

# 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<br>Drug Class  | Drugs Requiring Prior<br>Authorization for Medical<br>Necessity <sup>1</sup>   | Formulary Options  |
|---|--|--|
| Acromegaly  | SANDOSTATIN LAR<br>SIGNIFOR LAR<br>SOMAVERT  | SOMATULINE DEPOT   |
| Allergies<br>Nasal Steroids / Combinations                    | BECONASE AQ<br>DYMISTA<br>OMNARIS<br>QNASL<br>ZETONNA  | azelastine-fluticasone, flunisolide, fluticasone, mometasone   |
| Anticonvulsants   | topiramate ext-rel capsule (generics for<br>QUDEXY XR only)<br>LAMICTAL<br>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<br>ONFI  | clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR   |
|   | SABRIL   | vigabatrin   |
|   | KEPPRA<br>KEPPRA XR<br>LAMICTAL XR<br>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<br>Erythromycins / Macrolides | E.E.S. GRANULES<br>ERYPED  | erythromycins  |
| Anti-infectives, Antibacterials<br>Tetracyclines              | doxycycline hyclate delayed-rel tablet<br>doxycycline hyclate tablet 50 mg<br>doxycycline hyclate tablet 75 mg<br>doxycycline hyclate tablet 150 mg<br>doxycycline monohydrate capsule 75 mg<br>doxycycline monohydrate capsule 150 mg<br>minocycline ext-rel<br>CoreMino<br>Mondoxyne NL capsule 75 mg<br>Targadox<br>ACTICLATE<br>DORYX<br>DORYX MPC | doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline  |
| Anti-infectives, Antibacterials<br>Miscellaneous              | nitrofurantoin (NDC* 16571074024 only)<br>MACRODANTIN  | nitrofurantoin (except NDC* 16571074024)   |

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|---|---|--|
| <b>Anti-infectives, Antifungals</b>   | <i>flucytosine capsule 500 mg</i>   | <i>fluconazole</i>   |
|   | <i>posaconazole delayed-rel tablet</i><br>NOXAFIL   | <i>fluconazole, itraconazole</i>   |
|   | CRESEMBA  | <i>itraconazole</i>  |
|   | <i>tavorole</i>   | <i>terbinafine tablet</i>  |
| <b>Anti-infectives, Antiretroviral Agents<br/>Combination Agents</b>  | ATRIPLA<br>COMPLERA   | <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, STRIBILD, SYMTUZA, TRIUMEQ</i> |
|   | TRUVADA   | <i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, CIMDUO, DESCOVY, TEMIXYS</i>  |
| <b>Anti-infectives, Antiretroviral Agents<br/>Protease Inhibitors</b>   | APTIVUS   | Consult doctor   |
|   | LEXIVA<br>VIRACEPT  | <i>atazanavir, EVOTAZ, PREZCOBIX, PREZISTA</i>   |
| <b>Anti-infectives, Antivirals<br/>Cytomegalovirus †</b>  | VALCYTE   | <i>valganciclovir</i>  |
| <b>Anti-infectives, Antivirals<br/>Hepatitis B †</b>  | BARACLUDE TABLET  | <i>entecavir, lamivudine, VEMLIDY</i>  |
| <b>Anti-infectives, Antivirals<br/>Hepatitis C †</b>  | MAVYRET   | EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>  |
|   | VIEKIRA PAK<br>ZEPATIER   | EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)   |
| <b>Anti-infectives, Antivirals<br/>Herpes †</b>   | <i>acyclovir cream</i><br>VALTREX   | <i>acyclovir capsule, acyclovir tablet, valacyclovir</i>   |
| <b>Anti-infectives<br/>Miscellaneous</b>  | DARAPRIM  | <i>pyrimethamine</i>   |
| <b>Anxiety †<br/>Benzodiazepines</b>  | ATIVAN<br>XANAX<br>XANAX XR   | <i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>   |
| <b>Asthma †<br/>Beta Agonists, Short-Acting</b>   | <i>albuterol sulfate CFC-free aerosol</i><br>(NDC* 66993001968 only)<br>PROAIR HFA<br>PROAIR RESPICLICK<br>PROVENTIL HFA<br>VENTOLIN HFA<br>XOPENEX HFA | <i>albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol</i>  |
| <b>Asthma †<br/>Leukotriene Modulators</b>  | <i>zileuton ext-rel</i><br>SINGULAIR  | <i>montelukast, zafirlukast</i>  |
| <b>Asthma †<br/>Steroid Inhalants</b>   | ALVESCO<br>ARNUITY ELLIPTA<br>ASMANEX<br>ASMANEX HFA<br>FLOVENT DISKUS<br>QVAR REDIHALER  | FLOVENT HFA, PULMICORT FLEXHALER   |
| <b>Asthma † or Chronic Obstructive<br/>Pulmonary Disease (COPD) †<br/>Steroid / Beta Agonist Combinations</b> | DULERA  | ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT   |
| <b>Asthma †<br/>Severe Asthma</b>   | NUCALA LYOPHILIZED POWDER   | DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR  |

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|--|--|---|
| <b>Attention Deficit Hyperactivity<br/>Disorder †</b>                  | ADDERALL<br>EVEKEO   | <i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>   |
|  | ADDERALL XR<br>ADZENYS XR-ODT<br>APTENSIO XR<br>CONCERTA<br>DAYTRANA<br>FOCALIN XR<br>QUILLICHEW ER<br>QUILLIVANT XR | <i>amphetamine-dextroamphetamine mixed salts ext-rel,<br/>dexamethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS,<br/>JORNAY PM, MYDAYIS, VYVANSE</i>   |
|  | INTUNIV  | <i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine,<br/>dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel,<br/>AZSTARYS, JORNAY PM, MYDAYIS, QELBREE, VYVANSE</i> |
| <b>Autoimmune Agents<br/>Physician-Administered Agents</b>             | ACTEMRA INTRAVENOUS<br>ORENCIA INTRAVENOUS   | REMICADE, SIMPONI ARIA  |
|  | AVSOLA<br>CIMZIA LYOPHILIZED POWDER<br>INFLECTRA<br>RENFLEXIS  | ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS,<br>STELARA INTRAVENOUS   |
|  | ENTYVIO (For Crohn's Disease Only)   | REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS  |
| <b>Autoimmune Agents<br/>Self-Administered Agents</b>                  | ACTEMRA ACTPEN<br>ACTEMRA SUBCUTANEOUS<br>KINERET  | ENBREL, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR   |
|  | CIMZIA PREFILLED SYRINGE<br>ORENCIA CLICKJECT<br>ORENCIA SUBCUTANEOUS<br>SIMPONI<br>TALTZ                            | COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ,<br>SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA,<br>XELJANZ, XELJANZ XR  |
| <b>Botulinum Toxins</b>  | BOTOX  | Consult doctor  |
| <b>Cancer<br/>Antimetabolites</b>                                      | ALIMTA   | <i>pemetrexed</i>   |
| <b>Cancer<br/>Biosimilars</b>  | RIABNI<br>TRUXIMA  | RUXIENCE  |
| <b>Cancer<br/>Chronic Myelogenous Leukemia †<br/>Kinase Inhibitors</b> | GLEEVEC<br>ICLUSIG<br>TASIGNA  | <i>imatinib mesylate, BOSULIF, SPRYCEL</i>  |
| <b>Cancer<br/>Follicular Lymphoma †<br/>PI3K Inhibitors</b>            | ALIQOPA  | Consult doctor  |
| <b>Cancer<br/>Melanoma †<br/>BRAF/MEK Inhibitors</b>                   | MEKINIST   | COTELLIC, MEKTOVI   |
|  | TAFINLAR   | BRAFTOVI, ZELBORAF  |
| <b>Cancer<br/>Monoclonal Antibodies</b>                                | AVASTIN  | ZIRABEV   |
|  | HERCEPTIN<br>HERCEPTIN HYLECTA   | KANJINTI, TRAZIMERA   |
|  | RITUXAN  | RUXIENCE  |

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

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|---|--|--|
| <b>Cardiovascular<br/>Antilipemics<br/>PCSK9 Inhibitors</b>   | REPATHA  | PRALUENT   |
| <b>Cardiovascular<br/>Digitalis Glycosides</b>  | LANOXIN TABLET (125 MCG and 250 MCG only)  | <i>digoxin</i>   |
| <b>Cardiovascular<br/>Diuretics</b>   | DYRENIUM   | <i>amiloride, triamterene</i>  |
| <b>Cardiovascular<br/>Nitrates</b>  | <i>isosorbide dinitrate 40 mg</i>  | <i>isosorbide dinitrate (except isosorbide dinitrate 40 mg),<br/>isosorbide mononitrate</i>  |
| <b>Cardiovascular<br/>Pulmonary Arterial Hypertension<br/>Endothelin Receptor Antagonists</b>                                 | LETAIRIS<br>TRACLEER   | <i>ambrisentan, bosentan, OPSUMIT</i>  |
| <b>Cardiovascular<br/>Pulmonary Arterial Hypertension<br/>Prostaglandin Vasodilators</b>                                      | REMODULIN  | <i>treprostinil</i>  |
| <b>Carnitine Deficiency</b>   | CARNITOR<br>CARNITOR SF  | <i>levocarnitine</i>   |
| <b>Chronic Obstructive Pulmonary<br/>Disease (COPD) †<br/>Anticholinergics</b>  | INCRUSE ELLIPTA<br>TUDORZA   | SPIRIVA  |
| <b>Chronic Obstructive Pulmonary<br/>Disease (COPD) †<br/>Anticholinergic / Beta Agonist<br/>Combinations<br/>Long Acting</b> | BEVESPI AEROSPHERE   | ANORO ELLIPTA, STIOLTO RESPIMAT  |
| <b>Contraceptives<br/>Oral</b>  | BALCOLTRA<br>BEYAZ<br>MINASTRIN 24 FE<br>SEASONIQUE<br>TAYTULLA<br>YASMIN<br>YAZ   | <i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate,<br/>ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate,<br/>ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate,<br/>LO LOESTRIN FE, NATAZIA</i> |
| <b>Contraceptives<br/>Vaginal</b>   | <i>ethinyl estradiol-etonogestrel<br/>EluRyng</i>  | ANNOVERA, NUVARING   |
| <b>Cystic Fibrosis †<br/>Inhaled Antibiotics</b>  | CAYSTON<br>TOBI<br>TOBI PODHALER   | <i>tobramycin inhalation solution, BETHKIS</i>   |
| <b>Depression †<br/>Antidepressants, Selective Serotonin<br/>Reuptake Inhibitors (SSRIs)</b>                                  | <i>fluoxetine tablet 60 mg<br/>paroxetine HCl ext-rel (NDC* 60505367503 only)</i><br>LEXAPRO<br>PAXIL<br>PAXIL CR<br>PEXEVA<br>PROZAC<br>VIIBRYD<br>ZOLOFT | <i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg,<br/>fluoxetine tablet [generics for SARAFEM]), paroxetine HCl,<br/>paroxetine HCl ext-rel (except NDC* 60505367503), sertraline,<br/>TRINTELLIX</i>   |

| Category<br>Drug Class   | Drugs Requiring Prior<br>Authorization for Medical<br>Necessity <sup>1</sup>  | Formulary Options   |
|--|---|---|
| <i>Depression</i> †<br>Antidepressants, Serotonin<br>Norepinephrine Reuptake Inhibitors<br>(SNRIs) | <i>venlafaxine ext-rel tablet</i> (except 225 mg)<br>CYMBALTA<br>EFFEXOR XR<br>PRISTIQ  | <i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>   |
| <i>Depression</i> †<br>Antidepressants,<br>Miscellaneous Agents                                    | <i>bupropion ext-rel tablet 450 mg</i>  | <i>bupropion, bupropion ext-rel</i> (except <i>bupropion ext-rel tablet 450 mg</i> )  |
| <i>Depression and/or<br/>Schizophrenia</i> †<br>Antipsychotics, Atypicals                          | ABILIFY<br>FANAPT<br>SEROQUEL XR  | <i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, LATUDA, VRAYLAR</i>  |
| <i>Dermatology</i><br>Acne †   | <i>adapalene pad</i><br><i>clindamycin gel</i> (NDC* 68682046275 only)<br><i>Vanoxide-HC</i><br>ACANYA<br>AZELEX<br>DIFFERIN LOTION<br>FABIOR<br>TAZORAC<br>VELTIN<br>ZIANA | <i>adapalene</i> (except <i>adapalene pad</i> ), <i>benzoyl peroxide, clindamycin gel</i> (except NDC* 68682046275), <i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i> |
| <i>Dermatology</i><br>Actinic Keratosis †  | <i>fluorouracil cream 0.5%</i><br>CARAC   | <i>fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA</i>   |
| <i>Dermatology</i><br>Anti-infective / Anti-inflammatory   | NEO-SYNALAR   | <i>desonide</i> (except <i>desonide gel</i> ) or <i>hydrocortisone WITH gentamicin</i>  |
| <i>Dermatology</i><br>Antibiotics  | <i>mupirocin cream</i>  | <i>gentamicin, mupirocin ointment</i>   |
| <i>Dermatology</i><br>Antipsoriatics   | <i>calcipotriene cream</i><br><i>calcipotriene foam</i><br><i>calcitriol ointment</i><br>CALCIPOTRIENE FOAM<br>SORILUX<br>TAZORAC<br>VECTICAL                               | <i>calcipotriene ointment, calcipotriene solution</i>   |
|  | <i>calcipotriene-betamethasone</i><br>DUOBRII   | <i>calcipotriene ointment</i> or <i>calcipotriene solution WITH desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i> ), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i> ) or BRYHALI; ENSTILAR  |
| <i>Dermatology</i><br>Atopic Dermatitis †  | <i>doxepin cream</i>  | <i>desonide</i> (except <i>desonide gel</i> ), <i>hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>   |
|  | ELIDEL  | <i>pimecrolimus, tacrolimus, EUCRISA</i>  |
| <i>Dermatology</i><br>Rosacea †  | <i>doxycycline monohydrate delayed-rel capsule</i>  | ORACEA  |
|  | <i>ivermectin cream</i><br>FINACEA GEL<br>MIRVASO<br>NORITATE   | <i>azelaic acid gel, metronidazole, FINACEA FOAM, RHOFADE, SOOLANTRA</i>  |
| <i>Dermatology</i><br>Scars  | BEAU RX<br>CICATRACE<br>POLYTOZA<br>RECEDO<br>SCARSILK PAD<br>SIL-K PAD<br>SILVEX<br>SILTREX  | Consult doctor  |

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|--|--|---|
| <b>Dermatology</b><br>Seborrheic Dermatitis †  | <i>ketoconazole foam 2%</i><br>Ketodan   | <i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>  |
|  | XOLEGEL  | <i>ciclopirox, ketoconazole cream 2%</i>  |
| <b>Dermatology</b><br>Skin Inflammation and Hives †<br>Low Potency Corticosteroids       | <i>desonide gel</i><br>DesRx<br><i>flurandrenolide cream</i><br><i>flurandrenolide lotion</i><br>Nolix<br>CORDRAN CREAM<br>CORDRAN LOTION  | <i>desonide (except desonide gel), hydrocortisone</i>   |
| <b>Dermatology</b><br>Skin Inflammation and Hives †<br>Medium Potency Corticosteroids    | <i>clocortolone cream</i><br><i>desoximetasone ointment 0.05%</i><br><i>flurandrenolide ointment</i><br><i>hydrocortisone butyrate lipophilic cream 0.1%</i><br><i>hydrocortisone butyrate lotion</i><br><i>triamcinolone aerosol 0.2%</i><br><i>triamcinolone ointment 0.05%</i><br>Trianex<br>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> |
| <b>Dermatology</b><br>Skin Inflammation and Hives †<br>High Potency Corticosteroids      | <i>betamethasone dipropionate ointment 0.05%</i><br><i>diflorasone cream</i><br><i>diflorasone ointment</i><br><i>halcinonide cream</i><br>APEXICON E<br>HALOG<br>PSORCON  | <i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>  |
| <b>Dermatology</b><br>Skin Inflammation and Hives †<br>Very High Potency Corticosteroids | <i>clobetasol emollient foam</i><br><i>clobetasol spray</i><br><i>fluocinonide cream 0.1%</i><br>Tovet<br>CLOBEX SPRAY<br>CORDRAN TAPE<br>OLUX-E<br>ULTRAVATE  | <i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>  |
| <b>Dermatology</b><br>Warts  | VEREGEN  | <i>imiquimod</i>  |
| <b>Dermatology</b><br>Wound Care Products  | ALEVICYN GEL<br>ALEVICYN SG<br>ALEVICYN SOLUTION   | <i>desonide (except desonide gel), hydrocortisone</i>   |
| <b>Dermatology</b><br>Miscellaneous Skin Conditions                                      | ATOPADERM<br>BENSAL HP<br>EPICERAM<br>KAMDOY<br>SYNERDERM  | <i>desonide (except desonide gel), hydrocortisone</i>   |
|  | <i>luliconazole</i><br><i>oxiconazole</i><br>(NDCs* 00168035830, 51672135902 only)   | <i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>   |
| <b>Diabetes †</b><br>Biguanides  | <i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only)<br>FORTAMET<br>GLUMETZA<br>RIOMET   | <i>metformin, metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)   |
| <b>Diabetes †</b><br>Dipeptidyl Peptidase-4<br>(DPP-4) Inhibitors                        | NESINA<br>ONGLYZA<br>TRADJENTA   | JANUVIA   |

| Category<br>Drug Class  | Drugs Requiring Prior<br>Authorization for Medical<br>Necessity <sup>1</sup>   | Formulary Options  |
|---|--|--|
| <i>Diabetes</i> †<br>Dipeptidyl Peptidase-4<br>(DPP-4) Inhibitor Combinations   | JENTADUETO<br>JENTADUETO XR<br>KAZANO<br>KOMBIGLYZE XR   | JANUMET, JANUMET XR  |
|   | OSENI  | JANUMET, JANUMET XR; JANUVIA <b>WITH</b> <i>pioglitazone</i> |
| <i>Diabetes</i> †<br>Injectable Incretin Mimetics   | BYDUREON BCISE<br>BYETTA   | OZEMPIC, RYBELSUS, TRULICITY, VICTOZA                        |
| <i>Diabetes</i> †<br>Insulins   | APIDRA<br>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> †<br>Long Acting Insulins <sup>5</sup>  | LANTUS   | BASAGLAR, LEVEMIR  |
| <i>Diabetes</i> †<br>Insulin Sensitizers  | ACTOS  | <i>pioglitazone</i>  |
| <i>Diabetes</i> †<br>Sodium-Glucose<br>Co-transporter 2 (SGLT2) Inhibitors  | INVOKANA   | FARXIGA, JARDIANCE   |
| <i>Diabetes</i> †<br>Sodium-Glucose<br>Co-transporter 2 (SGLT2) Inhibitor /<br>Biguanide Combinations                                   | INVOKAMET<br>INVOKAMET XR  | SYNJARDY, SYNJARDY XR, XIGDUO XR                             |
| <i>Diabetes</i> †<br>Sodium-Glucose<br>Co-transporter 2 (SGLT2) Inhibitor /<br>Dipeptidyl Peptidase-4 (DPP-4)<br>Inhibitor Combinations | QTERN  | GLYXAMBI   |
| <i>Dietary Supplements</i>  | FOSTEUM<br>FOSTEUM PLUS  | <i>alendronate, ibandronate, risedronate</i>                 |
|   | <i>Activite</i><br><i>Dexifol</i><br><i>Folvite-D</i><br><i>Genicin Vita-S</i><br><i>HylaVite</i><br><i>Lorid</i><br><i>TronVite</i><br><i>Vitasure</i><br><i>Xvite</i><br>FERIVA 21/7<br>NICADAN<br>NICAPRIN<br>NICAZEL<br>NICAZEL FORTE<br>NICOMIDE<br>OMNIVEX | <i>folic acid</i>  |



| Category<br>Drug Class  | Drugs Requiring Prior<br>Authorization for Medical<br>Necessity <sup>1</sup>  | Formulary Options   |
|---|---|---|
|   | ORTHO D<br>ORTHO DF<br>RHEUMATE<br>RIBOZEL<br>TALIVA<br>XYZBAC<br>ZYVIT   |   |
|   | MultiPro<br>PRODIGEN<br>VASCULERA   | Consult doctor  |
| <i>Endocrine and Metabolic<br/>Corticosteroids</i>                          | <i>prednisolone solution 10 mg/5 mL<br/>prednisolone solution 20 mg/5 mL<br/>BETAMETHASONE ACETATE-<br/>BETAMETHASONE SODIUM PHOSPHATE<br/>MILLIPRED<br/>RAYOS</i>  | <i>dexamethasone, hydrocortisone, methylprednisolone,<br/>prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5<br/>mL), prednisone</i> |
| <i>Endocrine and Metabolic<br/>Hereditary Tyrosinemia Type 1<br/>Agents</i> | NITYR   | ORFADIN   |
| <i>Endocrine and Metabolic<br/>Progestins</i>                               | PROMETRIUM  | <i>medroxyprogesterone; progesterone, micronized</i>  |
| <i>Endocrine and Metabolic<br/>Severe Hypoglycemia</i>                      | GLUCAGEN HYPOKIT<br>GLUCAGON EMERGENCY KIT  | <i>glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE</i>   |
| <i>Endometriosis †</i>  | ZOLADEX   | MYFEMBREE, ORILISSA   |
| <i>Gastrointestinal<br/>Anticholinergics</i>                                | <i>chlordiazepoxide-clidinium (NDCs* 11534019701,<br/>42494040901, 51293069601, 51293069610,<br/>67877073101, 70700018501 only)<br/>hyoscyamine sulfate ext-rel<br/>GLYCOPYRROLATE TABLET 1.5 MG<br/>LIBRAX</i> | <i>dicyclomine</i>  |
| <i>Gastrointestinal<br/>Antidiarrheals</i>                                  | ENTERAGAM   | <i>alosetron, VIBERZI, XIFAXAN 550 MG</i>   |
|   | MYTESI  | <i>diphenoxylate-atropine, loperamide</i>   |
| <i>Gastrointestinal<br/>Antiemetics</i>                                     | TRANSDERM SCOP  | <i>meclizine, scopolamine transdermal</i>   |
|   | ZUPLENZ   | <i>granisetron, ondansetron, SANCUSO</i>  |
| <i>Gastrointestinal<br/>Irritable Bowel Syndrome †</i>                      | AMITIZA   | <i>lubiprostone, LINZESS, SYMPROIC</i>  |
| <i>Gastrointestinal<br/>Laxatives</i>                                       | LACTULOSE PAK   | <i>lactulose solution</i>   |
|   | <i>peg 3350-electrolytes<br/>(generics for MOVIPREP only)<br/>GOLYTELY<br/>MOVIPREP<br/>OSMOPREP<br/>SUPREP</i>   | <i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>  |
| <i>Gastrointestinal<br/>Opioid-Induced Constipation</i>                     | MOVANTIK  | <i>lubiprostone, SYMPROIC</i>   |
| <i>Gastrointestinal<br/>Probiotics</i>                                      | PROVAD<br>ZELAC   | Consult doctor  |
| <i>Gastrointestinal<br/>Proton Pump Inhibitors (PPIs)</i>                   | <i>dexlansoprazole delayed-rel<br/>lansoprazole delayed-rel orally disintegrating tablet<br/>omeprazole-sodium bicarbonate<br/>pantoprazole delayed-rel suspension</i>  | <i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule,<br/>omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>                            |

| Category<br>Drug Class   | Drugs Requiring Prior<br>Authorization for Medical<br>Necessity <sup>1</sup>                     | Formulary Options                             |
|--|--|---|
|  | ACIPHEX<br>ACIPHEX SPRINKLE<br>DEXILANT<br>NEXIUM<br>PREVACID<br>PRILOSEC<br>PROTONIX<br>ZEGERID |   |
| <i>Gastrointestinal<br/>Ulcer Treatment</i>                        | <i>sucralfate suspension</i><br>CARAFATE   | <i>sucralfate tablet</i>                      |
| <i>Gaucher Disease</i>   | ELELYSO  | CERDELGA, CEREZYME                            |
| <i>Genitourinary<br/>Interstitial Cystitis</i>                     | ELMIRON<br>RIMSO-50  | Consult doctor                                |
| <i>Genitourinary<br/>Miscellaneous</i>                             | LITHOSTAT  | Consult doctor                                |
|  | THIOLA<br>THIOLA EC  | <i>tiopronin</i>                              |
| <i>Gout †</i>  | <i>colchicine capsule</i><br>COLCRYS   | <i>colchicine tablet</i> , MITIGARE           |
|  | ULORIC   | <i>allopurinol</i>                            |
| <i>Growth Hormones</i>   | HUMATROPE<br>NUTROPIN AQ<br>OMNITROPE<br>SAIZEN  | GENOTROPIN, NORDITROPIN                       |
| <i>Hematologic<br/>Anticoagulants<br/>Injectable</i>               | <i>heparin sodium in 5% dextrose</i><br>HEPARIN SODIUM IN 5% DEXTROSE                            | <i>enoxaparin, fondaparinux</i>               |
| <i>Hematologic<br/>Anticoagulants<br/>Oral</i>                     | PRADAXA  | <i>warfarin</i> , ELIQUIS, XARELTO            |
| <i>Hematologic<br/>Chelating Agents</i>                            | CUPRIMINE  | <i>penicillamine</i>                          |
|  | DESFERAL<br>EXJADE<br>FERRIPROX<br>JADENU  | <i>deferasirox, deferiprone, deferoxamine</i> |
|  | SYPRINE  | <i>trientine</i>                              |
| <i>Hematologic<br/>Erythropoiesis-Stimulating Agents</i>           | ARANESP<br>EPOGEN<br>PROCRIT   | RETACRIT                                      |
| <i>Hematologic<br/>Hemophilia B</i>                                | BENEFIX<br>IXINITY<br>RIXUBIS  | ALPROLIX, REBINYN                             |
| <i>Hematologic<br/>Miscellaneous Bleeding Disorders<br/>Agents</i> | FEIBA  | NOVOSEVEN RT, SEVENFACT                       |
| <i>Hematologic<br/>Neutropenia Colony Stimulating<br/>Factors</i>  | FULPHILA<br>NEULASTA<br>NEULASTA ONPRO<br>UDENYCA  | ZIEXTENZO                                     |
|  | GRANIX<br>LEUKINE  | NIVESTYM                                      |

| Category<br>Drug Class  | Drugs Requiring Prior<br>Authorization for Medical<br>Necessity <sup>1</sup>                                    | Formulary Options  |
|---|---|--|
|   | NEUPOGEN<br>ZARXIO  |  |
| Hematologic<br>Platelet Aggregation Inhibitors  | PLAVIX  | <i>clopidogrel, prasugrel, BRILINTA</i>  |
|   | ZONTIVITY   | Consult doctor   |
|   | NPLATE  | DOPTELET, PROMACTA, TAVALISSE  |
| High Blood Pressure †<br>ACE Inhibitors   | EPANED  | <i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>  |
| High Blood Pressure †<br>ACE Inhibitor / Diuretic<br>Combinations   | ZESTORETIC  | <i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide,<br/>quinapril-hydrochlorothiazide</i>   |
| High Blood Pressure †<br>Angiotensin II Receptor Antagonists  | ATACAND<br>BENICAR<br>COZAAR<br>DIOVAN<br>EDARBI<br>MICARDIS  | <i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>   |
| High Blood Pressure †<br>Angiotensin II Receptor Antagonist /<br>Diuretic Combinations                              | ATACAND HCT<br>BENICAR HCT<br>DIOVAN HCT<br>EDARBYCLOR<br>HYZAAR<br>MICARDIS HCT                                | <i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide,<br/>losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide,<br/>telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i> |
| High Blood Pressure †<br>Angiotensin II Receptor Antagonist /<br>Calcium Channel Blocker<br>Combinations            | AZOR<br>EXFORGE   | <i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>   |
| High Blood Pressure †<br>Angiotensin II Receptor Antagonist /<br>Calcium Channel Blocker / Diuretic<br>Combinations | EXFORGE HCT   | <i>olmesartan-amlodipine-hydrochlorothiazide</i>   |
| High Blood Pressure †<br>Beta-blockers  | COREG CR<br>INDERAL LA<br>INDERAL XL<br>INNOPRAN XL<br>TOPROL-XL  | <i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel,<br/>metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol,<br/>propranolol ext-rel</i>                         |
| High Blood Pressure †<br>Beta-blocker Combinations  | DUTOPROL  | <i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>   |
| High Blood Pressure †<br>Calcium Channel Blockers   | NORVASC   | <i>amlodipine</i>  |
|   | <i>diltiazem ext-rel</i> (generics for CARDIZEM LA only)<br>Matzim LA<br>CARDIZEM<br>CARDIZEM CD<br>CARDIZEM LA | <i>diltiazem ext-rel</i> (except generics for CARDIZEM LA)   |
| High Blood Pressure †<br>Calcium Channel Blocker /<br>Nonsteroidal Anti-inflammatory<br>Drugs (NSAIDs) Combinations | CONSENSI  | <i>amlodipine WITH celecoxib</i>   |
| Huntington's Disease  | XENAZINE  | <i>tetrabenazine, AUSTEDO</i>  |
|   | BERINERT<br>FIRAZYR   | <i>icatibant, RUCONEST</i>   |

| <b>Category<br/>Drug Class</b>                                  | <b>Drugs Requiring Prior<br/>Authorization for Medical<br/>Necessity <sup>1</sup></b>   | <b>Formulary Options</b>  |
|---|---|---|
| <i>Immunology</i><br>Hereditary Angioedema                      | CINRYZE   | ORLADEYO, TAKHZYRO  |
| <i>Immunology</i><br>Miscellaneous                              | ARCALYST  | ILARIS  |
| <i>Inflammatory Bowel Disease (IBD)</i><br>Ulcerative Colitis † | budesonide ext-rel<br>ASACOL HD<br>COLAZAL<br>DELZICOL<br>LIALDA<br>PENTASA   | balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel   |
| <i>Kidney Disease †</i><br>Phosphate Binders                    | lanthanum carbonate<br>FOSRENOL   | calcium acetate, sevelamer carbonate, AURYXIA, PHOSLYRA, VELPHORO   |
| <i>Menopausal Symptom Agents</i><br>Oral                        | paroxetine mesylate capsule 7.5 mg  | paroxetine HCl  |
|   | MENEST<br>OSPHENA<br>PREMARIN   | estradiol   |
| <i>Menopausal Symptom Agents</i><br>Transdermal                 | MINIVELLE<br>VIVELLE-DOT  | estradiol, DIVIGEL, EVAMIST   |
| <i>Menopausal Symptom Agents</i><br>Vaginal                     | estradiol vaginal tablet<br>Yuvaferm<br>ESTRING<br>FEMRING<br>INTRAROSA<br>PREMARIN CREAM   | estradiol vaginal cream, IMVEXXY, VAGIFEM   |
| <i>Multiple Sclerosis</i>                                       | EXTAVIA<br>TECFIDERA  | dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA |
| <i>Musculoskeletal</i>  | carisoprodol 250 mg<br>chlorzoxazone 250 mg<br>chlorzoxazone 375 mg<br>chlorzoxazone 500 mg (NDC* 73007001303 only)<br>chlorzoxazone 750 mg<br>cyclobenzaprine ext-rel capsule<br>cyclobenzaprine tablet 7.5 mg<br>metaxalone 400 mg<br>methocarbamol 500 mg (NDC* 69036091010 only)<br>methocarbamol 750 mg<br>(NDCs* 69036093090, 70868090190 only)<br>orphenadrine-aspirin-caffeine<br>Fexmid<br>Lorzone<br>Orphengesic Forte<br>AMRIX<br>NORGESIC FORTE | cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)  |
| <i>Narcolepsy</i><br>Wakefulness Promoters                      | NUVIGIL<br>PROVIGIL   | armodafinil, modafinil, SUNOSI, WAKIX, XYWAV  |
| <i>Ophthalmic</i><br>Allergies                                  | ALREX<br>BEPREVE<br>LASTACAFT<br>ZERVIAE  | azelastine, bepotastine, cromolyn sodium, olopatadine   |
| <i>Ophthalmic</i><br>Anti-infectives                            | AZASITE<br>CILOXAN  | ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE                                    |
| <i>Ophthalmic</i><br>Anti-infective / Anti-inflammatory         | TOBRADEX ST<br>ZYLET  | neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT                         |

| <b>Category<br/>Drug Class</b>                                       | <b>Drugs Requiring Prior<br/>Authorization for Medical<br/>Necessity <sup>1</sup></b>  | <b>Formulary Options</b>   |
|--|--|--|
| <i>Ophthalmic</i><br>Anti-inflammatory, Nonsteroidal                 | ACUVAIL<br>BROMSITE<br>NEVANAC   | <i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>  |
| <i>Ophthalmic</i><br>Anti-inflammatory, Steroidal                    | FLAREX<br>FML FORTE<br>FML LIQUIFILM<br>FML S.O.P.<br>INVELTYS<br>LOTEMAX<br>LOTEMAX SM<br>MAXIDEX<br>PRED FORTE<br>PRED MILD  | <i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>  |
| <i>Ophthalmic</i><br>Antivirals                                      | ZIRGAN   | <i>trifluridine</i>  |
| <i>Ophthalmic</i><br>Artificial Tears                                | LACRISERT  | RESTASIS, XIIDRA   |
| <i>Ophthalmic</i><br>Glaucoma  | <i>bimatoprost solution 0.03%</i><br>TRAVATAN Z  | <i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>   |
|  | BETIMOL<br>TIMOPTIC OCUDOSE  | <i>timolol maleate solution, BETOPTIC S</i>  |
| <i>Ophthalmic</i><br>Miscellaneous                                   | AVENOVA  | Consult doctor   |
| <i>Opioid Dependency</i>   | SUBOXONE   | <i>buprenorphine-naloxone sublingual, ZUBSOLV</i>  |
| <i>Osteoporosis †</i><br>Calcium Regulators                          | MIACALCIN INJECTION  | <i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>  |
| <i>Otic</i><br>Anti-infective / Anti-inflammatory                    | <i>ciprofloxacin-fluocinolone</i><br>CIPRO HC<br>CIPRODEX  | <i>ciprofloxacin-dexamethasone, ofloxacin otic</i>   |
| <i>Overactive Bladder / Incontinence †</i><br>Urinary Antispasmodics | DETROL LA<br>MYRBETRIQ<br>OXYTROL<br>TOVIAZ  | <i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>   |
| <i>Pain</i><br>Headache †  | <i>butalbital-acetaminophen capsule</i><br><i>butalbital-acetaminophen tablet 25-325 mg</i><br><i>butalbital-acetaminophen tablet 50-300 mg</i><br><i>butalbital-acetaminophen-caffeine capsule</i><br>Bupap<br>Vtol LQ<br>BUTALBITAL-ACETAMINOPHEN<br>(NDC* 69499034230 only)<br>CAMBIA<br>FIORICET CAPSULE | <i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>  |
|  | <i>dihydroergotamine spray</i><br><i>ergotamine-caffeine</i><br>Migergot<br>CAFERGOT<br>MAXALT<br>MAXALT-MLT   | <i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>   |
|  | <i>sumatriptan-naproxen</i><br>TREMET  | <i>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</i> |
| <i>Pain</i><br>Neuropathic Pain †                                    | LYRICA   | <i>duloxetine, pregabalin, pregabalin ext-rel</i>  |

| Category<br>Drug Class   | Drugs Requiring Prior<br>Authorization for Medical<br>Necessity <sup>1</sup>  | Formulary Options   |
|--|---|---|
| Pain<br>Opioid Analgesics  | BUTRANS   | <i>buprenorphine transdermal</i> , BELBUCA  |
|  | LAZANDA<br>SUBSYS   | <i>fentanyl transmucosal lozenge</i>  |
|  | <i>levorphanol</i><br><i>oxymorphone ext-rel</i><br>HYSINGLA ER<br>NUCYNTA ER<br>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</i> (NDC* 52817019610 only)<br><i>tramadol ext-rel capsule</i>  | <i>tramadol</i> (except NDC* 52817019610), <i>tramadol ext-rel tablet</i>   |
| Pain<br>Topical Local Anesthetics  | LIDOCAINE-TETRACAINE CREAM<br>(NDC* 71800063115 only)<br>LIDOTREX   | <i>lidocaine-prilocaine</i>   |
| Pain and Inflammation †<br>Nonsteroidal Anti-inflammatory<br>Drugs (NSAIDs) / Combinations | ARTHROTEC   | <i>celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> ) <b>WITH</b> <i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet</i> |
|  | CELEBREX  | <i>celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )   |
|  | <i>diclofenac sodium solution 2%</i><br><i>CapsFenac Pak</i><br><i>Capsinac</i><br><i>Diclofex DC</i><br><i>DicloHeal-60</i><br><i>Diclosaicin</i><br><i>Iclofenac CP</i><br><i>Inflammacin</i><br><i>Kapzin DC</i><br><i>NuDiclo SoluPak</i><br><i>NuDiclo TabPak</i><br><i>Pennsaicin</i><br><i>Sure Result DSS Premium Pack</i><br><i>Ziclopro</i><br>PENNSAID   | <i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )   |
|  | <i>diclofenac potassium capsule 25 mg</i><br><i>diclofenac potassium tablet 25 mg</i><br><i>fenoprofen</i><br><i>indomethacin capsule 20 mg</i><br><i>ketoprofen capsule 25 mg</i><br><i>ketoprofen ext-rel capsule</i><br><i>mefenamic acid</i> (NDC* 69336012830 only)<br><i>meloxicam capsule</i><br><i>naproxen CR</i><br><i>naproxen suspension</i><br><i>Lofena</i><br>FENOPROFEN CAPSULE<br>INDOCIN<br>NAPRELAN<br>SPRIX<br>ZORVOLEX | <i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )  |
|  | <i>naproxen-esomeprazole</i>  | <i>diclofenac sodium, ibuprofen, meloxicam tablet or naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> ) <b>WITH</b> <i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet</i>            |

| Category<br>Drug Class  | Drugs Requiring Prior<br>Authorization for Medical<br>Necessity <sup>1</sup>                                       | Formulary Options   |
|---|--|---|
| Parkinson's Disease   | APOKYN   | INBRIJA, KYNMOBI  |
|   | NOURIANZ   | amantadine, 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>6</sup>                                  | AZESCO<br>CITRANATAL<br>PRENATAL PLUS<br>VITAFOL-ONE<br>ZALVIT<br>All other brand prenatal vitamins                | generic prenatal vitamins   |
| Prostate Condition<br>Benign Prostatic Hyperplasia <sup>†</sup> | JALYN  | dutasteride-tamsulosin; dutasteride or finasteride <b>WITH</b> alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin                     |
|   | RAPAFLO<br>UROXATRAL   | alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin  |
| Pseudobulbar Affect   | NUDEXTA  | Consult doctor  |
| Respiratory<br>Alpha-1 Antitrypsin Deficiency                   | ARALAST NP<br>GLASSIA<br>ZEMAIRA   | PROLASTIN-C   |
| Respiratory<br>Anaphylaxis Treatment Agents                     | ADRENALIN<br>SYMJEPI   | epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR  |
| Respiratory<br>Cough  | benzonatate<br>(NDCs* 69336012615, 69499032915 only)   | benzonatate (except NDCs* 69336012615, 69499032915)   |
| Respiratory<br>Idiopathic Pulmonary Fibrosis                    | ESBRIET  | pirfenidone, OFEV   |
| Respiratory<br>Xanthines  | THEO-24  | ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI  |
| Sleep Disorder<br>Hypnotics, Non-benzodiazepines                | quazepam<br>zolpidem sublingual<br>EDLUAR<br>LUNESTA<br>ROZEREM<br>SILENOR<br>ZOLPIMIST                            | doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO  |
| Testosterone Replacement <sup>†</sup><br>Androgens              | testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)<br>ANDROGEL<br>FORTESTA<br>TESTIM<br>VOGELXO | testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO                                     |
| Thyroid Supplements   | CYTOMEL  | levothyroxine, liothyronine, SYNTHROID  |
|   | TIROSINT   | levothyroxine, SYNTHROID  |

| 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 <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.  |

The listed formulary options are subject to change.

## List of Drugs Requiring Prior Authorization for Medical Necessity

|  |  |   |
|--|--|---|
| ABILIFY  | ASMANEX HFA  | BUTALBITAL-ACETAMINOPHEN<br>(NDC* 69499034230 only)<br><i>butalbital-acetaminophen-caffeine capsule</i>                           |
| ACANYA   | ATACAND  | BUTRANS   |
| ACIPHEX  | ATACAND HCT  | BYDUREON BCISE  |
| ACIPHEX SPRINKLE   | ATIVAN   | BYETTA  |
| ACTEMRA ACTPEN   | ATOPADERM  | CAFERGOT<br><i>calcipotriene cream</i>  |
| ACTEMRA INTRAVENOUS  | ATRIPLA  | <i>calcipotriene foam</i>   |
| ACTEMRA SUBCUTANEOUS   | AVASTIN  | CALCIPOTRIENE FOAM  |
| ACTICLATE  | AVENOVA  | <i>calcipotriene-betamethasone</i>  |
| <i>Activite</i>  | AVSOLA   | <i>calcitriol ointment</i>  |
| ACTOS  | AZASITE  | CAMBIA  |
| ACUVAIL  | AZELEX   | <i>CapsFenac Pak</i>  |
| <i>acyclovir cream</i>   | AZESCO   | <i>Capsinac</i>   |
| <i>adapalene pad</i>   | AZOR   | CARAC   |
| ADDERALL   | BALCOLTRA  | CARAFATE  |
| ADDERALL XR  | BANZEL SUSPENSION  | CARBINOXAMINE TABLET 6 MG   |
| ADRENALIN  | BARACLUDGE TABLET  | CARDIZEM  |
| ADZENYS XR-ODT   | BEAU RX  | CARDIZEM CD   |
| AFINITOR   | BECONASE AQ  | CARDIZEM LA   |
| AFINITOR DISPERZ   | BENEFIX  | <i>carisoprodol 250 mg</i>  |
| <i>albuterol sulfate CFC-free aerosol</i><br>(NDC* 66993001968 only) | BENICAR  | CARNITOR  |
| ALEVICYN GEL   | BENICAR HCT  | CARNITOR SF   |
| ALEVICYN SG  | BENSAL HP  | CAYSTON   |
| ALEVICYN SOLUTION  | <i>benzonatate</i> (NDCs* 69336012615, 69499032915 only) | CELEBREX  |
| ALIMTA   | BEPREVE  | <i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701,<br>42494040901, 51293069601, 51293069610,<br>67877073101, 70700018501 only) |
| ALIQOPA  | BERINERT   | <i>chlorzoxazone 250 mg</i>   |
| ALREX  | BETAMETHASONE ACETATE-<br>BETAMETHASONE SODIUM PHOSPHATE | <i>chlorzoxazone 375 mg</i>   |
| ALTOPREV   | <i>betamethasone dipropionate ointment 0.05%</i>         | <i>chlorzoxazone 500 mg</i> (NDC* 73007001303 only)   |
| ALVESCO  | BETAPACE   | <i>chlorzoxazone 750 mg</i>   |
| AMITIZA  | BETAPACE AF  | CICATRACE   |
| AMRIX  | BETIMOL  | CILOXAN   |
| ANDROGEL   | BEVESPI AEROSPHERE                                       | CIMZIA LYOPHILIZED POWDER   |
| APEXICON E   | BEYAZ  | CIMZIA PREFILLED SYRINGE  |
| APIDRA   | <i>bimatoprost solution 0.03%</i>                        | CINRYZE   |
| APOKYN   | BORTEZOMIB   | CIPRO HC  |
| APTENSIO XR  | BOTOX  | CIPRODEX  |
| APTIVUS  | BROMSITE   | <i>ciprofloxacin-fluocinolone</i>   |
| ARALAST NP   | <i>budesonide ext-rel</i>                                | CITRANATAL  |
| ARANESP  | <i>Bupap</i>   | <i>clindamycin gel</i> (NDC* 68682046275 only)  |
| ARCALYST   | <i>bupropion ext-rel tablet 450 mg</i>                   |   |
| ARNUITY ELLIPTA  | <i>butalbital-acetaminophen capsule</i>                  |   |
| ARTHROTEC  | <i>butalbital-acetaminophen tablet 25-325 mg</i>         |   |
| ASACOL HD  | <i>butalbital-acetaminophen tablet 50-300 mg</i>         |   |
| ASMANEX  |  |   |



clobetasol emollient foam  
clobetasol spray  
CLOBEX SPRAY  
clocortolone cream  
COLAZAL  
colchicine capsule  
COLCRYS  
COMPLERA  
CONCERTA  
CONSENSI  
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  
Dexifol  
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  
ENTERAGAM  
ENTYVIO (For Crohn's Disease Only)  
EPANED  
EPICERAM

EPOGEN  
ergotamine-caffeine  
ERYPED  
ESBRIET  
estradiol vaginal tablet  
ESTRING  
ethinyl estradiol-etonogestrel  
EVEKEO  
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  
fenopropfen  
FENOPROFEN CAPSULE  
FERIVA 21/7  
FERRIPROX  
Fexmid  
FINACEA GEL  
FIORICET CAPSULE  
FIRAZYR  
FLAREX  
FLOVENT DISKUS  
flucytosine capsule 500 mg  
flucocinonide cream 0.1%  
flurouracil 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  
Folvite-D  
FORTAMET  
FORTESTA  
FOSRENOL  
FOSTEUM  
FOSTEUM PLUS  
FULPHILA  
Genicin Vita-S  
GLASSIA  
GLEEVEC  
GLUCAGEN HYPOKIT  
GLUCAGON EMERGENCY KIT  
GLUMETZA  
GLYCOPYRROLATE TABLET 1.5 MG  
GOLYTELY  
GRANIX  
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  
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  
KEPPRA  
KEPPRA 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  
LASTACAFT  
LAZANDA  
LESCOL XL  
LETAIRIS  
LEUKINE  
levorphanol  
LEXAPRO  
LEXIVA  
LIALDA  
LIBRAX  
LIDOCAINE-TETRACAINE CREAM  
(NDC\* 71800063115 only)  
LIDOTREX  
LIPITOR  
LITHOSTAT  
LIVALO  
Lofena  
Lorid  
Lorzone  
LOTEMAX  
LOTEMAX SM  
luliconazole  
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  
*Mondoxyne NL capsule 75 mg*  
 MOVANTI  
 MOVIPREP  
 MULTAQ  
*MultiPro*  
*mupirocin cream*  
 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  
 NICAPRIN  
 NICAZEL  
 NICAZEL FORTE  
 NICOMIDE  
 NILANDRON  
*nitrofurantoin* (NDC\* 16571074024 only)  
 NITYR  
*Nolix*  
 NORGESIC FORTE  
 NORITATE  
 NORPACE  
 NORVASC  
 NOURIANZ  
 NOXAFIL  
 NPLATE  
 NUCALA LYOPHILIZED POWDER  
 NUCYNTA  
 NUCYNTA ER  
*NuDiclo SoluPak*  
*NuDiclo TabPak*  
 NUDEXTA  
 NUTROPIN AQ  
 NUVIGIL  
 OLUX-E  
*omeprazole-sodium bicarbonate*  
 OMNARIS  
 OMNITROPE  
 OMNIVEX  
 ONFI  
 ONGLYZA  
 ORENCIA CLICKJECT  
 ORENCIA INTRAVENOUS  
 ORENCIA SUBCUTANEOUS  
*orphenadrine-aspirin-caffeine*  
*Orphengesic Forte*

ORTHO D  
 ORTHO DF  
 OSENI  
 OSMOPREP  
 OSPHENA  
*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)  
*Pennaicin*  
 PENNSAID  
 PENTASA  
 PERCOCET  
 PEXEVA  
 PLAVIX  
 POLYTOZA  
*posaconazole delayed-rel tablet*  
 PRADAXA  
 PRED FORTE  
 PRED MILD  
*prednisolone solution 10 mg/5 mL*  
*prednisolone solution 20 mg/5 mL*  
 PREMARIN  
 PREMARIN CREAM  
 PRENATAL PLUS  
 PREVACID  
 PRILOSEC  
 PRISTIQ  
 PROAIR HFA  
 PROAIR RESPICLICK  
 PROCIT  
 PRODIGEN  
 PROMETRIUM  
 PROTONIX  
 PROVAD  
 PROVENTIL HFA  
 PROVIGIL  
 PROZAC  
 PSORCON  
 QNASL  
 QTERN  
*quazepam*  
 QUILLICHEW ER  
 QUILLIVANT XR  
 QVAR REDIHALER  
 RAPAFLO  
 RAYOS  
 RECEDO  
 REMODULIN  
 RENFLEXIS  
 REPATHA  
 RHEUMATE  
 RIABNI  
 RIBOZEL  
 RIMSO-50  
 RIOMET  
 RITUXAN  
 RIXUBIS  
 ROZEREM  
 RUBRACA  
*RyClora*  
 SABRIL  
 SAIZEN  
 SANDOSTATIN LAR  
 SCARSILK PAD  
 SEASONIQUE  
 SEROQUEL XR  
 SIGNIFOR LAR  
 SIL-K PAD  
 SILENOR  
 SILVEX  
 SILTREX

SIMPONI  
 SINGULAIR  
 SOMAVERT  
 SORILUX  
 SPRIX  
 SUBOXONE  
 SUBSYS  
*sucralfate suspension*  
*sumatriptan-naproxen*  
 SUPREP  
*Sure Result DSS Premium Pack*  
 SUTENT  
 SYMJEPI  
 SYNERDERM  
 SYPRINE  
 TAFINLAR  
 TALIVA  
 TALTZ  
*Targadox*  
 TASIGNA  
*tavaborole*  
 TAYTULLA  
 TAZORAC  
 TECFIDERA  
 TESTIM  
*testosterone gel 1%*  
 (authorized generics for TESTIM and VOGELXO only)  
 THEO-24  
 THIOLA  
 THIOLA EC  
 TIMOPTIC OCUDOSE  
 TIROSINT  
 TOBI  
 TOBI PODHALER  
 TOBRADEX ST  
*topiramate ext-rel capsule* (generics for QUDEXY XR only)  
 TOPROL-XL  
*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  
*TronVite*  
 TRUVADA  
 TRUXIMA  
 TUDORZA  
 UDENYCA  
 ULORIC  
 ULTRAVATE  
 UROXATRAL  
 VALCYTE  
 VALTREX  
*Vanoxide-HC*  
 VASCULERA  
 VECTICAL  
 VELTIN  
*venlafaxine ext-rel tablet* (except 225 mg)  
 VENTOLIN HFA  
 VEREGEN  
 VIEKIRA PAK  
 VIIBRYD  
 VIRACEPT  
 VITAFOL-ONE  
*Vitasure*  
 VIVELLE-DOT  
 VOGELXO  
 VOTRIENT  
*Vtol LQ*  
 XALKORI

XANAX  
XANAX XR  
XENAZINE  
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\*.

<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 NSA inhibitor (for genotypes 1-6) or sofosbuvir without an NSA 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> Long Acting Insulins - First Generation.

<sup>6</sup> Generic prenatal vitamins are the only preferred options.

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