

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

Below is a list of medicines by drug class that will not be covered without a prior authorization for medical necessity. If you continue using one of these drugs without prior approval for medical necessity, you may be required to pay the full cost. If the prior authorization is denied, you will pay the full cost of the drug. If you are currently using one of the drugs requiring prior authorization for medical necessity, ask your doctor to choose one of the generic or brand formulary options listed below.

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

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

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
<i>Depression *</i> Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet</i> (except 225 mg) CYMBALTA EFFEXOR XR 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, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC</i>
<i>Dermatology</i> Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
<i>Dermatology</i> Antipsoriatics	SORILUX	<i>calcipotriene</i>
<i>Dermatology</i> Rosacea *	NORITATE	<i>metronidazole, FINACEA, SOOLANTRA</i>
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	<i>hydrocortisone 1% in absorbase</i> (NDCs <sup>^</sup> 69499032210, 69499034325 only)	<i>desonide, hydrocortisone</i>
	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN KIT ALEVICYN SG <i>Alevicyn solution</i>	<i>desonide, hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A BENSAL HP NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
<i>Diabetes *</i> Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
<i>Diabetes *</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	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 <sup>4</sup>	NOVOLIN 70/30 <sup>4</sup>
	HUMULIN N <sup>4</sup>	NOVOLIN N <sup>4</sup>
	HUMULIN R <sup>4</sup>	NOVOLIN R <sup>4</sup>
	NOTE: <i>Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i>	
<i>Diabetes</i> * Long Acting Insulins	LANTUS TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
<i>Diabetes</i> * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<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, ELIQUIS, XARELTO</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Hematologic</i> Erythropoiesis-Stimulating Agents	EPOGEN PROCRIPT	ARANESP, RETACRIT
<i>Hematologic</i> Hemophilia A	ELOCTATE HELIXATE FS	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic</i> Hemophilia B	ALPROLIX	Consult doctor
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	NEUPOGEN	ZARXIO
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure</i> * 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>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) Matzim LA	<i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i>
	COLAZAL	<i>balsalazide</i>
<i>Kidney Disease</i> * Phosphate Binders	FOSRENOL	<i>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<i>Multiple Sclerosis</i>	EXTAVIA	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA, TYSABRI</i>
<i>Musculoskeletal</i>	AMRIX <i>chlorzoxazone 250 mg</i> (NDC <sup>^</sup> 69499033060 only)	<i>cyclobenzaprine</i>
<i>Narcolepsy</i> Wakefulness Promoters	NUVIGIL	<i>armodafinil</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Reversal	EVZIO	<i>naloxone injection</i> , NARCAN NASAL SPRAY
Osteoporosis *	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate</i> , FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
Overactive Bladder / Incontinence * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel</i> , MYRBETRIQ, TOVIAZ, VESICARE
Pain Headache *	<i>butalbital-acetaminophen</i> (NDC <sup>^</sup> 69499034230 only) <i>butalbital-acetaminophen-caffeine capsule</i> FIORICET CAPSULE VANATOL LQ VANATOL S	<i>diclofenac sodium, naproxen</i>
	CAFERGOT	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
Pain Opioid Analgesics	LAZANDA	<i>fentanyl transmucosal lozenge</i> , ABSTRAL, SUBSYS
	<i>levorphanol</i>	<i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel</i> , EMBEDA, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
	PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen</i> , NUCYNTA
Pain and Inflammation * Corticosteroids	DEXPAK MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole</i> or DEXILANT
	<i>diclofenac sodium gel 1%</i> (NDC <sup>^</sup> 69499031866 only) PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1%</i> (except NDC <sup>^</sup> 69499031866), <i>diclofenac sodium solution, meloxicam, naproxen</i>
	CAMBIA INDOCIN NAPRELAN SPRIX	<i>diclofenac sodium, meloxicam, naproxen</i>
Postherpetic Neuralgia	HORIZANT	<i>gabapentin</i> , GRALISE
Prostate Condition Benign Prostatic Hyperplasia *	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin</i> , RAPAFL0
	UROXATRAL	<i>alfuzosin ext-rel, doxazosin, tamsulosin, terazosin</i> , RAPAFL0
Respiratory Alpha-1 Antitrypsin Deficiency	PROLASTIN-C ZEMAIRA	ARALAST NP, GLASSIA
Respiratory Cough	<i>benzonatate</i> (NDC <sup>^</sup> 69499032915 only)	Consult doctor
Sleep Disorder Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual</i> , BELSOMRA, SILENOR
Testosterone Replacement * Androgens	<i>testosterone gel 1%</i> <sup>5</sup> ANDROGEL 1% FORTESTA NATESTO	<i>testosterone gel, testosterone solution</i> , ANDRODERM, ANDROGEL 1.62%

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
	TESTIM VOGELXO	
Thyroid Supplements	TIROSINT	levothyroxine, SYNTHROID

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 <sup>1</sup>	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.
Specialty	As new specialty products launch, as well as quarterly throughout the year, CVS Caremark will re-evaluate existing specialty products to determine appropriate formulary placement, which includes potentially not covering without a medical exception, adding back or deleting these products.

The listed formulary options are subject to change.

List of Drugs Requiring Prior Authorization for Medical Necessity		
ABILIFY 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 <i>benzonatate (NDC<sup>^</sup> 69499032915 only)</i> BETAPACE BETAPACE AF <i>butalbital-acetaminophen (NDC<sup>^</sup> 69499034230 only)</i> <i>butalbital-acetaminophen-caffeine capsule</i>	ENTYVIO EPOGEN ERYPED EVZIO 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 <sup>4</sup> HUMULIN N <sup>4</sup> HUMULIN R <sup>4</sup> <i>hydrocortisone 1% in absorbase (NDCs<sup>^</sup> 69499032210, 69499034325 only)</i> INDOCIN INTERMEZZO INTUNIV INVOKAMET INVOKAMET XR INVOKANA JALYN	OMNITROPE ONEXTON ONGLYZA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS OSENI OXYTROL PENNSAID PLAVIX PRADAXA PRALUENT PRED FORTE PREVACID PRIMLEV PROCRIT PROLASTIN-C PROTONIX PROVENTIL HFA QNASL RAYOS RELISTOR RIMSO-50 RIOMET ROZEREM SAIZEN SEROQUEL XR SIMPONI SORILUX SPRIX SYNERDERM TALTZ TANZEUM

BYDUREON BYETTA CAFERGOT CAMBIA CARAC CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) CARNITOR CARNITOR SF <i>chlorthalidone 250 mg (NDC^ 69499033060 only)</i> CIMZIA <i>clobetasol spray</i> CLOBEX SPRAY COLAZAL CRESTOR CYMBALTA DAKLINZA DELZICOL DETROL LA DEXPAK <i>diclofenac sodium gel 1% (NDC^ 69499031866 only)</i> DIOVAN DIOVAN HCT DORYX DORYX MPC DULERA DUTOPROL DYRENIUM EDARBI EDARBYCLOR E.E.S. GRANULES EFFEXOR XR ELELYSO ELOCTATE ENABLEX ZEPATIER ZETIA ZETONNA ZIANA ZOLPIMIST ZONEGRAN ZUPLENZ ZYTIGA	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	TARGADOX TASIGNA TECHNIVIE TESTIM <i>testosterone gel 1%<sup>5</sup></i> TIROSINT TOBI TOBI PODHALER TOUJEO TRADJENTA TRICOR TUDORZA UROXATRAL VALCYTE VALTRES 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
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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 [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change.

Subject to applicable laws and regulations.

<sup>A</sup> Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

<sup>\*</sup> This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

<sup>1</sup> If your doctor believes you have a specific clinical need for one of these products, he or she should contact the Prior Authorization department at: 1-855-240-0536.

<sup>2</sup> For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

<sup>3</sup> If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.

<sup>4</sup> Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).

<sup>5</sup> Listing reflects the authorized generics for TESTIM and VOGELXO.

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