEREM	VIEKIRA PAK
NUTROPIN AQ	SAIZEN	VOGELXO
NUVIGIL	SEROQUEL XR	XENAZINE
OLEPTRO	SIMPONI	XOPENEX HFA
OLUX-E	SORILUX	ZARXIO
OMNARIS	SPRIX	ZEGERID
OMNITROPE	SYNERDERM	ZEMAIRA
ONEXTON	TALTZ	ZEPATIER
ONGLYZA	TARGADOX	ZETIA
ORENCIA CLICKJECT	TASIGNA	ZETONNA
ORENCIA INTRAVENOUS	TECHNIVIE	ZIANA
ORENCIA SUBCUTANEOUS	TESTIM	ZOLPIMIST
OSENI	<i>testosterone gel 1%</i> <sup>5</sup>	ZONEGRAN
OXYTROL	TIROSINT	ZORVOLEX
PENNSAID	TOBI	ZUPLENZ
PLAVIX	TOBI PODHALER	ZYTIGA
PRADAXA	TOUJEO	
PRALUENT	TRADJENTA	
PRED FORTE		

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.

- <sup>A</sup> Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.
- <sup>\*</sup> This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.
- <sup>1</sup> If your doctor believes you have a specific clinical need for one of these products, he or she should contact the Prior Authorization department at: 1-855-240-0536.
- <sup>2</sup> For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).
- <sup>3</sup> If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.
- <sup>4</sup> Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).
- <sup>5</sup> Listing reflects the authorized generics for TESTIM and VOGELXO.

**Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.**

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