

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

Below is a list of medicines by drug class that will not be covered without a prior authorization for medical necessity. If you continue using one of these drugs without prior approval for medical necessity, you may be required to pay the full cost. If the prior authorization is denied, you will pay the full cost of the drug.

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

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

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

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|--|---|--|
| <i>Carnitine Deficiency</i> | CARNITOR CARNITOR SF | <i>levocarnitine</i> |
| <i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics | TUDORZA | INCRUSE ELLIPTA, SPIRIVA |
| <i>Cystic Fibrosis *</i> Inhaled Antibiotics | TOBI TOBI PODHALER | <i>tobramycin inhalation solution</i> , BETHKIS |
| <i>Depression *</i> Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs) | <i>venlafaxine ext-rel tablet</i> (except 225 mg) CYMBALTA EFFEXOR XR VENLAFAXINE EXT-REL TABLET (except 225 MG) | <i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i> |
| <i>Depression *</i> Antidepressants, Miscellaneous Agents | OLEPTRO | <i>trazodone</i> |
| <i>Depression and/or Schizophrenia *</i> Antipsychotics, Atypicals | ABILIFY FANAPT SEROQUEL XR | <i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i> |
| <i>Dermatology</i> Acne * | ACANYA BENZACLIN ONEXTON <i>Vanoxide-HC</i> VELTIN ZIANA | <i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ATRALIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC</i> |
| <i>Dermatology</i> Actinic Keratosis * | <i>fluorouracil cream 0.5%</i> CARAC | <i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i> |
| <i>Dermatology</i> Antipsoriatics | SORILUX | <i>calcipotriene</i> |
| <i>Dermatology</i> Rosacea * | NORITATE | <i>metronidazole, FINACEA, SOOLANTRA</i> |
| <i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids | <i>clobetasol spray</i> CLOBEX SPRAY OLUX-E | <i>clobetasol foam</i> |
| | APEXICON E | <i>desoximetasone, fluocinonide</i> |
| <i>Dermatology</i> Wound Care Products | ALEVICYN GEL ALEVICYN KIT ALEVICYN SG <i>Alevicyn solution</i> | <i>desonide, hydrocortisone</i> |
| <i>Dermatology</i> Miscellaneous Skin Conditions | ALCORTIN A BENSAL HP NOVACORT SYNERDERM | <i>desonide, hydrocortisone</i> |
| <i>Diabetes *</i> Biguanides | FORTAMET GLUMETZA RIOMET | <i>metformin, metformin ext-rel</i> |
| <i>Diabetes *</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | NESINA ONGLYZA TRADJENTA | JANUVIA |

| Category Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options |
|---|--|---|
| <i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations | JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR OSENI | JANUMET, JANUMET XR |
| <i>Diabetes</i> * Injectable Incretin Mimetics | BYDUREON BYETTA TANZEUM | OZEMPIC, TRULICITY, VICTOZA |
| <i>Diabetes</i> * Insulins | APIDRA HUMALOG | FIASP, NOVOLOG |
| | HUMALOG MIX 50/50 | NOVOLOG MIX 70/30 |
| | HUMALOG MIX 75/25 | NOVOLOG MIX 70/30 |
| | HUMULIN 70/30 ⁴ | NOVOLIN 70/30 ⁴ |
| | HUMULIN N ⁴ | NOVOLIN N ⁴ |
| | HUMULIN R ⁴ | NOVOLIN R ⁴ |
| | NOTE: <i>Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i> | |
| <i>Diabetes</i> * Long Acting Insulins | LANTUS TOUJEO | BASAGLAR, LEVEMIR, TRESIBA |
| <i>Diabetes</i> * Insulin Sensitizers | ACTOS | <i>pioglitazone</i> |
| <i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors | INVOKANA | FARXIGA, JARDIANCE |
| <i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations | INVOKAMET INVOKAMET XR | SYNJARDY, SYNJARDY XR, XIGDUO XR |
| <i>Gastrointestinal</i> Antiemetics | ZUPLENZ | <i>granisetron, ondansetron, SANCUSO</i> |
| <i>Gastrointestinal</i> Opioid-induced Constipation | RELISTOR | MOVANTIK |
| <i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs) | NEXIUM PREVACID PROTONIX ZEGERID | <i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i> |
| <i>Gaucher Disease</i> | ELELYSO | CERDELGA, CEREZYME |
| <i>Genitourinary</i> Interstitial Cystitis | RIMSO-50 | Consult doctor |
| <i>Growth Hormones</i> | NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN | GENOTROPIN, HUMATROPE |
| <i>Hematologic</i> Anticoagulants (oral) | PRADAXA | <i>warfarin</i> , ELIQUIS, XARELTO |
| <i>Hematologic</i> | ELOCTATE | ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ |

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|---|--|---|
| Hemophilia A | HELIXATE FS | |
| Hematologic Hemophilia B | ALPROLIX | Consult doctor |
| Hematologic Neutropenia Colony Stimulating Factors | NEUPOGEN | ZARXIO |
| Hematologic Platelet Aggregation Inhibitors | PLAVIX | <i>clopidogrel, prasugrel, BRILINTA</i> |
| 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> |
| High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations | EXFORGE HCT | <i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i> |
| High Blood Pressure * Beta-blocker Combinations | DUTOPROL | <i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i> |
| High Blood Pressure * Calcium Channel Blockers | NORVASC | <i>amlodipine</i> |
| | CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) Matzim LA | <i>diltiazem ext-rel (except generic of CARDIZEM LA)</i> |
| Huntington's Disease | XENAZINE | <i>tetrabenazine, AUSTEDO</i> |
| Inflammatory Bowel Disease (IBD) Ulcerative Colitis * Aminosalicylates | ASACOL HD DELZICOL | <i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i> |
| | COLAZAL | <i>balsalazide</i> |
| Kidney Disease * Phosphate Binders | FOSRENOL | <i>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO</i> |
| Multiple Sclerosis | EXTAVIA | <i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA, TYSABRI</i> |
| Musculoskeletal | AMRIX | <i>cyclobenzaprine</i> |
| Narcolepsy Wakefulness Promoters | NUVIGIL | <i>armodafinil</i> |
| Ophthalmic Miscellaneous | AVENOVA | Consult doctor |
| Opioid Reversal | EVZIO | <i>naloxone injection, NARCAN NASAL SPRAY</i> |

| Category Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options |
|---|--|--|
| <i>Osteoporosis</i> * | MIACALCIN INJECTION | <i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i> |
| | MIACALCIN NASAL SPRAY | <i>calcitonin-salmon</i> |
| <i>Overactive Bladder / Incontinence</i> * Urinary Antispasmodics | DETROL LA ENABLEX OXYTROL | <i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i> |
| <i>Pain Headache</i> * | <i>butalbital-acetaminophen-caffeine capsule</i> FIORICET CAPSULE VANATOL LQ VANATOL S | <i>diclofenac sodium, naproxen</i> |
| | CAFERGOT | <i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i> |
| <i>Pain Opioid Analgesics</i> | LAZANDA | <i>fentanyl transmucosal lozenge, ABSTRAL, SUBSYS</i> |
| | <i>levorphanol</i> | <i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, EMBEDA, HYSINGLA ER, NUCYN TA ER, OXYCONTIN</i> |
| | PRIMLEV | <i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYN TA</i> |
| <i>Pain and Inflammation</i> * Corticosteroids | DEXPAK MILLIPRED RAYOS | <i>dexamethasone, methylprednisolone, prednisolone solution, prednisone</i> |
| <i>Pain and Inflammation</i> * <i>Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations</i> | ARTHROTEC | <i>celecoxib; diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i> |
| | PENNSAID | <i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, meloxicam, naproxen</i> |
| | CAMBIA INDOCIN NAPRELAN SPRIX | <i>diclofenac sodium, meloxicam, naproxen</i> |
| <i>Postherpetic Neuralgia</i> | HORIZANT | <i>gabapentin, GRALISE</i> |
| <i>Prostate Condition Benign Prostatic Hyperplasia</i> * | JALYN | <i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLO</i> |
| | UROXATRAL | <i>alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLO</i> |
| <i>Pulmonary Enzyme Deficiency</i> | PROLASTIN-C ZEMAIRA | ARALAST NP, GLASSIA |
| <i>Sleep Disorder Hypnotics, Non-benzodiazepines</i> | INTERMEZZO LUNESTA ROZEREM ZOLPIMIST | <i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i> |
| <i>Testosterone Replacement</i> * Androgens | <i>testosterone gel 1% ⁵</i> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO | <i>testosterone gel, testosterone solution, ANDRODERM, ANDROGEL 1.62%</i> |
| <i>Thyroid Supplements</i> | TIROSINT | <i>levothyroxine, SYNTHROID</i> |

| Category/ Drug Class | Other Considerations |
|---|---|
| Autoimmune and Hepatitis C * | For some clients, an Indication-Based Formulary will be utilized for products in these classes and may result in additional products not covered without a medical exception. |
| Drugs for Infusion into Spaces Other than the Blood | A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit. |
| Generics | Limited source generics may be evaluated when appropriate and potentially not be covered without a medical exception. |
| Hyperinflation | On a quarterly basis, products with significant cost inflation that have clinically appropriate and more cost-effective alternatives may be evaluated and potentially not be covered without a medical exception. |
| New-to-Market Agents ¹ | New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. |
| Specialty | As new specialty products launch, as well as quarterly throughout the year, CVS Caremark will re-evaluate existing specialty products to determine appropriate formulary placement, which includes potentially not covering without a medical exception, adding back or deleting these products. |

The listed formulary options are subject to change.

List of Drugs Requiring Prior Authorization for Medical Necessity

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| <p> ABILIFY ACANYA ACTEMRA ACTICLATE ACTOS ADDERALL XR ALCORTIN A ALEVICYN GEL ALEVICYN KIT ALEVICYN SG <i>Alevicyn solution</i>ALPROLIX ALTOPREV ALVESCO AMRIX ANDROGEL 1% APEXICON E APIDRA ARTHROTEC ASACOL HD ATACAND ATACAND HCT AVENOVA BECONASE AQ BENICAR BENICAR HCT BENSAL HP BENZACLIN BETAPACE BETAPACE AF <i>butalbital-acetaminophen-caffeine capsule</i> BYDUREON BYETTA CAFERGOT CAMBIA CARAC CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) CARNITOR CARNITOR SF CIMZIA <i>clobetasol spray</i> CLOBEX SPRAY COLAZAL CRESTOR CYMBALTA DAKLINZA DELZICOL DETROL LA DEXPAK DIOVAN DIOVAN HCT DORYX DORYX MPC DULERA DUTOPROL DYRENIUM EDARBI EDARBYCLOR E.E.S. GRANULES EFFEXOR XR ELELYSO ELOCTATE ENABLEX ENTYVIO ERYPED EVZIO </p> | <p> EXFORGE EXFORGE HCT EXTAVIA FANAPT FASENRA FIORICET CAPSULE <i>fluorouracil cream 0.5%</i> FORTAMET FORTESTA FOSRENOL GLEEVEC GLUMETZA HELIXATE FS HORIZANT HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 ⁴ HUMULIN N ⁴ HUMULIN R ⁴ INDOCIN INTERMEZZO INTUNIV INVOKAMET INVOKAMET XR INVOKANA JALYN JENTADUETO JENTADUETO XR KAZANO KINERET KOMBIGLYZE XR LANOXIN TABLET (125 MCG and 250 MCG only) LANTUS LAZANDA LESCOL XL <i>levorphanol</i> LIPITOR LIVALO LUNESTA MACRODANTIN <i>Matzim LA</i> MAVYRET MIACALCIN INJECTION MIACALCIN NASAL SPRAY MILLIPRED MINOCIN NAPRELAN NATESTO NESINA NEUPOGEN NEXIUM NILANDRON NORDITROPIN NORITATE NORVASC NOVACORT NUTROPIN AQ NUVIGIL OLEPTRO OLUX-E OMNARIS OMNITROPE ONEXTON ONGLYZA ORENCIA CLICKJECT ORENCIA INTRAVENOUS </p> | <p> ORENCIA SUBCUTANEOUS OSENI OXYTROL PENNSAID PLAVIX PRADAXA PRALUENT PRED FORTE PREVACID PRIMLEV PROLASTIN-C PROTONIX PROVENTIL HFA QNASL RAYOS RELISTOR RIMSO-50 RIOMET ROZEREM SAIZEN SEROQUEL XR SIMPONI SORILUX SPRIX SYNERDERM TALTZ TANZEUM TARGADOX TASIGNA TECHNVIE TESTIM <i>testosterone gel 1% ⁵</i> TIROSINT TOBI TOBI PODHALER TOUJEO TRADJENTA TRICOR TUDORZA UROXATRAL VALCYTE VALTREX VANATOL LQ VANATOL S <i>Vanoxide-HC</i> VELTIN <i>venlafaxine ext-rel tablet (except 225 mg)</i> VENLAFAXINE EXT-REL TABLET (except 225 MG) VENTOLIN HFA VIEKIRA PAK VOGELXO XENAZINE XOPENEX HFA ZEGERID ZEMAIRA ZEPATIER ZETIA ZETONNA ZIANA ZOLPIMIST ZONEGRAN ZUPLENZ </p> |
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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 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.
- ¹ 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.
- ² For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).
- ³ If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.
- ⁴ Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).
- ⁵ Listing reflects the authorized generics for TESTIM and VOGELXO.

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

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