

# Medications Requiring Prior Authorization for Medical Necessity for Clients with Advanced Control Specialty Formulary®

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.

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Acromegaly</i>	SANDOSTATIN LAR	SOMATULINE DEPOT, SOMAVERT
<i>Allergies Antihistamines</i>	dexchlorpheniramine RyClora CARBINOXAMINE TABLET 6 MG	levocetirizine
<i>Allergies Nasal Steroids / Combinations</i>	BECONASE AQ OMNARIS QNASL ZETONNA	flunisolide spray, fluticasone spray, mometasone spray, DYMISTA
<i>Anticonvulsants</i>	LAMICTAL LAMICTAL ODT 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, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT
	ONFI	clobazam, lamotrigine, topiramate, TROKENDI XR
	SABRIL	vigabatrin
<i>Anti-infectives, Antibacterials Erythromycins / Macrolides</i>	E.E.S. GRANULES ERYPED	erythromycins
<i>Anti-infectives, Antibacterials Tetracyclines</i>	CoreMino doxycycline hyclate delayed-rel tablet 200 mg doxycycline hyclate tablet 50 mg (NDC <sup>^</sup> 72143021160 only) doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel tablet Mondoxyne NL capsule 75 mg Okebo ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
<i>Anti-infectives, Antibacterials Miscellaneous</i>	MACRODANTIN	nitrofurantoin
<i>Anti-infectives, Antifungals</i>	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet	fluconazole, itraconazole
<i>Anti-infectives, Antivirals Cytomegalovirus *</i>	VALCYTE	valganciclovir

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Anti-infectives, Antivirals Hepatitis B *	BARACLUDE TABLET EPIVIR HBV HEPSERA	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY
Anti-infectives, Antivirals Hepatitis C *	MAVYRET  VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>  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, Antivirals HIV	COMPLERA STRIBILD	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
Antiobesity	CONTRAWE QSYMIA	SAXENDA
Anxiety * Benzodiazepines	XANAX XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
Asthma * Beta Agonists, Short-Acting	PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol
Asthma * Leukotriene Modulators	SINGULAIR	montelukast, zafirlukast, zileuton ext-rel
Asthma * Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIALER
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT
Attention Deficit Hyperactivity Disorder *	EVEKEO  INTUNIV	amphetamine-dextroamphetamine mixed salts, methylphenidate  amphetamine-dextroamphetamine mixed salts ext-rel †, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE
Autoimmune Agents Ankylosing Spondylitis *	CIMZIA SIMPONI TALTZ	COSENTYX, ENBREL, HUMIRA
Autoimmune Agents Crohn's Disease *	CIMZIA ENTYVIO	HUMIRA, STELARA SUBCUTANEOUS #  # After failure of HUMIRA
Autoimmune Agents Psoriasis *	CIMZIA COSENTYX ENBREL	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
Autoimmune Agents Psoriatic Arthritis *	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA

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<i>Autoimmune Agents</i> Rheumatoid Arthritis *	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL, HUMIRA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
<i>Autoimmune Agents</i> Ulcerative Colitis *	ENTYVIO SIMPONI	HUMIRA, STELARA SUBCUTANEOUS #, XELJANZ #, XELJANZ XR #  # After failure of HUMIRA
<i>Autoimmune Agents</i> All Other Conditions *	ACTEMRA KINERET ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA
<i>Cancer</i> Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide</i> , XTANDI, YONSA
<i>Cancer</i> Prostate * Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT (For Prostate Cancer Only)	ELIGARD
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	<i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate</i> (except <i>fenofibrate tablet 120 mg</i> ), <i>fenofibric acid delayed-rel</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations <sup>3</sup>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors	ADCIRCA REVATIO	<i>sildenafil, tadalafil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>

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<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA, YUPELRI
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergic / Beta Agonist Combinations	COMBIVENT RESPIMAT	ipratropium-albuterol inhalation solution, ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT
Contraceptives Monophasic	BEYAZ MINASTRIN 24 FE TAYTULLA YAZ	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron
Contraceptives Triphasic	ORTHO TRI-CYCLEN LO	ethinyl estradiol-norgestimate
Contraceptives Four Phase	NATAZIA	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
Contraceptives Progestin Intrauterine Devices	LILETTA	KYLEENA, MIRENA, SKYLA
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	tobramycin inhalation solution, BETHKIS
<i>Dental</i> Cavity/Caries Prevention	PREVIDENT	Consult doctor
<i>Depression *</i> Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	fluoxetine tablet 60 mg LEXAPRO PROZAC	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD
<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)
	OLEPTRO	trazodone
<i>Depression and/or Schizophrenia *</i> Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR
<i>Dermatology</i> Acne *	clindamycin gel (NDC <sup>^</sup> 68682046275 only) Vanoxide-HC ACANYA BENZACLIN VELTIN ZIANA	adapalene, benzoyl peroxide, clindamycin gel (except NDC <sup>^</sup> 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC
<i>Dermatology</i> Actinic Keratosis *	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA
<i>Dermatology</i> Antibiotics	mupirocin cream	gentamicin, mupirocin ointment

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<i>Dermatology</i> Antipsoriatics	<i>calcipotriene cream</i> <i>calcitriol ointment</i> SORILUX VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>
<i>Dermatology</i> Atopic Dermatitis *	<i>doxepin cream</i>	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
<i>Dermatology</i> Rosacea *	FINACEA GEL NORITATE	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>
<i>Dermatology</i> Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor
<i>Dermatology</i> Seborrheic Dermatitis *	<i>ketoconazole foam 2%</i> Ketodan	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream</i>
	<i>flurandrenolide lotion</i> (NDC <sup>^</sup> 24470092112 only)	<i>desonide, hydrocortisone</i>
	<i>flurandrenolide ointment</i> <i>hydrocortisone butyrate lipophilic cream 0.1%</i> <i>triamcinolone acetonide aerosol 0.2%</i> CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
	<i>diflorasone cream</i> <i>diflorasone ointment</i> APEXICON E PSORCON	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<i>Dermatology</i> Warts	VEREGEN	<i>imiquimod</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide, hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A ATOPADERM BENSAL HP EPICERAM KAMDOY NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
<i>Diabetes</i> * Biguanides	<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA

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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 <b>WITH</b> <i>pioglitazone</i>
<i>Diabetes</i> * Injectable Incretin Mimetics	BYDUREON 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 <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>
	<i>NOTE: 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	BASAGLAR, LEVEMIR
	TOUJEO	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
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
<i>Diabetes</i> * Supplies, Needles <sup>5</sup>	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 <sup>5</sup>	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES

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<i>Diabetes</i> * Supplies, Test Strips and Kits <sup>6, 7</sup>	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ONETOUCH ULTRA STRIPS AND KITS ONETOUCH VERIO STRIPS AND KITS All other test strips that are not ACCU-CHEK brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>6</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>6</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>6</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>6</sup>
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<i>Dietary Supplements</i>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activate</i> <i>Dexifol</i> <i>Folvite-D</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> <i>TronVite</i> <i>Vitasure</i> <i>Xvite</i> FERIVA 21/7 FOLIC-K NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	PRODIGEN VASCULERA	Consult doctor
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
<i>Estrogen Replacement</i> *	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Fertility</i> *	FOLLISTIM AQ	GONAL-F
	CHORIONIC GONADOTROPIN NOVAREL PREGNYL	OVIDREL
<i>Gastrointestinal Anticholinergics</i>	<i>chlordiazepoxide-clidinium</i> (NDC <sup>^</sup> 42494040901 only) GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
<i>Gastrointestinal Antidiarrheals</i>	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
<i>Gastrointestinal Antiemetics</i>	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>

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Gastrointestinal Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	MOVIPREP OSMOPREP	<i>peg 3350-electrolytes, SUPREP</i>
Gastrointestinal Proton Pump Inhibitors (PPIs)	<i>omeprazole-sodium bicarbonate</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
Gastrointestinal Ulcer Treatment	CARAFATE	<i>sucralfate</i>
Gaucher Disease	ELELYSO	CERDELGA, CEREZYME
Genitourinary Interstitial Cystitis	RIMSO-50	Consult doctor
Gout *	COLCRYS	<i>colchicine tablet</i>
Growth Hormones	GENOTROPIN NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE
Hematologic Anticoagulants (oral)	COUMADIN	<i>warfarin</i>
	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
Hematologic Erythropoiesis-Stimulating Agents	EPOGEN PROCRIT	ARANESP, RETACRIT
Hematologic Hemophilia A	ELOCTATE	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Hematologic Hemophilia B	ALPROLIX	Consult doctor
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA	NEULASTA, UDENYCA
	GRANIX NEUPOGEN ZARXIO	NIVESTYM
Hematologic Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	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, olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Beta-blockers	TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
High Blood Pressure * 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> (generic CARDIZEM LA only) <i>Matzim LA</i> CARDIZEM CARDIZEM CD CARDIZEM LA	<i>diltiazem ext-rel</i> (except generic 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> Antimetabolites	CELLCEPT MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>
	RAPAMUNE ZORTRESS	<i>sirolimus</i>
<i>Immunology</i> Calcineurin Inhibitors	ASTAGRAF XL ENVARUSUS XR	<i>tacrolimus</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO
<i>Immunology</i> Hereditary Angioedema *	BERINERT	FIRAZYR, RUCONEST
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL LIALDA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
	COLAZAL	<i>balsalazide</i>
<i>Interferons</i> *	PEGASYS	Consult doctor
<i>Kidney Disease</i> * Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<i>Multiple Sclerosis</i>	AVONEX EXTAVIA PLEGRIDY	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI, VUMERITY</i>

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<i>Musculoskeletal</i>	chlorzoxazone 375 mg chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg Fexmid Lorzone orphenadrine-aspirin-caffeine Orphengesic Forte AMRIX CHLORZOXAZONE 250 MG NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
<i>Narcolepsy Wakefulness Promoters</i>	NUVIGIL	armodafinil, SUNOSI
<i>Nephropathic Cystinosis</i>	PROCYSBI	CYSTAGON
<i>Ophthalmic Allergies</i>	ALREX	azelastine, cromolyn sodium, olopatadine, LASTACAPT, PAZEO
<i>Ophthalmic Anti-infective / Anti-inflammatory</i>	ZYLET	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST
<i>Ophthalmic Anti-inflammatory, Steroidal</i>	FLAREX FML LIQUIFILM LOTEMAX LOTEMAX SM PRED FORTE	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
<i>Ophthalmic Glaucoma</i>	bimatoprost solution 0.03%	latanoprost, LUMIGAN, TRAVATAN Z
	TIMOPTIC OCUDOSE	timolol maleate solution, BETIMOL, BETOPTIC S
<i>Ophthalmic Miscellaneous</i>	AVENOVA	Consult doctor
<i>Opioid Dependency</i>	SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV
<i>Opioid Reversal</i>	EVZIO	naloxone injection, NARCAN NASAL SPRAY
<i>Osteoarthritis* Viscosupplements</i>	DUROLANE EUFLEXXA HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
<i>Osteoporosis* Calcium Regulators</i>	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	calcitonin-salmon
<i>Overactive Bladder / Incontinence* Urinary Antispasmodics</i>	DETROL LA ENABLEX OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
Pain Headache *	<i>butalbital-acetaminophen-caffeine capsule</i> Vanadol LQ Vanadol S BUTALBITAL-ACETAMINOPHEN (NDC <sup>^</sup> 69499034230 only) FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> Migergot CAFERGOT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	<i>sumatriptan-naproxen</i> TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>
Pain Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
	<i>levorphanol</i> HYSINGLA ER OXYCONTIN ZOHYDRO ER	<i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
	PERCOCET PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
	<i>tramadol (NDC<sup>^</sup> 52817019610 only)</i>	<i>tramadol (except NDC<sup>^</sup> 52817019610), tramadol ext-rel</i>
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM LIDOTREX	<i>lidocaine-prilocaine</i>
Pain and Inflammation * Corticosteroids	<i>Dexpak</i> MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	<i>diclofenac sodium gel 1% (NDC<sup>^</sup> 69499031866 only)</i> <i>Diclofex DC (NDC<sup>^</sup> 51021037201 only)</i> <i>Dicloaicin</i> <i>Inflammacin</i> <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1% (except NDC<sup>^</sup> 69499031866), diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>fenoprofen capsule</i> <i>ketoprofen capsule 25 mg</i> <i>ketoprofen ext-rel capsule</i> <i>naproxen CR</i> CAMBIA FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	<i>naproxen suspension</i>	<i>ibuprofen</i>
Postherpetic Neuralgia	HORIZANT	<i>gabapentin, GRALISE</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Prostate Condition</i> Benign Prostatic Hyperplasia *	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
<i>Respiratory</i> Alpha-1 Antitrypsin Deficiency	ZEMAIRA	PROLASTIN-C
<i>Respiratory</i> Cough	<i>benzonatate</i> (NDCs <sup>A</sup> 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs <sup>A</sup> 69336012615, 69499032915)
<i>Sleep Disorder</i> Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
<i>Testosterone Replacement</i> * Androgens	<i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution, ANDRODERM</i>
<i>Thyroid Supplements</i>	TIROSINT	<i>levothyroxine, SYNTHROID</i>
<i>Transplant</i> * Immunosuppressants, Calcineurin Inhibitors	PROGRAF	<i>tacrolimus</i>
<i>Urea Cycle Disorders</i>	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</i>

Category Drug Class	Other Considerations
All Drugs	On a quarterly basis, new and existing products - including limited source generics, products with significant cost inflation, and specialty and non-specialty products - may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in additional products not covered without a medical exception, addition or deletion of a product.
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  
 ACANYA  
 ACIPHEX  
 ACIPHEX SPRINKLE  
 ACTEMRA  
 ACTICLATE  
*Activite*  
 ACTOS  
*acyclovir cream*  
 ADCIRCA  
 ALCORTIN A  
 ALEVICYN GEL  
 ALEVICYN SG  
 ALEVICYN SOLUTION  
 ALLISON MEDICAL INSULIN SYRINGES <sup>5</sup>  
 ALPROLIX  
 ALREX  
 ALTOPREV  
 ALVESCO  
 AMRIX  
 ANDROGEL 1%  
 APEXICON E  
 APIDRA  
 ARTHROTEC  
 ASACOL HD  
 ASMANEX  
 ASMANEX HFA  
 ASTAGRAF XL  
 ATACAND  
 ATACAND HCT  
 ATOPADERM  
 AVENOVA  
 AVONEX  
 BARACLUDE TABLET  
 BEAU RX  
 BECONASE AQ  
 BENICAR  
 BENICAR HCT  
 BENSAL HP  
 BENZACLIN  
*benzonatate* (NDCs<sup>a</sup> 69336012615, 69499032915 only)  
 BERINERT  
 BETAPACE  
 BETAPACE AF  
 BEYAZ  
*bimatoprost solution 0.03%*  
 BREEZE 2 STRIPS AND KITS <sup>7</sup>  
 BUPHENYL  
*bupropion ext-rel tablet 450 mg*  
 BUTALBITAL-ACETAMINOPHEN  
 (NDC<sup>a</sup> 69499034230 only)  
*butalbital-acetaminophen-caffeine capsule*  
 BUTRANS  
 BYDUREON  
 BYETTA  
 CAFERGOT  
*calcipotriene cream*  
*calcitriol ointment*  
 CAMBIA  
 CARAC  
 CARAFATE  
 CARBINOXAMINE TABLET 6 MG  
 CARDIZEM  
 CARDIZEM CD  
 CARDIZEM LA  
 CARNITOR  
 CARNITOR SF  
 CELLCEPT  
*chlordiazepoxide-clidinium* (NDC<sup>a</sup> 42494040901 only)  
 CHLORZOXAZONE 250 MG  
*chlorzoxazone 375 mg*  
*chlorzoxazone 750 mg*  
 CHORIONIC GONADOTROPIN  
 CIALIS  
 CICATRACE  
 CIMZIA  
*clindamycin gel* (NDC<sup>a</sup> 68682046275 only)  
*clobetasol spray*  
 CLOBEX SPRAY  
 COLAZAL  
 COLCRYS  
 COMBIVENT RESPIMAT  
 COMPLERA  
 CONSENSI  
 CONTOUR NEXT STRIPS AND KITS <sup>7</sup>  
 CONTOUR STRIPS AND KITS <sup>7</sup>  
 CONTRAVE  
 CORDRAN OINTMENT  
*CoreMino*  
 COUMADIN  
 CRESTOR  
*cyclobenzaprine ext-rel capsule*  
*cyclobenzaprine tablet 7.5 mg*  
 CYMBALTA  
 DELZICOL  
 DETROL LA  
*dexchlorpheniramine*  
*Dexifol*  
*Dexpak*  
*diclofenac sodium gel 1%* (NDC<sup>a</sup> 69499031866 only)  
*Dicloflex DC* (NDC<sup>a</sup> 51021037201 only)  
*Diclosaicin*  
*difforasone cream*  
*difforasone ointment*  
*dihydroergotamine spray*  
*diltiazem ext-rel* (generic CARDIZEM LA only)  
 DIOVAN  
 DIOVAN HCT  
 DORYX  
 DORYX MPC  
*doxepin cream*  
*doxycycline hyclate delayed-rel tablet 200 mg*  
*doxycycline hyclate tablet 50 mg*  
 (NDC<sup>a</sup> 72143021160 only)  
*doxycycline hyclate tablet 75 mg*  
*doxycycline hyclate tablet 150 mg*  
*doxycycline monohydrate capsule 75 mg*  
*doxycycline monohydrate capsule 150 mg*  
 DULERA  
 DUROLANE  
 DUTOPROL  
 DYRENIUM  
 EDARBI  
 EDARBYCLOR  
 E.E.S. GRANULES  
 EFFEXOR XR  
 ELELYSO  
 ELOCTATE  
 ENABLEX  
 ENLITE CONTINUOUS  
 GLUCOSE MONITORING SYSTEM  
 ENTERAGAM  
 ENTYVIO  
 ENVARBUS XR  
 EPICERAM  
 EPIVIR HBV  
 EPOGEN  
*ergotamine-caffeine*  
 ERYPED  
 EUFLEXXA  
 EVEKEO  
 EVZIO  
 EXFORGE  
 EXFORGE HCT  
 EXTAVIA  
 FANAPT  
*fenofibrate tablet 120 mg*  
 FENOGLIDE TABLET 120 MG  
*fenoprofen capsule*  
 FENOPROFEN CAPSULE  
 FERIVA 21/7  
*Fexmid*  
 FINACEA GEL  
 FIORICET CAPSULE  
 FLAREX  
*flucytosine capsule 500 mg*  
*fluocinonide cream 0.1%*  
*fluorouracil cream 0.5%*  
*fluoxetine tablet 60 mg*  
*flurandrenolide lotion* (NDC<sup>a</sup> 24470092112 only)  
*flurandrenolide ointment*  
 FML LIQUIFILM  
 FOLIC-K  
 FOLLISTIM AQ  
*Folvite-D*  
 FORTAMET  
 FORTESTA  
 FOSRENOL  
 FOSTEUM  
 FOSTEUM PLUS  
 FREESTYLE LIBRE CONTINUOUS  
 GLUCOSE MONITORING SYSTEM  
 FREESTYLE STRIPS AND KITS <sup>7</sup>  
 FULPHILA  
*Genicin Vita-S*  
 GENOTROPIN  
 GLEEVEC  
 GLUMETZA  
 GLYCOPYRROLATE TABLET 1.5 MG  
 GRANIX  
 GUARDIAN CONNECT CONTINUOUS  
 GLUCOSE MONITORING SYSTEM  
 HEPSERA  
 HORIZANT  
 HUMALOG  
 HUMALOG MIX 50/50  
 HUMALOG MIX 75/25  
 HUMULIN 70/30 <sup>4</sup>  
 HUMULIN N <sup>4</sup>  
 HUMULIN R <sup>4</sup>  
 HYALGAN  
*hydrocortisone butyrate lipophilic cream 0.1%*  
*HylaVite*  
 HYSINGLA ER  
 INDOCIN  
*Inflammacin*  
 INTERMEZZO  
 INTUNIV  
 INVOKAMET  
 INVOKAMET XR  
 INVOKANA  
 JALYN  
 JENTADUETO  
 JENTADUETO XR  
 KAMDOY  
 KAZANO  
*ketoconazole foam 2%*  
*Ketodan*  
*ketoprofen capsule 25 mg*  
*ketoprofen ext-rel capsule*  
 KINERET  
 KOMBIGLYZE XR  
 LACTULOSE PAK  
 LAMICTAL  
 LAMICTAL ODT  
 LAMICTAL XR  
 LANOXIN TABLET (125 MCG and 250 MCG only)  
*lanthanum carbonate*  
 LANTUS  
 LAZANDA  
 LESCOL XL  
*levorphanol*  
 LEXAPRO  
 LIALDA  
 LIDOCAINE-TETRACAINE CREAM

LIDOTREX  
LILETTA  
LIPITOR  
LIVALO  
*Lorid*  
*Lorzone*  
LOTEMAX  
LOTEMAX SM  
LUNESTA  
LUPRON DEPOT  
MACRODANTIN  
*Matzim LA*  
MAVYRET  
*metformin ext-rel* (generics for FORTAMET and  
GLUMETZA only)  
MIACALCIN INJECTION  
MIACALCIN NASAL SPRAY  
*Migergot*  
MILLIPRED  
MINASTRIN 24 FE  
MINIVELLE  
MINOCIN  
*minocycline ext-rel tablet*  
*Mondoxyne NL capsule 75 mg*  
MONOVISC  
MOVIPREP  
*mupirocin cream*  
MYFORTIC  
NAPRELAN  
*naproxen-esomeprazole*  
*naproxen CR*  
*naproxen suspension*  
NATAZIA  
NATESTO  
NESINA  
NEUPOGEN  
NEXIUM  
NICADAN  
NICAPRIN  
NICAZEL  
NICAZEL FORTE  
NICOMIDE  
NILANDRON  
NORDITROPIN  
NORGESIC FORTE  
NORITATE  
NORVASC  
NOVACORT  
NOVAREL  
NOVO NORDISK NEEDLES <sup>5</sup>  
*NuDiclo SoluPak*  
*NuDiclo TabPak*  
NUTROPIN AQ  
NUVIGIL  
*Okebo*  
OLEPTRO  
OLUX-E  
*omeprazole-sodium bicarbonate*  
OMNARIS  
OMNITROPE  
OMNIVEX  
ONETOUCH ULTRA STRIPS AND KITS <sup>7</sup>  
ONETOUCH VERIO STRIPS AND KITS <sup>7</sup>  
ONFI  
ONGLYZA  
ORENCIA INTRAVENOUS  
*orphenadrine-aspirin-caffeine*  
*Orphengesic Forte*

ORTHO D  
ORTHO DF  
ORTHO TRI-CYCLEN LO  
ORTHOVISC  
OSENI  
OSMOPREP  
OTREXUP  
OWEN MUMFORD NEEDLES <sup>5</sup>  
OXYCONTIN  
OXYTROL  
PEGASYS  
PENNSAID  
PERCOCET  
PERRIGO NEEDLES <sup>5</sup>  
PLAVIX  
PLEGRIDY  
POLYTOZA  
*posaconazole delayed-rel tablet*  
PRADAXA  
PRED FORTE  
PREGNYL  
PREVACID  
PREVIDENT  
PRIMLEV  
PRISTIQ  
PROAIR HFA  
PROAIR RESPICLICK  
PROCRIT  
PROCYSBI  
PRODIGEN  
PROGRAF  
PROTONIX  
PROVENTIL HFA  
PROZAC  
PSORCON  
QNASL  
QSYMIA  
QTERN  
RAPAFLO  
RAPAMUNE  
RAVICTI  
RAYOS  
RECEDO  
REPATHA  
REVATIO  
RHEUMATE  
RIBOZEL  
RIMSO-50  
RIOMET  
ROZEREM  
*RyClora*  
SABRIL  
SAIZEN  
SANDOSTATIN LAR  
SCARSILK PAD  
SEROQUEL XR  
SIL-K PAD  
SILIVEX  
SILTREX  
SIMPONI  
SINGULAIR  
SORILUX  
SPRIX  
STENDRA  
STRIBILD  
SUBOXONE  
*sumatriptan-naproxen*  
SYNERDERM

SYNVISC  
SYNVISC-ONE  
TALIVA  
TARGADOX  
TASIGNA  
TAYTULLA  
TESTIM  
*testosterone gel 1%* (authorized generics for TESTIM and  
VOGELXO only)  
TIMOPTIC OCUDOSE  
TIROSINT  
TOBI  
TOBI PODHALER  
TOPROL-XL  
TOUJEO  
TRADJENTA  
*tramadol* (NDC^ 52817019610 only)  
TRANSDERM SCOP  
TREMIMET  
*triamcinolone acetonide aerosol 0.2%*  
TRICOR  
TRIVIDIA INSULIN SYRINGES <sup>5</sup>  
*TronVite*  
TUDORZA  
ULTIMED INSULIN SYRINGES <sup>5</sup>  
ULTIMED NEEDLES <sup>5</sup>  
UROXATRAL  
VALCYTE  
VALTREX  
*Vanatol LQ*  
*Vanatol S*  
*Vanoxide-HC*  
VASCULERA  
VECTICAL  
VELTIN  
*venlafaxine ext-rel tablet* (except 225 mg)  
VENTOLIN HFA  
VEREGEN  
VIAGRA  
VIEKIRA PAK  
*Vitasure*  
VIVELLE-DOT  
VOGELXO  
XANAX  
XANAX XR  
XENAZINE  
XOLEGEL  
XOPENEX HFA  
*Xvite*  
XYZBAC  
YAZ  
ZARXIO  
ZEGERID  
ZEMAIRA  
ZEPATIER  
ZETIA  
ZETONNA  
ZIANA  
ZOHYDRO ER  
ZOLPIMIST  
ZONEGRAN  
ZONTIVITY  
ZORTRESS  
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.

† Listing does not include certain NDCs<sup>^</sup>.

<sup>^</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>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> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>6</sup> An ACCU-CHEK blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

<sup>7</sup> ACCU-CHEK brand test strips are the only preferred options.

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